

the ONTABA ANALYST



ONTABA

The Ontario Association for Behaviour Analysis

An Affiliate Chapter of The Association for Behavior Analysis International

www.ONTABA.org

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ONTABA AWARD Recipients Academic Research Clinical



ONTABA Conference 2007 SOLD OUT! Pictures inside



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From the President's Desk



Peter Wyngaarden
ONTABA President

Greetings ,

It really was a great conference, wasn't it? For those who missed it, you really missed something.

It struck me at the conference how the presentations represented such diverse applications of ABA. The past few years have seen an increase in presentations on intervention with children with autism. This year was no exception. However, we also saw presentations on the treatment of aggressive-destructive behaviour, the treatment of anxiety disorders, self-injurious behaviour, the analysis of verbal behaviour, neuro-rehabilitation, social skills training, teaching communication skills, etc.

This breadth of topics served to remind me that ONTABA's mission, to *demonstrate leadership, knowledge, and innovation in education, training, and research for the ethical and effective application of behaviour analysis* should not be thought of as being limited in any way to any particular setting or clinical group. ONTABA must continue to provide a voice for the diverse application of Applied Behaviour Analysis across a spectrum of settings and problems.

These are exciting times to be involved in behaviour analysis in Ontario. The field continues to garner recognition and respect in the public sphere. Educational and practical experience opportunities for those who are interested in the field are expanding.

It is particularly exciting to be working with a new board that is committed to promoting behaviour analysis and this organization. I look forward to working with you in the coming two years as president of ONTABA.

Peter Wyngaarden



Check out our Website at www.ONTABA.org

For finding a job or posting one, look under Employment!
See "What's new" and check out what people have to say in Consumers' Corner!
Check out the Journal lists and links !

Can't find an old colleague? The member list is on line too!

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Dr. Adrienne Perry
Research



Dr. David Factor
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EMPLOYMENT OPPORTUNITY

CMHA Simcoe County Branch Behavioural Technician Case Manager (F/T Permanent, 35hr/week)

Position overview:

The Behavioural Technician, in accordance with the agency's policies, standards and guidelines, is responsible for providing case management services to all clients and specific assessment and behavioural treatment services to individuals with a Dual Diagnosis.

Qualifications:

- An undergraduate degree in Psychology or a diploma in human services applicable to the position and related experience or equivalent (experience in community based adult mental health preferred). BACB Certification preferred.
- Current clinical experience and knowledge of applied behavioural analysis as it applies to the areas of developmental disabilities in the context of a dual diagnosis.
- Candidates with a proficiency in French or strongly encouraged to apply.
Consumers of mental health services encouraged to apply

Salary: \$41,000. – \$46,000

Please submit your résumé with a letter of application to:

Human Resources Department -CMHA Simcoe County Branch
39 High Street
Barrie, ON L4N 1W2

Email: hr@cmhasim.on.ca

Giving Behaviorism Away: But First, Relationship Enhancement Therapy

David C. Factor, Ph.D., C.Psych¹



My identity as a behaviorist emerged as an undergraduate and continued into my graduate studies at the University of Guelph. Although I strongly supported the ideologies of behaviorism such as the use of operational definitions and its reliance on empirical data, my identity emerged more out of defending behaviorism as treatment rather than trying to promote it. As a doctoral student at Penn State, my committee was eclectic; members ranged from a Kansas behaviorist to a Rogerian. Despite my attempts to remain an eclectic behaviorist, I was asked on numerous occasions, "How much of a behaviourist was I"? I was becoming aware of the pejorative tone of the question, a tone and attitude that has persisted across the last four decades. Would anyone ask how much of an Episcopalian are you? Never! But we seem to accept behavioral discrimination and anti-behavioral sentiments. As recently as the last 7 years, the IBI program for children with Autism has been called inappropriate to the more heavily laden program as abusive. More about this anti-behavioral sentiment later.

In 1968, JABA (Journal of Applied Behavior Analysis) launched its inaugural issue; it grew from the older JEAB, which was publishing more basic research (such as the more laboratory and animal based research) and there was a growing need for applied behaviorally-based articles. JABA's editorial statement states, in part, that the Journal "...is primarily for the original publication of experimental research involving applications of the experimental analysis of behavior to problems of social importance". In this first issue, Baer, Wolf and Risley, state that "Applied research is constrained to look at variables which can be effective in improving the behavior under study" (1968, p. 91). They go on to state that "... the evaluation of a study which purports to be an applied behavior analysis..." must meet certain criteria: "the study must be *applied, behavioral* and *analytic*; in addition, it should meet *technological, conceptually systematic, and effective*, and it should display some *generality*" (Baer, et al, 1968, p. 92). The authors expound on these principles for the remainder of the article (Baer, et al, 1968, p. 92-97). WOW! In reading that, who wouldn't want to be a behaviorist?

The next year (1969) in the journal, *American Psychologist*, George Miller (in his presidential address) chose to "... express some personal opinions about the current state of our discipline and its potential role in meeting the human problems of our society" (Footnote, p. 1063) and published a paper in which he expands on the idea of giving psychology away. This idea can also apply to all of us; giving behavior analysis away. As Miller states: "Our responsibility is less to assume the role of experts ... than to give it away to the people who really need it – and that includes everyone" (Miller, 1969, p. 1071). However, as Miller points out, giving this stuff away is "no simple task" (p. 1071).

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1. Acceptance speech for receiving "The annual award for outstanding contributions and excellence in the practice of Behaviour Analysis" at the annual meeting of the Ontario Association for Behaviour Analysis, Toronto, Ontario, November 15, 2007. Dr. Factor consults to ErinoakKids, Surrey Place Centre/TPAS, and TRE-ADD, Thistletown Regional Centre. The opinions expressed are that of the author and not the responsibility of these agencies

Troubling Toddlers: Implementing Family Centered Positive Behavior Support at Home



Michelle A. Duda, Ph.D., BCBA

Center for Autism and Related Disabilities-University of South Florida

The following is a brief summary of a session presented at the 2006 ONTABA Conference. It has been significantly condensed and revised for this format. For further inquiry about this study please contact Dr. Duda directly at mduda@fmhi.usf.edu.

Recent research on the critical role of emotional and social well-being in school readiness and the negative trajectories of early problem behavior has led to a national focus on the importance of providing prevention and intervention services to young children with challenging behavior and their families (New Freedom Commission on Mental Health, 2003; Shonkoff & Phillips, 2000). Data on the prevalence of challenging behavior among very young children (Campbell, 1995; Qi & Kaiser, 1993) and the stability of challenging behavior as the child grows older (Campbell, 1995; Lavigne et al., 1998; Shaw, Gilliom, & Giovannelli, 2000) has precipitated a growing interest in identifying effective intervention practices. Positive Behavior Support offers a model for addressing the challenging behaviors of young children and the concerns of families. This session provided an overview of the model and a case study of the application with a family system. Data on child and family outcomes and video vignettes were shared.

Method:

The family initially had concerns about their 32-month-old toddler, Max due to his high levels of challenging behavior. Max had a fraternal twin brother, Zak and a 5.5-year-old sister, Emmy. As the interventionist (author) worked with the mother and father to identify routines and activities that were challenging for the family. By observing in the home at different times during the day, it became apparent that the difficulty the family was experiencing was not only with Max, who was the initial target child, but with the entire sibling set. Through a functional assessment process which included systematic behavioral observations, record review, interviewing Emmy, informal interviews of both parents and the functional assessment interview Functional Assessment Interview (FAI; O'Neill, Horner, Albin, Sprague, Storey, & Newton, 1997) the interventionist (author) and parents identified the functions of each of the children's challenging behaviors within those routines and then developed behavior support strategies to put into place. Since the mother was the primary caregiver, she had selected playtime, dinner preparation, and dinner as the routines that were most difficult for her.

Participants and Setting:

Max (32 months)

Strengths: Loving & affectionate, Determined to try new things

Medical Concerns/Challenges:

- History of failure to thrive & feeding difficulties
- Difficulties with expressive language & articulation

Problem Behaviors:

- Tantrums, hitting, biting, throwing toys, excessive crying, turn taking, off-task, elopement

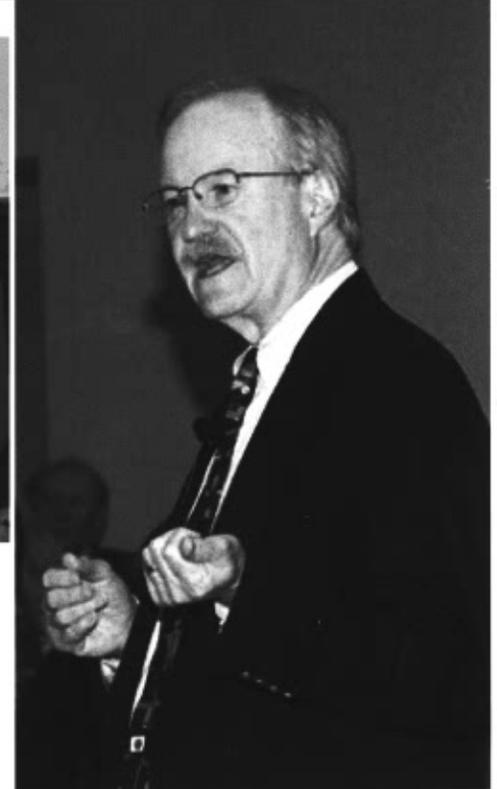
Zak (32 months)

Strengths: Very inquisitive, Loves vehicles (very knowledgeable)

Problem Behaviors:

- Hitting, food dumping, spitting, off-task, biting, throwing toys, excessive crying, turn taking, elopement

Continued on pg. 7



ONTABA CONFERENCE 2007

Another huge success for this years annual ONTABA conference!! The event this year was sold out seeing 320 people in attendance on Thursday, 300 on Friday and an incredible 155 people in attendance for our first ever workshop day! Due to the reduced student rate many students were able to attend the event for the first time.

We had many local talented professionals disseminate their research to the large crowd including three international speakers, Dr. Richard Foxx, Dr. Michael Mozzoni, and Dr. Andrew Bondy. The presentations were outstanding and inspiring! Our third workshop day was hosted by Dr. Bondy who presented strategies that were practical, clinically useful, and could be readily used by the clinicians in the room.

The first round of Awards ceremony's were presented to three outstanding professionals: Dr. Adrienne Perry received an award for her research excellence, Dr. Larry Williams received an award for his outstanding academic excellence, and Dr. David Factor received an award for his outstanding clinical excellence!

As our event continues to grow so is our need for space! The last two years at the Holiday Inn were excellent but we will be looking at a larger venue for our next event. We are excited about the growing commitment from the membership to submit presentations and posters when the call goes out each year. Thank you to all of you for participating and making our annual event so successful!

Shiri Bartman
Conference Chair.



Troubled Toddlers:... Cont. from pg. 5

Emmy (5 ½ years)

Strengths: Artistic, Demonstrates leadership, likes to help mother with chores

Problem Behaviors:

- Hitting, kicking, taking toys away, throwing objects, negative interactions with mother
- Models & encourages inappropriate language & behavior with younger brothers

Target Routines:

Routines	Max	Zak	Emmy
Clean Up			
Twin Play			
All Play			
Dinner			

-Denotes that child participated in routine

Design

The effectiveness of the plan was evaluated by using a multiple baseline across routines design and collected data on the effect of plan implementation on each child's individual behavior in addition to assessing the impact of the plan on a composite measure of any child problem behavior.

Dependent and Independent Variables: Independent Variable: PBS Process which included the development and implementation of comprehensive assessment-based intervention. The process of PBS is defined below:

- Step 1:** Identify Goals
- Step 2:** Gather Information/ Functional Assessment
- Step 3:** Develop Hypotheses
- Step 4:** Design Behavior Support Plan
- Step 5:** Implement intervention

Dependent Variables:

Problem behavior which included tantrums, hitting, biting, throwing toys, excessive crying, not engaging in turn taking, off-task, elopement, food dumping, spitting, kicking, taking toys away, throwing objects, negative interactions with mother .

Child engagement in the activity was also measured. Engagement was defined as following the natural sequence of the routine or specified task instructions and was scored if a child was on task for at least 70% of interval.

Data Collection

Each session for each routine was videotaped and all data were obtained from the video recordings. Sessions were scored by trained data collectors using a 10-sec continuous interval recording system. Each interval was scored for each dependent variable (engagement, challenging behavior) for each child participating in the session.

Reliability

IOA was scored for occurrence, non-occurrence, and total IOA for each operationally defined dependent variable for each child. Reliability was assessed on at least 33% of all videotaped sessions across all phases of the study and all three children.

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Procedural Fidelity

To assess whether intervention components were implemented, procedural fidelity data were collected using the checklists for each routine. The checklists were directly extracted from the behavior support plans and written in a task analysis fashion. Some components could not be observed during some sessions due to the positioning of the camera, which was focused on the children and did not always adequately capture the mother's behavior.

Routines	Baseline (Mean levels of Implementation)	Intervention (Mean levels of Implementation)
Clean Up	5%	49%
Twin Play	3%	86%
All Play	8%	68%
Dinner	18%	55%

Social Validation

To evaluate the acceptability, efficacy, and feasibility of the procedures and results used in this study, three parents of multiple preschool-aged children were asked to observe a series of brief video segments for each routine. The parents were unaware of the purpose of the study or the experimental conditions, but had been asked to watch a series of randomly ordered video segments of young children engaged in typical family routines and complete a rating sheet after watching each segment. To attempt to decrease biases, baseline and intervention vignettes that had median levels of the dependent variable were used.

Results:

The intervention data show a reduction of child problem behavior and changes in parent interaction in all of the routines. In addition, procedural fidelity data document the implementation of the plan components by the parent. Social validation measures provided support that the intervention procedures were effective and simple to implement.

Discussion:

Some important aspects of the study may strengthen its relevance for practice. One such aspect is the use of **natural intervention** agents. The mother served as the intervention agent for each of the four routines, and she enlisted Emmy to assume such a role during the "all play" and "dinner" routines. The father served as the intervention agent on the weekends when he was not working. In this regard, the current study may serve as a useful example for practitioners interested in **facilitating the PBS process** with children and families within **home environments**. A second important consideration is that the procedures emphasized the importance of the family context in developing behavior support plans that "fit" with the family's routines, activities, and priorities. This study was **family driven** and the family participated in all aspects of the development and implementation of the behavior support plans. Anecdotally, the mother expressed that as a result of the home routines going more "smoothly", and levels of problem behaviors had decreased to a "manageable level" the family starting spending more time participating in the community (i.e. restaurants, faith-based functions). This was something that the family had limited in the past.

References and graphical data illustrations, and results may be available upon request.



That same year (1969), Bernard Guerney Jr. edited a book focusing on what he termed "psychotherapeutic agents". The theme of this book, as stated in the preface (Guerney, 1969, p. iii) is that a proposed solution to mental health problems (an area with limited resources) "requires the use of others who are naturally significant to those in need of help, or can be made to be significant as intermediaries, as aides, or as agents of the professionals". Stated more simply, give treatment strategies away to significant others. The collected articles in this book include many empirical papers by Patterson, Baer, Risley, Becker and O'Leary on topics, which focused on using parents, teachers and peers as therapeutic agents to help create and maintain change in an individual or group.

The messages behind these three publications are clear: empirically based behavioral treatments are to be given to the public in order to precipitate and maintain social change. It makes sense both clinically and economically. Nevertheless, roadblocks continue to exist for behavior analysts. Perhaps it's the mechanistic view of development that alienates us from the ill-informed or the uninformed. Baer's (1973) article in the Life Span series discusses an age-irrelevant concept of development, which probably alienates us from developmentalists. Perhaps it's the systematic use of antecedent and consequence events, which scare people in terms of the possible "control" issues. Maybe it's the data: some people don't like math. Then there are other possibilities. As Bertrand Russell (1951) noted over half a century ago, (in his lecture on, The impact of science on society) "Respect for observation as opposed to tradition is difficult and (one might also say) contrary to human nature" (p. 11). More recently, Marsha Linehan (2007) states that, in her article on disseminating evidenced-based treatments, we "face a daunting set of well-documented barriers" (p. 3). She continues: "Appeal of the treatment model, shared beliefs about the value of integrating the treatment model within an existing service program, and the necessity of adapting the community setting's infrastructure and resources to support the integration of new treatments are all important" (Linehan, 2007, p. 3). Furthermore, "Institutional readiness for change, resources, and climate can also be critical in the successful implementation of new treatments" (Linehan, 2007, p. 3).

The truth is, and I know you can all handle the truth, is that there continues to be resistance to behavioral analytic techniques and a prejudicial attitude in some circles to our approach. This is true despite the empirical basis and integrity of behavior analysis. Part of the reason for resistance to behavioral analysis is delineated above. But I can't help think about what role we, as Behaviour Analysts, play in the rejection of behaviorism. I think we are doing something wrong and I think I know what to do about it. We must resist having the appearance of riding into the community on a big, white (behavioral) horse in order to rescue the less fortunate, pitiful non-behaviorists from their non-empirical world so that we can deliver behaviorally-based programs. We must avoid being arrogant, condescending, patronizing, rigid and close-minded. I believe having data makes us arrogant; we also think it makes us right. But just being right doesn't automatically endear us to the agencies we work at.

Anyone in a close relationship knows that just being right is not enough; it is our attitude, the way we present ourselves, our behavior and communication skills that determine whether we endear ourselves or alienate ourselves from the community. We need a way to sell behavior analysis to the community at large.

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Giving Behaviourism Away...-Cont. from pg. 9

Programs such as the DAN protocol (Defeat Autism Now), special diets and naturopathic interventions have dominated the airwaves as viable treatments for Autism without any empirical evidence of their efficacy. Jenny McCarthy is now more widely known in the field of autism than is Lovaas, Schopler or Richard Foxx! We need to learn to sell our services by communicating effectively with our clients. BEHAVIOR ANALYSTS: WE NEED RELATIONSHIP ENHANCEMENT THERAPY! (Guerny, 1977; Scuka, 2005). We need to develop effective and constructive communication skills; to empathically listen and to express ourselves in a non-antagonistic way. We need to learn to process both the treatment goals and the interventions we choose to achieve those goals with our clients in order to prevent inadvertent treatment sabotage.

Good communication skills, used in part, to build relationships with the community, are necessary components for the successful delivery of behaviorally-based programs. Without those skills, we will not be able to give behaviorism away.

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Russell, B. (1951). The impact of science on society. New York: Columbia University Press.

Scuka, R.F. (2005) Relationship enhancement therapy. New York: Routledge Press.

Check out these 2007 Conference Presentations at ONTABA ONLINE!

On Being an Applied Science: Category Perception and Propagation (pdf)

Ronald Weisman

An Analysis of the "Automatic Reinforcement" Hypothesis of SIB (pdf)

Authors: F.J. Barrera, Carobeth Zorzos, Ross Violo

Functional Analysis of Cognitive-Behavioural Techniques for Anxiety Reduction (pdf)

John Kosmopoulos

Analysis of Setting Events Questionnaire (pdf)

John Kosmopoulos

What Does Applied Behavior Analysis Have to Offer NeuroRehabilitation? (pdf)

Mike Mozzoni

ONTABA Analyst Submissions

Your newsletter is only as good as your contributions.

The *ONTABA Analyst* is a forum for us to stay connected in many ways. All members are encouraged to submit articles on topics related to behaviour analysis; theoretical, practical or topical issues, perspectives from different regions of the province, jobs or schools, research accounts, news, announcements, your biography, reviews, student practicum, etc.

Article submissions:

We reserve the right to edit without changing the intent of an article, request further editing by the author, publish articles relative to the content of the current Analyst, publish them at a later date with due respect to the timeliness of a given article, or refuse an article. You will be informed of acceptance, rewrite or refusal of an article. Announcements will be published at the discretion of the editor. *ONTABA* will not be held responsible for the views and opinions of *ONTABA Analyst* contributors.

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Submissions for the next ONTABA ANALYST, Issue 14.1 must arrive to Caroll Drummond at carolld@sympatico.ca or caroll.drummond@surreyplace.on.ca by Feb.15 for the Mar. 1, 2008, deadline.

Upcoming Conferences and Workshops

February 8-10, 2008 -Issues and Recent Advancements in the Behavioral Treatment of Autism: Practical Strategies for Changing Behavior at Home and School. Hyatt Regency Atlanta. For more info go to: www.abainternational.org/autconf/index.asp

April 4th, 2008 - OADD Research Special Interest Group Day , Kempenfelt Centre, Barrie, Ontario. rsig@oadd.org or 416-567-9763. Part of the larger OADD conference April 2,3 and 4th conference@oadd.org

May 23-27, 2008 -34th Annual ABA International Conference, Chicago, Il. Chicago Hilton. www.abainternational.org

Membership update

Chair: Amy Barker **Liaison:** Lisa Israel

2007 members:

Total = 339
Renewing Members = 213
New Members = 94
Returning Members = 32

2008 members: (to date)

Total = 95
Renewing Members = 48
New Members = 34
Returning Members = 13

2007 Membership Category Breakdown

Full Members = 237
Student Members = 46
Sustaining Members = 40
Affiliate Members = 15
Member Emeritus = 1

2008 Membership Category Breakdown

Full Members = 57
Student Members = 21
Sustaining Members = 9
Affiliate Members = 7
Member Emeritus = 1

Please contact Amy Barker if there is a change in your contact information (i.e., mailing address, email address).



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Elections2008: Board of ONTABA

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is an affiliate Chapter of the Association for Behavior Analysis International.
ONTABA currently has members from professions such as
education, nursing, health care, and psychology.

ONTABA's Vision: *Fostering a culture of excellence, integrity, and expertise for the advancement and promotion of the science of behaviour analysis.*

ONTABA's Mission: *To demonstrate leadership, knowledge, and innovation in education, training, and research for the ethical and effective application of behaviour analysis.*

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