

the ONTABA ANALYST



ONTABA

The Ontario Association for Behaviour Analysis

An Affiliate Chapter of The Association for Behavior Analysis International

www.ONTABA.org

Caroll Drummond Editor, Production Manager, Submissions



15th Annual ONTABA Conference

November 20 and 21, 2008

at the Westin Prince Hotel in Toronto

Concurrent Sessions & November 22nd Workshops!

\* CALL FOR PAPERS in this issue \*

FEATURE ARTICLE

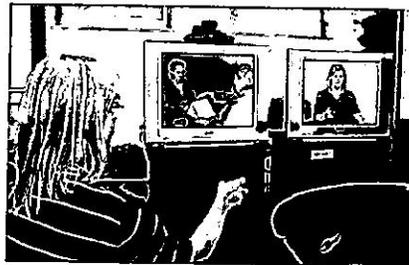
Evaluation of Psychological Assessment via Videoconference:

Is it just like being there?

Preliminary Results

Caroll Drummond, Valerie Temple, Sharon Valiquette, Eموke Jozsvai

Kenora Rainy River MMW Video Conferencing Program  
Mashkikiwininiwag Mazinaatesijigan Wichilwewin (MMW)



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**From the President's Desk****Peter Wyngaarden**

Greetings!

A lot is happening in ONTABA. One important thing you need to be aware of is that ONTABA has sought a new mailing address. Having encountered some challenges with respect to our old mailing address, we have secured 283 Danforth Ave., Suite 413, Toronto, ON, M4K 1N2 as our new mailing address.

Planning for our annual conference is well underway. Reserve the date now; you won't want to miss it. Scheduled for November 20 and 21, 2008 with a possible third workshop day on November 22, it will be held at the Westin Prince Hotel in Toronto. Further information will be shared in our fall issue of the Analyst.

Last year's conference saw the first presentation of ONTABA's awards for contributions to behaviour analysis in the areas of research, education and clinical practice. Enclosed in this newsletter, you will find nomination forms for the 2008 awards. Consider nominating a deserving candidate for an award.

Enclosed you will also find an invitation to nominate new board members. Serving on the board involves attending several meetings a year and perhaps assisting one of ONTABA's committees. With a full board complement, the tasks involved in running this fantastic professional organization need not be overwhelming for anyone. Please consider whether you might be able to devote some time to serving ONTABA and its membership as a board member.

In the last newsletter we reported on the extension of the Alternative Pathways. Work continues to be done on the issue of certification but meanwhile, inquiries about certification and the Alternative Pathways constitute the most frequent inquiries to our website. We endeavor to keep the information on the website thorough and up to date. Additionally, we are hoping to offer an information session at our conference this November.

This issue of the Analyst will be our last before the summer. Wishing you a good and restful summer,

With warm regards, Peter

**Peter Wyngaarden, M.Sc.**  
**ONTABA president**
[www.ONTABA.org](http://www.ONTABA.org)

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## BOARD BIOGRAPHIES- STUDENTS



### **Lisa Israel**

*Lisa is the Director of Applied Behavioural Interventions, a company that provides Applied Behaviour Analysis for children. Lisa has worked in the field of disability for the past 18 years and is currently completing her Masters in Applied Disability Studies at Brock University. She originally graduated from York University with a Specialized Honours degree in Psychology. She went on to graduate as a Rehabilitation Specialist and later, Registered Nurse from the University of Toronto. She holds a Masters Certificate in Autism from the University at Albany and is looking forward to graduating from Brock and writing her exam to become a Board Certified Behaviour Analyst. This is her second term as Graduate on the Board of Directors for ONTABA.*



### **Michelle Edwards**

*Michelle's role on the Board of Directors for ONTABA is the Undergraduate Student Representative. She graduated from the Behavioural Science Technology Program and obtained the advanced diploma. Michelle began working in a group home setting with adolescent individuals who have a Dual Diagnosis. Michelle is currently working as a Lead Instructor Therapist at Lake Ridge Community Support Services in the Central East Autism Program. At this time she is also pursuing her degree at York University majoring in Psychology. Michelle continues to attend various workshops and training sessions on Autism Spectrum Disorder, as she has a vast interest in this area.*

## **NEWS : Unproven Technique: Fatal Outcome**

Results of a coroner's inquest in Montreal, reported in the Toronto Star and Montreal Gazette on Friday June 20<sup>th</sup> stated that Gabriel Poirier, a 9 year old, 53 pound child with Autism died under an almost 40 pound weighted blanket. Gabriel's teachers reportedly rolled him in the blanket after having reprimanded him twice for loud vocalizations. He was left in a prone position; face down, under the blanket. When they checked on him almost 20 minutes later, he was unconscious, and died the next day in hospital. The coroner reports the cause of Gabriel's death as suffocation. The coroner noted that the occupational therapist that recommended the blanket, had recommended that it be used under supervision, and that the child be rolled in such a way that he could get free from the blanket. Neither clinical recommendation was followed, and the result was fatal.

Gabriel Poirier died as a result of the misuse of an unproven clinical technique. Gabriel's teachers surely intended to calm and restrain him; instead they suffocated and killed him. His death could have been prevented.

In the next issue of the Analyst I will review the findings of the Coroner's report in the context of other relevant research and will present recommendations for behaviour analysts, caregivers, and policy makers.

**Rosemary A. Condillac, Ph.D., C.Psych.**

Centre for Applied Disability Studies  
Brock University



*Mashkikiwininiwag Mazinaatesijigan  
Wichiiwewin*

*Clinical Video Conferencing Support*



Surrey Place Centre



## **Evaluation of Psychological Assessment via Videoconference: Is it just like being there?**

*Preliminary Results*

**Caroll Drummond, Valerie Temple, Sharon Valiquette<sup>2</sup>, Eموke Jozsvai**  
*Surrey Place Centre, Community Living Dryden<sup>2</sup>*

### **Background:**

In July of 2004, Surrey Place Centre (SPC), with multi-agency partners, spearheaded the MMW (Mashkikiwininiwag Mazinaatesijigan Wichiiwewin) Videoconferencing project funded through the Ministry of Community and Social Services (MCSS). The purpose of this project was to provide specialized clinical and educational services to adults with developmental disabilities (DD) and their care providers living in northern communities through the use of Ontario Telemedicine Network (OTN). Initially, the project focused on providing service and building capacity in the northern Ontario communities. Identified as access points to service, Community Living Dryden and Sioux Lookout Association for Community Living and their individual catchment areas provided the initial basis of client referrals requesting service. At the same time, with MCSS seeking to provide clinical services to traditionally "underserved" areas, Regional Support Associates also began their videoconference project with a similar mandate to serve Southwestern Ontario. Since 2006, MMW has become a program and expanded to the entire Kenora-Rainy River District. This includes four new access points including the Associations for Community Living in Fort Frances, Kenora, Harmony Centre at Red Lake, and Atikoken District Association for Developmental Services. Additionally we have an access point through the First Nations Health Authority in Sioux Lookout doing outreach to 32 First Nations Communities. Psychiatric services are provided through the Centre for Addiction and Mental Health, Queen Street Site and formal educational opportunities are provided through our partners, George Brown College and The Griffin Centre to these communities. Educational opportunities and cultural sensitivity training are also provided to us from the northern partners and people from their communities. We are the primary clinical service for Northwestern Ontario and, as such, are part of the Northern Network of Specialized Care. Currently, services such as psychology, psychiatry, behaviour therapy, and counseling are offered. As needed, other services such as Speech and Language, Parent Enhancement, and Occupational Therapy have been offered, in kind, by SPC. We have received over 130 referrals from Northwestern Ontario to date and now have a new program name "Kenora Rainy River MMW Video Conferencing Program" and logo to reflect our expansion. We continue to develop our relationships and our ability to use the videoconference medium in providing clinical and educational services.

### **The Need for Services:**

Many northern Ontario communities have had difficulty attracting professionals such as psychologists and psychiatrists to their regions, and many times clients must travel great distances often at great expense to International City, Minnesota, Winnipeg, Manitoba or Thunder Bay. They may need to wait long periods before getting the required services due to the minimal resources available. This is most evident in the "fly-in" communities in the north. It is often a challenge to find professionals with training and education in the area of developmental disability. People working in the area are very resourceful and creative in trying to do as much as they can with what resources they have but identified the need for the professional assessments..

*Continued on pg.5*

Our experience with the MMW program has demonstrated that psychological assessments can help clients and their care providers in a number of ways. For example, assessments can help with accessing resources (e.g., Ontario Disability Support (ODSP), Special Services at Home funding (SSAH), improving understanding of an individual's level of disability, and providing information for planning around special needs (e.g., housing, job training) based on a client's specific profile of skills. Finding ways to increase the availability of psychological services to northern communities, at a reasonable cost, would appear to be a useful undertaking.

#### **Past Research on Videoconference Assessment:**

Based on past research there is reason to believe that videoconferencing can be a relatively effective method of delivering assessment services (Kirkwood, Peck & Bennie, 2004; Scott, McLaren & Watson, 1993). This assumption has not been tested, however, for individuals with DD. As well, a limited number and type of assessment tools have been evaluated for their effectiveness over videoconferencing. It is therefore desirable to test a greater breath of instruments to better understand the strengths and weaknesses of this technology.

In terms of past research, Kirkwood et al. (2004) looked at neuropsychological assessment over videoconferencing compared to "face to face" assessments. Their study included 27 individuals with a history of alcohol abuse. Results showed that, in most cases, videoconferencing produced the same results as in-person assessments. They also found that clients were equally satisfied with both types of assessment experiences. Schopp, Johnstone, and Merrell (2000) looked at neuropsychological interviews with 49 individuals and compared "face to face" responses to videoconference responses. Results of this study also found no significant differences between conditions. Scott, et al. (1993) administered the Mini-Mental State examination to adult psychiatric patients in a randomized controlled trial and found high correlations between videoconferencing scores and scores of individuals assessed in-person. They suggested that this indicates videoconferencing is a "reliable" medium for psychiatric screening.

Past studies have also reported some problems with videoconferencing technology. For example, Kirkwood et al. (2004) noted that assessments took significantly longer over videoconferencing than in-person. As well, Schopp et al. (2000) reported that psychologist satisfaction with videoconferencing was lower than for in-person assessments. Finally, Zarate, Weinstock, Cukor, Morabito et al. (1997) noted that the quality of transmission could influence the reliability of assessing symptoms in patients with schizophrenia. These authors indicated that higher bandwidth resulted in more reliable assessment of negative symptoms during psychiatric interviews.

The purpose of this study was to establish if results from psychological assessment conducted over video conference (VC) yields similar results to assessments completed in-person. Also, if there are any significant bias in results of VC assessments, and to determine what types of psychological tests can effectively be completed using VC.

#### **Method:**

**Consent and Confidentiality:** Participants consented to participate in this study and consented to VC when on line. Videoconference assessments were conducted via OTN encrypted lines to assure confidentiality.

**Participants:** 12 adults with DD ages 19 to 63 were included in the project to date. Each participant was tested twice; once "in-person" and once on "VC". Six participants were tested on VC first and 6 in-person first. There was 6 to 22 months between test batteries. For in-person testing, our team traveled to northern communities or conducted it at Surrey Place Centre (SPC), Toronto.

**Instruments:** Three instruments were administered to participants:

1. The Peabody Picture Vocabulary Test- III (Dunn & Dunn, 1997)
2. The Beery-Buktenica Developmental Test of Visual-Motor Integration-IV (Berry & Beery, 2004)
3. Wechsler Abbreviated Scale of Intelligence (PsychCorp, 1999)

Continued on pg. 6

**Procedure:**

During assessments, trained videoconference coordinators sat with clients in the connected videoconferencing studios. They assisted with presenting and manipulating materials and prompting clients within acceptable limits for our population. A psychologist directed the assessment from another studio. All tests were administered following standard procedures as much as possible.

**Results:**

**Fig.1**

**Results: Mean Scores (IQ) for Video Conference vs. In-Person Assessments Wechsler Abbreviated Scale of Intelligence**

Scale	Scores		
	V.C	In-Person	Mean Difference
Verbal IQ :	61.8	64.1	2.72
Performance IQ :	67.8	64.8	3.55
Full Scale IQ :	61.6	61.9	1.72

**Fig.2**

**Results: Mean Standard Scores & Raw Scores for Video Conference vs. In-Person Assessments PPVT\* & VMI\*\***

Scales	Scores		
	V.C	In-Person	Mean Difference
Standard Scores PPVT	63.3	62.3	2.9
Standard Scores VMI	47.7	47.7	0
Raw Scores PPVT	112	111	7.0
Raw Scores VMI	17.6	17.7	0.7

**Fig.3**

**Comparing Test Scores Across Administrations**

Percentage of participant test scores that were:

Higher on V.C	23%
Higher in-person	34%
Identical for V.C and in-person	43%

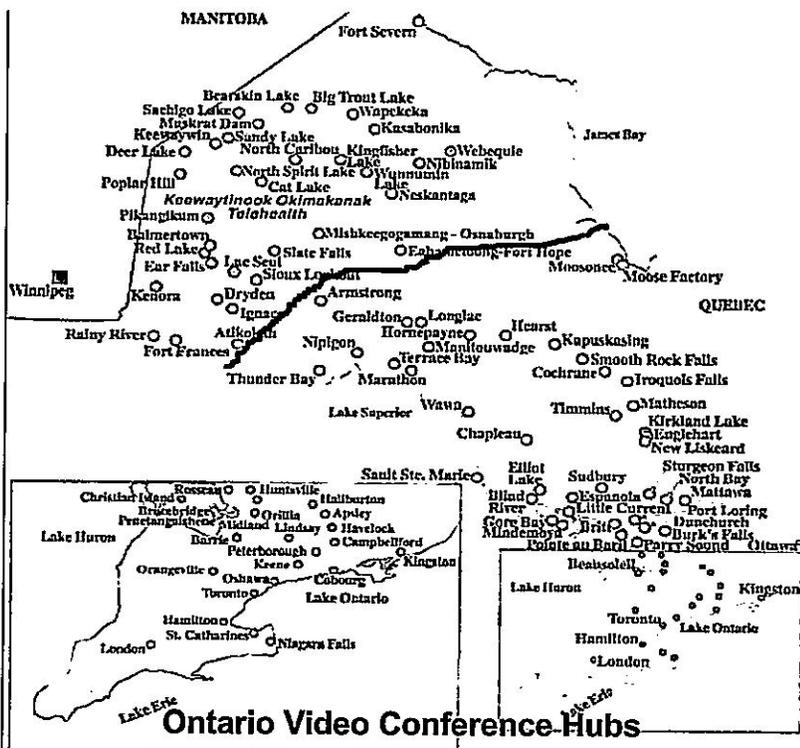
This includes WASI, PPVT, and VMI scores.

Cont. on pg. 8

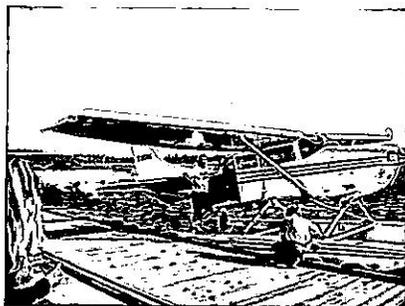
# THE MMW PROGRAM EXPERIENCE



MMW Videoconference studio- SPC



North of the line: Area of the Kenora- Rainy River Video



Essential transportation



Lac Seul First Nation  
Pow Wow -ACL  
Conference



Wapakeka First Nation-  
Nursing Station



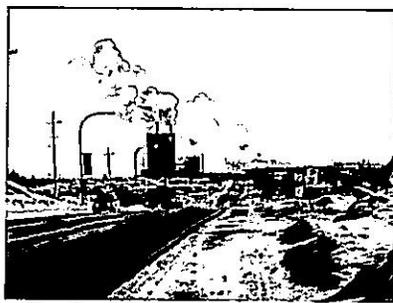
A real appreciation of  
Northern Ontario



Eagle's perch- Sioux  
Lookout



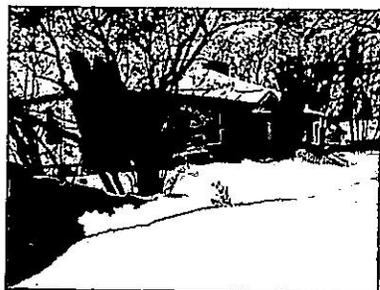
Dryden ice road-Lake Woobigon



Dryden Pulp and Paper Mill



Fort Frances Association  
for Community Living



Atikoken District Association  
for Developmental Services



Wapakeka First Nation -Main road



Kitchenuhmaykoosib Inninuweg First Nation (Big  
Trout Lake) with MMW team & Council Member

**Discussion:**

- As seen in Figure 1, VC and in-person assessments yielded very similar results.
- Average differences between administration methods were usually small, within the error of measurement for tests (See Figure 2). This size of difference should not effect interpretation of scores.
- As shown in Figure 3, no specific biases were found (i.e., some did slightly better on VC, some in-person).
- Overall, results suggest VC is an effective and valid vehicle for performing some types of intellectual testing.

**Caveats:**

- VC assessments took about 25% to 50% more time to complete than in-person assessments.
- There is some loss of "body language" on VC.
- Clinicians need to speak more slowly & clearly on VC - be more theatrical.
- A trained facilitator is needed at the remote site with the participant to assist with assessments.

**Future Study:**

- Increase participant numbers to strengthen the durability of these preliminary results.
- Present Social Validity measures on the use of the technology compared to in-person.
- Determine the specific training and criterion needed to be met as a trained facilitator.

**References:**

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## ABA INTERNATIONAL BLOWS INTO THE WINDY CITY

This year the Association for Behaviour Analysis International held their 34<sup>th</sup> Annual Convention in Chicago, Illinois from May 23- 27. Although I have only been to one ABAI convention in the past, my first 2 thoughts were, 'I am looking forward to seeing old friends and new research' followed by, "Where should I go shopping first?" Or was that vice-versa? Luckily, the convention was held at the Chicago Hilton on Michigan Avenue, not far from shopping and great food. Time management is very important with these conventions. The day starts with a few symposiums and workshops until mid-afternoon, some drinks in the afternoon, dinner in the evening and cocktails at night and sleeping if there was no time for that afternoon nap! I was able to attend a presentation on the *History and Current Developments in Behaviour Analytic Forensic Psychology, A Historical Analysis for Generalization* and an evening poster session, just to name a few. One that I could relate to the most was a symposium on *Health, Sports and Fitness Research in ABA*. This may not have been one of the more conventional sessions anyone would have attended but one of my interests is making health and wellness more important to the clients we serve. Anyone who has been a front line worker will know that the more unhealthy foods or sedentary activities, such as TV or computer, are more commonly used in treatment as reinforcement. Thus, the more healthy foods and physically demanding activities may become aversive to our clients as they get older. So how does this differ from us? Unfortunately, it hardly does! I realized that living a healthy lifestyle that includes daily physical activity and a consistent regimen of healthy foods can be hard to maintain. I remember listening to a presenter talk about why people have difficulty being physically active every day knowing all the benefits it has to our health. The answer was that most of the benefits to exercise are not immediate and as we know, immediate reinforcement to any skill acquisition program produces higher success rates. The only immediate reinforcement that may be experienced after exercise is a release of chemicals in the brain that reduces anxiety, depression and mental stress while inducing feelings of happiness and well-being. Then I thought, "So, why don't people exercise more?" Then I thought more clearly, "Oh yes, isn't that what having a few drinks are for?"

Apart from all the research, motivated students, dedicated support workers and enthusiastic clinicians in one hotel, the hours of shopping and schmoozing took place outside in the sun and restaurant patios. It was the perfect weekend to meet with old co-workers, new people, network and get away for some rest and relaxation. No matter where the ABAI convention is held, I always manage to feel relaxed when I come back, am able to accept the pile of work on my desk because I feel just a tad smarter than before I left. Who knows if that is true but maybe the brilliance of the researchers at ABAI will be transferred to me through osmosis!

**Sabrina Chan ,BSc, BST,**  
Senior Behaviour Therapist, Adult Program, Surrey Place Centre

Helping you live pain free.  
Naturally.

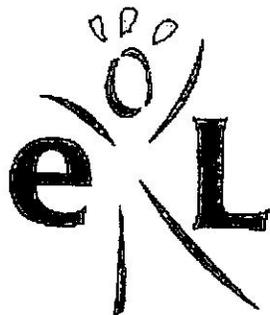
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## EMPLOYMENT OPPORTUNITY



Exceptional  
Learning Centre

### SENIOR BEHAVIOUR/ABA THERAPIST POSITION

*Exceptional Learning Centre (eXL) is an inter-disciplinary therapy centre providing Speech-Language, Psycho-Educational and Behaviour Therapy for children and youth with special learning needs. As an eXL Senior Behaviour Therapist, you will be responsible for the clinical supervision of clients who are receiving ABA (Applied Behaviour Analysis) therapy.*

#### **Clinical responsibilities will include:**

- Implementation and analysis of the ABLLS (Assessment of Basic Language and Learning Skills)
- 
- Writing of skills acquisition programs
- Writing of behaviour reduction programs and protocols
- Ongoing monitoring and evaluation of clients' progress

#### **Administrative responsibilities:**

- Facilitating TEAM meetings
- Facilitating parent clinics
- Participating in staff training

#### **Essential Qualifications:**

- Bachelor's degree in Psychology, Education, or related fields
- At least 2 years experience delivering ABA programs
- Experience in the writing and supervision of ABA programs
- At least 1 year experience in the administration and analysis of the ABLLS assessment tool
- Excellent communication skills, both verbal and written
- Demonstrated success as a team player, in an interdisciplinary environment
- Excellent problem solving and critical thinking skills

Some training available for the right candidate.

IT (Instructor Therapist) positions are also available.

To apply for the position, please visit [www.eXLcentre.com](http://www.eXLcentre.com) ('Contact us').

## ONTABA Analyst Submissions

The ONTABA Analyst 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.

Advertising in the *ONTABA Analyst* is available for a fee payable to ONTABA ( \$100.00 1/4 pg., \$200.00 1/2 pg., \$300.00 full pg.). Job ads will be posted on the ONTABA website for up to 30 days for free with an ONTABA Analyst Ad for 1 month. Website ads only are \$50.00 for the first month and \$30.00 thereafter (subject to change).

Submissions for the next ONTABA ANALYST, *Issue 14.3 :Fall*, must arrive to Caroll Drummond at [caroll.drummond@surreyplace.on.ca](mailto:caroll.drummond@surreyplace.on.ca) by Sept 1 for the Sept 15th deadline.

## Upcoming Conferences and Workshops

**September 5 - 7, 2008: 2008 Education Conference : Evidence-Based Practice, Scientifically Based Instruction, and Educational Effectiveness.** Hyatt Regency Reston in Reston, Virginia. See [www.abainternational.com](http://www.abainternational.com)

**November 12-14, 2008: NADD 25th Annual Conference in Niagara Falls, Ontario, Canada.** [www.thenadd.org](http://www.thenadd.org)

**November 20 and 21, 2008: 15th Annual ONTABA Conference Westin Prince Hotel in Toronto.** See insert and [www.ONTABA.org](http://www.ONTABA.org) for call for papers and view details

**February 6-8, 2009: 3rd Autism Conference: Hyatt Regency Jacksonville-Riverfront.** see [www.abainternational.com](http://www.abainternational.com)

**May 22 - 26, 2009: 35<sup>th</sup> Annual ABA Convention Phoenix, Arizona, Phoenix Convention Center.** see [www.abainternational.com](http://www.abainternational.com)

**August 7-9, 2009: 5th International Conference ; Oslo Norway, Radisson SAS Plaza Hotel: Visit the ABA International page at [www.abainternational.com](http://www.abainternational.com) for registration, call for papers and to view program details**

## Membership update

**Chair:** Amy Barker    **Liaison:** Lisa Israel  
Renewing Members = 175  
New Members = 85  
Returning Members = 33  
Full Members = 210

Total Members = 293  
Student Members = 34  
Sustaining Members = 32  
Affiliate Members = 16  
Member Emeritus = 1

⇒ You can now renew your membership online at [www.ontaba.org](http://www.ontaba.org).

We have 5 members who have taken advantage of the 15% discount and have joined for 3 years until 2010! Please contact Amy Barker if there is a change in your contact information (i.e., mailing address, email address).



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**Treasurer: Lisa Dillmarco**  
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**Liaison: Peter Wyngaarden\***

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**Undergraduate: Michelle Edwards**  
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**Elections2008: Board of ONTABA**

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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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