

13th Annual ONTABA Conference A Great Success! Filled to Capacity!



The 2005 Annual Conference was a huge success! I would like to thank my co-chairs for hosting such an incredible conference. Sara Kupferschmidt, Melissa Lavale, and Nancy Defina all worked tirelessly to ensure that the conference was diverse and informative. We had 300 people in attendance the evening of November 4th! The conference was sold out several days before the big event. This posed some minor complications with our venue as we did not anticipate such a turn out. We had almost a 25% increase in attendance from last year's event. Ultimately, the two day event brought together many professionals and educators in the field of behaviour analysis. (Cont. with MORE PICTURES pg.6)



ONTABA

the

ANALYST

Ontaba

The Ontario Association for Behaviour Analysis

An Affiliate Chapter of The Association for Behavior Analysis International

Caroll Drummond
Editor, Production Manager
Ross Violo
Associate Editor, Submissions

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INSERT: 13th Annual ONTABA AGM Minutes : DRAFT

From the President's Desk

James C.K. Porter
ONTABA President



With this being the first ONTABA Analyst of the year, I would like to take the time to just briefly reflect on the past year and look forward to 2006.

First I would like to thank all those who made the 2005 conference one the best that ONTABA has ever had. Special thanks to the conference committee and all those who presented at the conference. A hearty thanks also to all the members that came to hear the speakers and show their support for ONTABA.

As I assume the position of President I would like to thank all those board members that recently exited after making significant contributions in the operation of the organization and in advancing Behavior Analysis in the province through their participation on the board. With the special election over, I would like to first thank all those members who nominated others for positions and to thank those who ran for a board position. With the results in and now that we have a complete board I would like to welcome all the new board members and I look forward to working with these representatives to continue the work that the previous board started.

I would also like to comment on how excited, and privileged I am to be able to be part of the board in a time when Behavior Analysis has reached unprecedented levels of interest, support, and credibility in so many levels of our social structure; from the level of the family to government.

With the BACB certification to begin this year, the Transitional Certification Committee work, the development of graduate level programs in the province and continued support for ABA in the IBI programs, it is indeed a most exciting new year we are about to embark on.

With all that we have to face and to do in the coming year I heartily encourage all members to participate in the organization through committee participation, with contributions to the newsletter and other organizational activities and to constantly stay abreast of what is happening within ONTABA by checking out the ONTABA website and reading the newsletter.

ONTABA

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WWW.ONTABA.ORG

ONTABA Committee Updates

ONTABA COMMITTEE UPDATES:

Conference Committee:

Conference Chair: Shiri Bartman

sbartman@shiningthrough.ca

See report inside!

Elections Committee Update:

Board Liaison: TBA Chair: TBA

There are newly elected or acclaimed members on the Board as well as a few staying on - See page 2 of the ONTABA Analyst as well as the Contacts on the last page for your Board Members names and contacts. Welcome to James Porter as President and Peter Wyngaarden as President- Elect as well as the new Members at Large and Student Board Members!

Membership Committee:

Board Liaison: TBA Chair: Amy Barker

As of Feb 9,2006 For the 2006 membership year;

Total members: 98

New Members: 25

Renewing Members: 59

Members from Previous Years (2004 and before): 14

Affiliate: 1

Emeritus: 1

Full: 71

Student: 10

Sustaining: 15

FYI: For many years now our year-end Membership has been over 300 and we intend for that to only increase ! If you have address changes, please let us know. Membership forms are available on the website at www.ONTABA.org

Recruitment Committee

Board Liaison/ Chair: Carobeth Zorzos

The recruitment committee has completed the .

We're always looking for volunteers to help out with the recruitment committee. Please contact Carobeth Zorzos at carobethz@rogers.com if you are interested assisting with recruitment activities.

Transitional Certification Committee

Board Liaison: Andrew McNamara

See 2005 ONTABA Conference AGM Draft (Insert)

Newsletter Committee:

Board Liaison: TBA Editor: Caroll Drummond

Thanks to the authors for their contributions to this ONTABA Newsletter, new Board Member, James Hughes and Student, Kathleen Molina.

You will find some of the items from this newsletter on line. In particular, the articles and employment opportunities are uploaded to the website. Our readers **are** our contributors, so do your bit today! Send your articles to Ross Violo sifuross@rogers.com.

Webpage Task Force

Board Liaison: TBA Chair: Janet Valcourt

The new web site is up and looking good! The web developer (Robert Duff) and Janet have set up links to journals, educational institutions in Canada and the US for ABA opportunities, discussion sites, and have recently uploaded a couple of employment opportunities! Take a look at what we have! Stay tuned to www.ontaba.org for more!

Public Policy Task Force

Board Liaison/Chair: TBA

The public policy task force will need committee members to assist with the research and hands on work of investigating and responding to issues relating to ONTABA. We will also be recruiting local, national, and international experts to serve on an expert panel and who would be willing to comment when an issue relevant to their expertise arises. Please contact James Porter or Carobeth Zorzos if you have interest in being on the public policy task force. It is expected that this task force will become a standing committee of ONTABA at some point in the future.

Awards and Recognition Task Force

Board Liaison/Chair: TBA

The Board of directors announced this initiative with the goal of researching and advising the board of directors on potential awards and recognition strategies to encourage study, research, and excellence in the practice of behaviour analysis. We need a creative team to recommend ways that we can reinforce students, clinicians, policy makers and other individuals who do work related to the ethical and effective application of behaviour analysis.

CHECK OUT WWW.ONTABA.ORG

The Effectiveness of Noncontingent Attention in the Treatment of Paranoid Behaviour in an Adult with a Dual Diagnosis: A Case of *Diagnostic Undershadowing*

James Hughes

York Central Hospital – Behaviour Management Services



The following is a brief summary of a session presented at the 2005 ONTABA Conference. It has been significantly condensed and revised for this format. Copies of the original slide presentation can be requested from the author at mjameshughes@hotmail.com

Dual Diagnosis is the presence of a developmental disability and a mental illness. The term Diagnostic Overshadowing was developed in 1982 to describe a bias prevalent at that time. The term referred to the tendency of people to attribute any unusual behaviour an individual with a developmental disability may present as a function of their cognitive impairment rather than a possible underlying mental illness. In short, it was believed that a developmental disability precluded a mental illness (Reiss, 1982). After more than two decades of research and education in the field of Dual Diagnosis there is virtually consensus recognition that individuals with a developmental disability may also have a mental illness. Recent research suggests that currently there is even a tendency to 'over attribute' inappropriate behaviour to mental illness versus recognition that it may be being maintained by environmental variables (Hughes, 2003). This tendency could be considered *Diagnostic Undershadowing*.

"Kate", a 28-year old woman with a global developmental delay, was admitted to the locked psychiatric unit of a community hospital for symptomology suggestive of depression. Behaviors of concern included crying, refusing to get out of bed, appetite loss, significant weight loss, disrupted sleep and suicidal statements. e.g., "I just want to die." Subsequent to Kate's admission she was diagnosed with Depression and began a medication regime of Zoloft. The depressive symptomology reportedly improved gradually and planning for discharge began. Unfortunately, the placement in which Kate previously resided was no longer available and several weeks passed without Kate's discharge to a community placement being facilitated.

During this time novel and disruptive behaviours emerged. Kate began to gradually present what was described as 'paranoid' behavior. This was most evident in her frequent behavior of using the payphone to make 'fictional' phone calls and engaging in 'fictional' conversations. The content of these conversations typically consisted of boisterous reports of the hospital being on fire or that she was about to be raped. Also of concern was Kate's tendency to stand near the phone and refuse any other patients accessing the phone due to her assertions that she needed to keep the phone free for emergencies. These behaviors became quite disruptive on the unit and also resulted in a number of physical altercations with other patients. The behaviors occurred predominantly during the afternoon hours of 1:00pm and 5:00 pm when there were no group therapy sessions or planned social/recreational activities.

These behaviours were labeled as 'paranoid' and diagnosed as consistent with a Delusional Disorder. It was postulated that perhaps Kate had experienced a manic reaction to the SSRI Zoloft that had been used to treat her depression. This manic reaction is estimated to occur in approximately 1% of the 'typical' population but has been suggested to be more prominent in the developmentally disabled population. Data suggesting this increased susceptibility had been presented in a training workshop to hospital staff shortly prior to Kate's admission. As such, the anti-psychotic Olanzapine was implemented for Kate's suspected SSRI induced Delusional Disorder. During a four week trial on Olanzapine there was no reported reduction in the disruptive behavior. Furthermore, Kate's behavior was regarded as too challenging to confidently accept any upcoming community placement

(Cont on pg.8)

Book Review: *Let Me Hear Your Voice: A Family's Triumph over Autism*
Author: *Catherine Maurice*

Contributed by Kathleen Molina: *A graduate of McMaster University's Honours Psychology Program and currently a student in the Autism and Behavioural Science Technology Program at George Brown College.*

This book is a personal account of a family's experience with autism. The narrator recounts the emotional and mental tribulation she and her husband endured and gives us an insight into what it is like for a family to face the shock of having a child with autism. The bulk of the book concerns Maurice's attempts to find a treatment at whatever cost trying both Holding Therapy and Applied Behavioural Analysis. Unlike the books and articles she came across, this does not serve as an endorsement of a particular type of treatment or to claim to have found a cure for autism but merely an informative and factual read. There is an emphasis on the importance of the parental role in working with professionals to find solutions to the problem. Parents must seek out knowledge about the disability and gain an understanding of all available treatments and approaches through research, literature and professional consultations. She provides a lesson in how even the most intelligent of people can allow themselves to believe anything when they are desperate. Individual family stories may not be relevant for other families. Maurice's approach shows the value of selecting treatments that will work best for the child and the family. In this case, it meant adopting a less proven intervention. However, the behavioral treatment produced effective results in this case and resulted in positive outcomes for the child. This book highlights how professionals must be cautious of treatment approaches that propose parental rejection as a cause, therapies offering a cure or stating that their approach is the only valid one. On a more personal level, she emphasizes the importance of support from one's family and friends.

Although the narrator does not discuss Applied Behavioural Analysis into detail and how it works, it provides an informative look at a concept in the treatment of autism that was relatively new at the time. She also remained open to alternative approaches. In an effort to counter what she initially thought to be the "manipulative and dehumanizing treatment" (pg. 69) of behaviour modification, she also tried Dr. Martha Welch's Holding Therapy, which asserted autism was caused primarily due to a failure of mother-child bonding in the first year of life. The therapy states that a mother achieves resolution by holding her child tightly and verbally releasing her true feelings. She would later abandon it after recognizing her "blind faith and unwillingness to admit that we can make mistakes about what is right for our children" (pg. 139). Although Applied Behavioural Analysis was the successful treatment for her children, Maurice's underlying message was for us to be open-minded and to actively seek out alternative approaches by gathering data and asking questions. She does this however, with a warning to be cautious of reported "recoveries" and the motives of the individuals behind these approaches who seek only to capitalize on the desperation of parents seeking salvation.

Maurice's oft-repeated belief that her child was "being drawn deeper and deeper into that dark wood" (pg. 47) offers the misconception that autism is degenerative. Autism also is not, despite her dramatic assertions, "a person without a self; a life without a soul" (pg. 57). I would hope that our society could get past these feelings of pity and demeaning references to people with disabilities. However, I do appreciate the realness of Maurice's emotions and for allowing me to get an insight into her life. What was of particular interest to me was the important role her family and her faith in God played in her journey. I can personally attest to how both provide me with the strength to deal with certain obstacles in my own life.

I think her intention for the book was to offer a perspective from a parent who has gone through it and to let parents know they are not in this battle alone. She wanted parents to know that "there is hope – for improvement, for progress, and, in some cases, for recovery. Even though there is no full recovery, autistic children can be helped – through different therapeutic approaches." (pg. 271) She sought to offer a roadmap complete with names, numbers and addresses of those who helped her along her journey and to give the kind of guidance that she so desperately needed during her own ordeal.

Let Me Hear Your Voice serves as a valuable read for students, families and professionals by providing factual information into her description of the parents' journey to raise a child with disabilities. It is a tribute to one parent's strength of character and offers a strong message of hope and strength to parents who refuse to give up on their children.

(Cont from pg. 1)



Brian Iwata

Key Note Speakers



Philip Hinline

ONTABA CONFERENCE 2005



Philip Hinline, Leslie Cohen, Brian Iwata

Our two key note speakers contributed profoundly to the success of the event. Dr. Brian Iwata and Dr. Philip Hinline provided intriguing and useful information to the audience. Along with our many local speakers, the two days were filled with information on several current issues that behaviour analysts are faced with today.

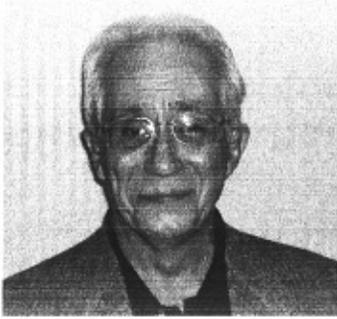
Feedback around running concurrent sessions and providing more time for workshops was received. As well, many inquired about the possibility of online and credit card registration which we are exploring. As well, many of the audience suggested making the power points and handouts available on the website which is another great idea. Finally, feedback about the venue generally was that it needed to be larger in order to accommodate our growing numbers.

As we aim to make every years conference better than years before any further feedback is appreciated. You can send it to me at sbartman@shiningthrough.ca Stay tuned for 2006 conference information!

Shiri Bartman



Shiri Bartman



FJ "Pancho" Barrera



Gerald Shook



James Porter, Rosemary Condillac,
Present and Past President



Linda Sadvari

Some Presenters and Contributors



Lynda Macaulay, Sarah Sword, Leslie Cohen,
Antoinette Falco, Nancy Freeman



Kevin Cauley



Sarah Grubb, Kaleigh Regehr, Tricia Vause



Helen Penn, Adrienne Perry, Alice Prichard

(The Effectiveness of Noncontingent Reinforcement...Cont from pg.4)

availabilities.

An interesting parallel emerged to landmark research conducted by Ayllon and Michael (1959) in which while a "diagnosis is being made and during subsequent treatments... patients often exhibit annoying and disruptive behavior... sometimes identical to behavior that led to admission; but at other times it seems to originate and develop within the hospital setting." In short, the behaviours were considered the result of events occurring in the environment rather than the manifestations of the mental disorder. These authors used behavioural treatments to diminish the challenging behaviours of 14 schizophrenic and 5 developmentally disabled patients in a setting and context quite similar to that in which Kate's behaviours had developed.

Over the course of several months a number of expensive and physically intrusive psycho-pharmacological interventions indicated for Kate's diagnosis were implemented with no resulting impact on the disruptive behaviour. The economic impact on the institution resulting from the prolonged admittance was a source of frustration. The prolonged inaccessibility of a specialized psychiatric treatment space was a source of frustration for the community. As a result Behaviour Analytic consultation was sought.

The assessment was designed to be as brief as possible due to administrative pressure to affect a transfer of the patient to the community as soon as possible. Also, given the limited staffing resources in a psychiatric unit setting, consideration was given to ensuring that the assessment could be quickly and easily conducted utilizing existing resources. This notion is reflected by the term 'truly applied' and is borrowed from the literature pertaining to Behavioural Momentum. As such, a traditional functional analysis was not conducted. The notion of psychiatric nurse as 'behavioural engineer' was again reminiscent of the previously mentioned landmark Ayllon and Michael article.

The assessment consisted primarily of:

Traditional ABC descriptive reporting. This was conducted for 10 incidents of the operationalized behavior.

Operational definition: Any portion of Kate's person being within an 8 foot radius of the payphone as identified by a circular masking tape perimeter on the floor.

Completion of the Questions About Behavior Function (QABF) questionnaire (Pawclawsky et al, 2000) by each of 4 nurses familiar with Kate's challenges.

Completion of the Assessment of Dual Diagnosis (ADD) questionnaire (Matson, 1999) by each of the same 4 nurses.

Completion of a 7 -item Multiple Stimulus Without Replacement (MSWO) preference assessment (Graff and Ciccone, 2002).

The assessment yielded the following information:

Of the 10 incidents of the operationalized behavior, all reported an absence of any relevant event preceding Kate's 'payphone behavior.' Without exception, each incident was followed by nurse intervention of a verbal reprimand or educative attempt. i.e., explaining why Kate shouldn't abuse phone privileges.

The QABF indicated attention was convincingly the function of the inappropriate behavior. No second function of any significance was identified.

The ADD did not reflect any psychiatric area of concern. Most notable was its absence of identifying Depression or Delusional Disorder.

The MSWO indicated in order of preference: Checkers, Snakes & Ladders, Crazy Eights, Kerplunk, Diet Coke, Flare magazine, Skittles. Of note is the absence of the typical displacement of leisure activities by edible items (DeLeon et al, 1997). The activities were understood by Kate to be interactive games with a nurse or social worker.

The assessment led to the clinical conclusion that Kate's inappropriate behaviour was being maintained by socially mediated positive reinforcement (attention).

Similar to the assessment process, efforts were made to ensure the treatment protocol was designed in a 'truly

(Cont on pg.9)

(The Effectiveness of Noncontingent Reinforcement...Cont from pg.8)

applied' manner. The nurse on shift and identified as primary nurse for Kate at any given time was recruited as 'behavioral engineer' and implemented all procedures.

Non-Contingent Reinforcement (NCR) was selected as a promising treatment strategy for Kate's challenging behaviours. NCR is the delivery of an aberrant behaviour's known reinforcer on a response-independent basis (Carr et al, 2000). The selection of NCR was supported by a variety of empirical findings, including instances where NCR resulted in greater behaviour reductions than DRO, DRA and Extinction. The benefit of behaviour reductions with potentially less Extinction induced behaviour was also a consideration. Most importantly, NCR has been shown to be easy to implement and as such met the 'truly applied' criteria being striven for given the situation in which it was to be implemented.

Attention was provided in the form of the nurse selecting any one of the top 4 items from the preference assessment results and delivering it for one minute. Social interaction was to be paired on all occasions with the activity. The reinforcer was delivered on an initial Fixed Time (FT) schedule of 5 minutes. Schedule thinning was anticipated to schedules of FT 7.5 minutes, 10 minutes and 15 minutes as determined by behaviors being reliably below baseline levels as determined by visual inspection.

In baseline Kate spent, on average, 75% of her time within the masking tape marked 8 foot diameter circle around the payphone. Baseline was short (8 sessions) but stable (range = 70%-80%). Upon implementation of Non Contingent Reinforcement (attention) FT=5 minutes, the 'in circle' duration decreased significantly. FT =5 minutes schedule was implemented for 12 sessions. The average duration percentage for the last 4 sessions was 10%. This decreased level of responding was maintained through schedule thinning of FT = 7.5 minutes for 4 sessions. A failure to communicate procedures to a nurse returning from an extended leave inadvertently caused a treatment reversal for 4 sessions. This resulted in an increased level of 'in circle' duration approaching that of baseline levels. A return to FT = 7.5 minutes effectively decreased responding to significantly lower levels than observed in baseline and reversal phases. Due to the desire to affect change as quickly as possible in the event a residential placement was to be made available efforts were made to keep baseline and phases as short as possible without compromising clinical integrity.

The reduction of challenging behaviours resulted in community residential providers having more confidence in their ability to support Kate in a non institutional setting. As such, Kate was successfully placed in a 'traditional' community group home. Community staff successfully thinned the FT=7.5 minute schedule originated in the hospital to a FT=15 minutes schedule over the course of 1 month with no subsequent escalation in challenging behaviours. Staff report this schedule is manageable from a resource standpoint and anticipate continuing FT=15 minutes schedule indefinitely.

The current article underscores the tendency to 'over attribute' inappropriate behaviour to mental illness versus recognizing that it may be being maintained by environmental variables. This is a phenomenon that is illustrated not just in isolated cases but also in the perceptions of the vast majority of clinicians and in fact to the majority of society. North America has the greatest number of cognitive therapists...and the highest rates of depression; North America has the greatest number of psychiatrists...and the highest rates of anxiety; North America has the greatest access to psychopharmacological agents...and the highest rates of chronic psychiatric illness. Behaviour Analysts have the considerable challenge—and the undeniable responsibility- to aggressively and broadly illustrate the contributions Applied Behaviour Analysis can have on quality of life: the quality of life of one developmentally disabled woman and the quality of life of entire communities and societies.

Full references available upon request

Editors Note: Thanks to James Hughes for taking the time and effort to edit and submit this compressed version of his article and for presenting at the ONTABA Conference 2005.

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.

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 must arrive to Caroll Drummond at carolld@sympatico.ca or ontabanews@yahoo.ca or Ross Violo at sifuross@rogers.com by June 1 for the June 15th mail out.



Upcoming Conferences and Workshops

International Conferences

May 26-30, 2006 32nd Annual ABA International Conference
Hyatt Regency Atlanta ,Georgia Website: www.abainternational.org

Upcoming ABA Chapter Conferences

March 23-24, 2006 Behaviour Analysis Association of Michigan
McKenny Union, Eastern Michigan University, Ypsilanti, MI

Contact: james.todd@emich.edu

April 29, 2006 Connecticut ABA , Shelton, CT

Contact: EricaQuinn@aol.com

Ontario Conferences/Workshops/ Events

April 6,7 , 2006 Ontario Association on Developmental Disabilities (OADD) Conference, Kempenfelt Centre, Orillia. Website: www.OADD.org

April 7, 2006 OADD Research Special Interest Group/ Conference (OADD RSIG) See above.

April 26 - 27 , 2006 Beyond the Basics: Advanced topics in a verbal behaviour approach to teaching children with autism- Dr. Mark L. Sundberg, Ph.D, BCBA. Shining Through Centre for Children with Autism. ph.(905) 851-7955.

April 27-29, 2006 - 15th Roundtable of IASSID's Aging SIRG - "Health Outcomes and Health Promotion in Older and Aging Adults with Intellectual and Developmental Disabilities," Toronto, Ontario.

Contact: Dr. Philip W. Davidson, e-mail: Phil_Davidson@URMC.Rochester.edu Website:IASSID

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Employment Opportunity

Surrey Place Centre

Sr. Behaviour Therapist
Temporary, Full-time (1 year contract)
36.25 hours/week
\$24.3087 - \$30.8077/hour

Surrey Place Centre is a community-based organization that provides a range of services including complex assessment, diagnostics, and treatment for people living with developmental disabilities. We are dedicated to helping every client reach their potential – at every stage in life. With highly skilled staff and dedicated teams, we're making a real difference through inspired leadership, service and research excellence, community collaboration and creative capacity building.

POSITION SUMMARY:

We are seeking an individual with demonstrated education and experience in applied behaviour analysis to work with clients with developmental disabilities and their family. You will have an independent working style and the ability to participate as a member of an interdisciplinary team. Your work will require you to provide behavioural assessment and intervention for clients assigned to you.

QUALIFICATIONS:

Qualifications for this position are usually acquired through graduate level education in psychology or the equivalent. You have demonstrated knowledge, experience and expertise in using behavioural methods to assist clients and their caregivers and with different behavioural schools and developmental approaches. Experience with multi-cultural environments and fluency in languages other than English would be an asset as our clients are members of diverse ethnic backgrounds.

Interested candidates should forward their resume to: Attn: Human Resources, Surrey Place Centre, 2 Surrey Place, Toronto, Ontario, M5S 2C2; fax: (416) 925-5645, or email:

hr@surreyplace.on.ca.

Surrey Place Centre fosters diversity in the workplace and welcomes applicants from the communities we serve.



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Elections 2006:
Chair/Liaison: TBA

Transitional Certification:
Board Liaison: Andrew McNamara*

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ONTABA, the Ontario Association for Behaviour Analysis,
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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