Association Québécoise pour l'Analyse du Comportement

Quebec Association fot Behaviour Analysis

INFO-QCABA

THE QUEBEC ASSOCIATION FOR APPLIED BEHAVIOUR ANALYSIS' OFFICIAL NEWSLETTER

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NOTE FROM THE PRESIDENT

BY MYRA-JADE LUI, PH.D., BCBA

PRÉSIDENT, QCABA

CONTENTS :

Dear all,

After a brief hiatus from the newsletter, we are back, and we are so excited to share what we have been up to over the past years.

In this newsletter you will find a review of COEBO (the Code of Ethics for Behavioural Organizations), an initiative headed by Dr. Jon Bailey as a way to improve organizational responsibility and ethical compliance. With more centres opening here in Quebec regularly, the QcABA believes COEBO and its mission to be more relevant than ever.

You will also find a tribute to the late Dr. Tristram Smith, who we were so fortunate to have hosted as our keynote presenter in 2017. Before his visit he was kind enough to grant us an interview which until now had gone unpublished. His family have kindly granted us permission to publish excerpts of it, and we felt it would be one small way we could honour him and the incredible work he has done for behaviour analysis.

Additionally, the QcABA has been working hard to forge important relationships with government bodies in charge of autism service provisions. In January of 2017 several of our board members travelled to Quebec to meet with Minister Charlebois in order to discuss the current state of behavioural intervention services in Quebec.

Following that, in January of this year then-President Dr. Sylvie Donais sat with the working-group in charge of creating guidelines for behavioural intervention services for the province. All of these are small but sure steps towards ensuring accurate information about applied behaviour analysis is disseminated to all stakeholders in Quebec, with the hopes that this leads to improved education and access to services for those who need them.

Lastly, we want to thank the community for the amazing support we have had over the years. Each year our conference attendance grows, with record numbers of 120 in attendance in 2018. We hope our 2019 conference will be well received with our keynote speaker Dr. Merrill Winston (Vice President of Professional Crisis Management Association; PCMA). Dr. Winston is an author and certified behaviour analyst with decades of experience, and on top of all that, his presentations regularly evoke tears of laughter from the audience...

You will also find a short interview with him in these pages.
Enjoy, and save the date for the conference: March 15, 2019!

Wishing you all a happy and safe holiday season, and looking forward to seeing you in 2019!

SUMMARY OF MEMBERSHIP

After seven years, we are very pleased to report that our membership numbers have been slowly increasing! We have been striving to increase membership by continuing to offer services to our members including a reduction in the conference price, reduction in fees to Applied Behavior Analysis International membership (using Affiliated Chapter status), journal clubs which offer CEU's free of charge.
We have also continued to offer the QcABA annual conference with various international keynote speakers in order to continue to provide information on various evidence based research and practices in ABA.

TREASURY REPORT

BY MALENA ARGUMEDES, PH.D.
QCABA TREASURER

The QcABA continues to sustain our activities through membership and event fees. In 2017 we used accumulated revenues from past years to finance simultaneous translation services at the annual conference. Although it comes at a significant cost, we believe that this is one of the ways we can fulfill our mission, to offer up to date practice and research to our Quebec practitioners. To date our annual balances have been as shown:

INTERVIEW WITH DR. WINSTON

BY KRISTINA DONALD, BCBA
QCABA REGULAR MEMBER REPRESENTATIVE

The QcABA is proud to announce that Dr. Merrill Winston will be the keynote speaker for the upcoming annual conference on Friday March 15th, 2019. Conference attendees will benefit from two presentations by Dr. Winston, during which he will captivate and educate the audience with his extensive experience and knowledge in the field of applied behaviour analysis. Below is a short interview with Dr. Winston.

What's a typical day like for you?

That's the thing, I don't have typical days! If I'm in the office (which is less and less lately) I am answering emails regarding the implementation of our crisis management system, developing new content, performing quick telephone-based clinical consults with some of our users who are also behavior analysts, or my duties as an expert witness reviewing materials relevant to litigation involving the use of restraint and/or educational and behavioral treatment. When I'm not in the office I'm either doing presentations for conferences, individual case consultations, week-long crisis management trainings or expert witness related travel. I travel a lot which means I've racked up a lot of frequent flyer miles and eaten way too many Biscoff cookies (which I think only delta has and stamps their name into).

What do you find most rewarding and most challenging about practicing behaviour analysis?

What I find the most rewarding is when I find out that I was right. If you don't believe me just ask my wife. Actually what's most rewarding is working with someone, be it a parent, teacher, or front-line staff member who is eager to learn and who gets excited about behavior change. When I see that individual get excited I get excited. I think maybe the best is when you've made a difference that perhaps few other could make. Even though I seldom *"make the person better myself"* I am happy about showing someone else how to make the person better.

The most challenging part of behavior analysis is coming to the realization that not everyone responds well to *"data."* If changing the way someone looks at causality, maybe even their own version of reality, were as easy as showing them a piece of paper with dots on it then everyone would accept that global warming is a *"thing."* Everyone doesn't look at the world the way a behavior analyst does and this can create very big obstacles.

What do you think Skinner would say about your impressive talent of disseminating behaviour analysis through RAP?

First, thank you for your gracious overestimation of my talent, and second, I never had the chance to meet him personally but I am a direct descendant (Professorially speaking) so I think he'd say that the audience is always right. Most people seem to really enjoy the talks and I get a lot of repeat business, so I think pairing behavior analysis with laughing is a good thing speaking from a classical conditioning standpoint and that it also helps to exert better stimulus control over the behavior of the audience. Also I think that maybe Julie Vargas told a story where Skinner had taken acting classes and dressed up in disguise and addressed an audience of his peers as the grandson of Pavlov. He spoke with a Russian accent and made the case that Skinner and his study of operant behavior was all wrong, etc., which was pretty off-putting to the entire audience until he pulled the disguise off. In summary, I think the man who was also purported to tie two pieces of string together with his tongue and uvula (a variant of a standard magic trick), would approve heartily of my general silliness.

To see a sample of Dr. Winston in action:
www.youtube.com/watch?v=32yNVGCrUSk

A TRIBUTE TO DR. SMITH

BY WENDY COMBA, BCBA

In March 2017, the QcABA had the honour of hosting Dr. Tristram Smith as the keynote speaker for the annual conference. Dr. Smith enlightened the audience with his extensive knowledge and passion for research on interventions for children with ASD, specifically, intensive behavioural intervention.
In August 2018, Dr. Tristram Smith sadly passed away at the age of 57. Upon learning of this news, the QcABA reached out to his family to request permission to publish this previously unpublished interview with Dr. Smith, in order to pay tribute to his enormous contribution to the field. We thank his wife, Jennifer Katz, Ph.D., for her gracious permission to publish this interview between Wendy Comba and Dr. Smith, recorded in March of 2017.

Would you be able to tell me about your background in behaviour analysis?

Sure, I started back in 1983 working with Ivar Lovaas at UCLA. I was a graduate student there so I was both doing one-to-one therapy and also getting started with research. My Master's thesis was scoring the videos for what became the 1987 study and I worked with a couple of the last kids in that study. My last year in graduate school, Ivar and I got a grant to start a project that eventually became the 2000 randomized trial that I published. So that's where it all began.

The research that you and others like Ivar Lovaas have done is often used to drive government policy in regards to paying for behavioural treatment, what you would say to those who claim that this research indicates that doing intensive behavioural intervention beyond the age of 6 is not worthwhile? In your practice have you treated children with intensive therapy beyond this age?

All the research that we did really focused on kids who started either in preschool years or very early in elementary school. So the UCLA model specifically is intended for young kids and we don't have any evidence for doing the same thing with older kids. Now that said, ABA is something that can be applied in many different ways and can be applied across the lifespan. For some school-aged kids or teenagers we might still use intensive services but we would be thinking of different models of service-delivery. For school-aged children, they have to be learning academics. They can't be doing everything in a one-to-one setting. We need to be thinking about how are we going to prepare them to be independently functioning adults. What we don't really have is evidence on to what extent teaching social skills, vocational skills, and group skills makes them more independent as adults. That would certainly help make the case.

What are some common misconceptions you have come across when interpreting the significance of ABA research in relation to medical research or other fields?

It is common within ABA that people use single subject designs, even though there's no reason that they have to be restricted to that. One issue is that people outside of ABA don't use them and so they don't get them and disregard them. I do think they are important pieces of evidence, particularly in situations where we are still developing interventions or where we're talking about fairly small subgroups of the population. Within ABA I would encourage people to scale up their research more and do larger studies to get more information about long-term outcomes.

What is it like working in the faculty of medicine and with other professionals outside the field of behaviour analysis? Do you feel like you need to continuously explain or defend ABA to people you're working with?

Yes but I think there are pros and cons. On the pro side I've been able to do some interdisciplinary research that I wouldn't be able to do myself. We had a study that came out earlier this year for example, on the casein-free diet. We needed a paediatrician to tell us whether the kids were staying healthy and a nutritionist who could help us monitor their dietary sufficiency. Last month I published a comparison of a drug trial to ABA parent training, and obviously I couldn't do that myself. The minus is I do have

to do a lot of explaining. I did grant rounds for the department last month, so I was talking to a bunch of paediatricians mostly, and trying to figure out how to explain what I'm doing to them so it is something that they'll actually listen to. It was harder to prepare for that than most of my other talks. People don't understand what I'm up to a lot of the time.

Do you have any advice for states or provinces like ours in disseminating ABA research and the benefits of ABA in autism treatment in order to help influence policy and services?

Yes, a couple of things. It does help to collaborate with people who know about policy. Translating behaviour analysis to policy makers is not something we're especially good at. It is also important to collaborate with parent groups because without them it just looks like we're lobbying for business on our behalf. Second thing I would say is that in presenting ourselves we want to come across as having some perspective for a policy maker. They're dealing with a lot of problems that they're trying to solve. It is important for us to be clear on the benefits but not to come across as we know everything and we'll solve all your problems. We need to strike that balance.

Yes, that's a good point. Is there anything else you would like to add?

Yes, I think it's important for behaviour analysts to recognize that the field of autism intervention research has changed a lot, especially in the last 10 or 12 years. For most of my career we were the only ones doing intervention research in any systematic way. That's not the case anymore. There are people doing research outside of ABA and I think the first step is for behaviour analysts to be aware that it's going on and to be thinking about how we're going to interact with other people who are doing this kind of research.

DR. BAILEY ON COEBO

BY LARA YAPAR, BCBA QCABA REGULAR MEMBER REPRESENTATIVE

Dr. Bailey, BCBA-D, initially put together the Code of Ethics for Behaviour Organizations (COEBO). The code, as found on COEBO.com today, was composed by professionals in the behaviour analysis community and then ratified by members of the COEBO board. Adam Ventura, BCBA, who together with Dr. Bailey created COEBO the company, graciously agreed to be interviewed to let our readers know what COEBO is and to have us reflect on our own ethical practices within our organizations. Here is a summary of his responses:

What is COEBO?

COEBO stands for the Code Of Ethics for Behviour Organizations. It represents the code itself and COEBO the company. Approximately 2 years ago Dr. Bailey put together the 7-item code, which with the help of 60-70 behaviour analysis professionals, has turned into a 10-category list found on COEBO.com. COEBO the company credentials organizations and enforces the code.

How does an organization become credentialed?

They go on COEBO.com and submit their organizational or employee handbook and the welcome packet they provide families. This as well as their company website is reviewed to ensure that they are in compliance with the code (e.g., do consumers know how much services cost?).

Also, all the BCBAs in the organization take a competency based exam on the code itself, on the COEBO website and have to be re-credentialed once a year.

What are some of the common ethical transgressions that organizations make?

The biggest would be fraudulent billing and then there are inappropriate supervision practices where behavioural organizations ask their BCBA's to take on too many responsibilities.

What effect does the COEBO initiative want to have on consumers and organizations?

Better services being provided, setting a standard for ethical practice, and ensuring that behaviour analysts coming out of graduate school know where they can find an ethical organization.

INTERVIEW WITH DR. SZABO

BY MIGUEL DESMARAIS, MA
QCABA REGULAR MEMBER REPRESENTATIVE

Recently I conducted an interview with Dr. Tom Szabo, a faculty member in the Hybrid Master's Degree Program for Professional Behavior Analysis at the Florida Institute of Technology. He is an internationally recognized ACT trainer, a practicing Board Certified Behavior Analyst, and a graduate of the University of Nevada, Reno, where he studied under Steven C. Hayes and W. Larry Williams. Over the last 10 years, Dr. Szabo has focused his practice on teaching people ways to ignite behavioral flexibility in their personal lives and with others in clinical practice, schools, boardrooms, shop floors, and community centers. He is particularly interested in teaching people ways to use the *"psyflex model"* (aka ACT) to support individuals with high functioning autism and their families. Dr. Szabo has trained therapists in Sierra Leone working with individuals who've committed acts of gender-based violence and he is currently conducting funded research on ways to reduce intra-familial violence. His main research interests are behavioral flexibility training and clinical RFT, and he has published empirical and conceptual papers, as well as several book chapters.

For those unfamiliar with ACT - could you provide a brief explanation of it?

ACT is an all-encompassing model of human behavioral flexibility. It is a way of doing functional analysis of complex human behavior that involves all the different conditions and procedures that we are familiar with: respondent conditioning, direct contingencies of operant learning, and indirect contingencies of operant

learning. *"Indirect contingencies"* is a fancy way of saying verbal learning, or specifically, verbal relational conditioning. ACT is a way of parsing out indirectly acting variables that may be contributing to or getting in the way of direct contingency management.

Could you tell us about the history of ACT?

Acceptance and Commitment Therapy was developed by behavior analysts who were training to become clinical psychologists. They were well rooted in the science of behavior and what they were finding was that relating direct contingency management to the problems of the clients that they had in their therapy rooms was helping with certain problems, and then not helping with other problems their clients faced. Therefore, they started searching far and wide and found techniques that seemed to work for their clients but did not come out of the behavior analytic tradition. They also started using the same techniques for themselves and found that some of these procedures helped them get unstuck.

That is when they had an *"oh no"* moment because they did not have a basic account that fit within the framework of the behavior analytic principles of learning. So, they went back to the roots and looked at Skinner's approach to rule governed behavior and the studies on schedule insensitivity. They looked at the basic research on equivalence and got involved in that program of investigation. A combination of these two lines of research led to the development of Relational Frame Theory, which grew up right alongside Acceptance and Commitment Therapy.

Some 15 years ago there was an interest in expanding the reach of Acceptance and Commitment Therapy to typically developing people inside of businesses, inside of safety management, and inside of human service operations and this became known as Acceptance and Commitment Training.

Around 10 years ago I got involved in expanding Acceptance and Commitment Training specifically for and by board certified behavior analysts. Up until that point Acceptance and Commitment Training was being done by clinical psychologists who could always fall back on their doing this training with the additional credentials of being psychologist. We started floating the novel idea that this could be done by people with no other training than their credentials as behavior analyst and we now have a well-developed technology of Acceptance and Commitment Training that is formally, topographically, and functionally somewhat different than Acceptance and Commitment Therapy.

What sort of role do you see ACT having with regards to the future of applied behavior analysis?

If you look at the main groups that we work with, the lion's share of behavior analysts get their pay check working with people with Autism, but that demographic has shifted over 10 years. We are no longer strictly working with EIBI individuals, we are seeing people who are get diagnosed much earlier make progress much sooner and get towards the upper end of the level 2 and into and above level three of the VB MAPP, which means that if they are perfectly well adapted to their environments, we should be terminating our services with them. However, if they have continuing needs or need help with social skills or help when they're transitioning from one environment to another, then BCBAs need to develop curricula in those areas. Those curricula are likely going to involve some higher-level training in verbal skills that are ap-

plicable to the kinds of social situations and environments that these individuals are transitioning into.

In other words, even after receiving really skilful blended DDT-NET programs, kids are still having difficulty navigating the social waters, navigating their emotions, navigating their memories, and navigating changes in their bodies that are happening as they get into adolescence and above. We need to develop ways of helping them that are consistent and within our scope of practice but that effectively address the changes in their lives that are beyond those that are addressed by teaching mands, tacts, echoics, intraverbals, and where to use this behavior or where to use that behavior. Social development is full of nuanced interactions with self and others, and we need to help kids develop a nuanced social repertoire.

Is there anything else related to ACT that I did not ask that you think people should know about?

Let me say a little bit more about the future of applied behavior analysis. I've spoken about individuals receiving services, but I think an area that of increasing need at this moment in time is parent support and parent training. Behavior analysts have been very good at training parents who are well situated in their lives and have a rich support network. Maybe we haven't been quite as good at helping parents who have fewer resources and a smaller network. Maybe we have struggled up until now with helping parents that are resistant to the kinds of work that we ask them to do in applied behavior analysis. This is one area in which we can make use of ACTraining in order to make Behavior Analysis more effective.

Additionally, I think many of my practicum students tell me that it's a little bit of a disconnect how good we are at designing OBM interventions for factories and for safety for big oil companies who need to improve the safety practices and how poor we are at developing OBM procedures that really work inside of our humans service operations. Acceptance and Commitment Training can be a very powerful tool for helping managers and leaders inside ABA organizations to take additional steps to do the additional work needed to implement OBM within their organizations.

The bottom line is, if I'm a manager in human services or elsewhere, I'm really good at telling you what to do, but I don't want anyone telling me what to do. The only way I get open to letting someone else tell me how to change what I do to be more effective is if I soften the glue around *"I don't want to"* and *"this is going to be difficult"* and once I can soften up my relationship with "this going to be difficult" and *"I don't want to"* and focus instead on *"this is what I deeply care"* and *"this matters"*, then I'm willing to do the extra work. The response cost involved in initiating OBM strategies becomes something I'm willing to pay. I'm willing to have discomfort, I'm willing to stop focusing on what it's going to look like to others in the future, and start focusing on what is going on in the here and now. I'm willing to move on from *"what if they think I'm bad"* or *"what if they tell me I'm wrong"* to *"maybe I'm bad sometimes, sometimes I'm right, and sometimes I'm okay, but they are going to appreciate that I'm trying out something new."*
That's the spirit of ACT inside of OBM that would be very beneficial to applied behavior analysis.

Sustaining Members 2018 – QcABA Thanks you for your support

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