

DECEMBER, 2014

North Carolina Association for Behavior Analysis

2015 NCABA Conference will be held February 11th, 12th & 13th in Asheville, NC

Our 26th annual NCABA conference will be held at the Crowne Plaza Golf & Tennis Resort Asheville. This three day event will include presentations by many professionals from within North Carolina and from across the country. We have a wonderful lineup of speakers, including Dennis Reid (Carolina Behavior Analysis and Support Center), Adrian Sandler (Olson Huff Center for Child Development), Frank Symons (University of Minnesota), Wendy Donlin Washington (University of North Carolina at Wilmington), Ruth Hurst (Central Regional Hospital), Julie Grimes (Animalworks, LLC & Davidson County Community College), Melanie Bachmeyer (University of North Carolina at Wilmington), Kent Corso (NCR Behavioral Health LLC) and Jim Bodfish (Vanderbilt University) presenting invited addresses. Three pre-conference workshops will be held on Wednesday morning with presentations provided by Tina Demis-Gill (Behavioral Consulting Inc.), Melanie Bachmeyer, and Rachel Bowman, Holly Moses and Purnima Valdez (Duke University). On Thursday morning we are offering twelve concurrent sessions on topics related to speech production training, computer-assisted instruction, practice issues, and the application of behavior analysis for a variety of populations across diverse settings. The conference will wrap up with post-conference workshops on Friday afternoon. Carole Van Camp (University of North Carolina at Wilmington), Kent Corso and Julie Grimes will provide these workshops. The pre- and post-conference workshops are each approved for 3 BACB Type II credits and 3 NCPA Category A credits. Thirteen additional BACB Type II credits and 9 NCPA Category A credits can be obtained by attending approved sessions in the regular program. A student symposium, poster session, and NCABA social will round out the conference events. You can register and pay instantly online by clicking on the 2015 Conference button on our website. If you are paying by cash or check, please use the registration form provided in this newsletter. You can view additional information about the conference (e.g., presenters' bios and photos, abstracts of presentations, poster submission guidelines, etc.) online at <http://www.nc-aba.com>. Note that the **early registration rates are only valid through January 14th, 2015** and **reservations for the hotel must be made by January 19th** to secure the NCABA rates.

Present a Poster at the Conference
Submit your proposal to present a poster by January 17th. Monetary awards will be given for undergraduate, graduate and professional posters. The poster session will be held February 11th from 6:45-7:45pm. Submit proposals online at www.nc-aba.com
Or contact Melanie Bachmeyer: vice-president@nc-aba.com.

Join the NCABA Executive Board

NCABA is seeking nominations for **Vice President, Treasurer, Member at Large, and Student Representative** to serve on the executive committee. We are also seeking award nominations for the **Fred S. Keller Excellence in Behavior Analysis Award**, the **Technical Utilization Award**, and the **Student Scholarship Award** to be presented at the conference. A full description of each of the board positions and awards and the procedure for submitting your nomination can be found on the website at www.nc-aba.com. All nominations must be received by *January 1, 2015*. Please submit nominations to Chris Wensil at:

wensil_c@yahoo.com

or

859 E Maple Lane
 Fuquay Varina, NC 27526

Conference Workshops

Pre-Conference Workshop I - Presenter: Tina Demis-Gill, M.A., BCBA & Rachel Lally, M.A., BCBA "Consultation to Schools: Promoting a Collaborative Approach to Success." Students with ASD and other behavioral challenges within a school system are often limited in their service delivery due to budgetary constraints. Using a consultant or contractor is often a solution to provide these services and training to parents, teachers, administrators and support staff. It is therefore necessary for a consultant to provide the greatest amount of service in the least amount of time. This workshop is designed to teach participants the most effective way to provide collaborative and conjoint consultation to teams of parents and professionals. Areas covered will include identifying the needs of children, conducting a needs analysis, planning implementation, and planning evaluation along with follow up. Obstacles and ethical issues will be considered and discussed.

***Workshops continue on next page**

Conference Workshops (Continued)

Pre-Conference Workshop II - Presenter: *Melanie Bachmeyer, Ph.D., BCBA-D*, “Behavioral Assessment and Treatment of Pediatric Feeding Disorders.” A pediatric feeding disorder is diagnosed when a child is unable or refuses to consume a sufficient quantity or variety of foods or liquids to sustain his or her nutritional status and/or grow. Feeding disorders are often caused by medical, oral motor, and behavioral factors and may be manifested by a total refusal to eat, dependence on supplemental feedings (e.g., gastrostomy tube feeds), inappropriate mealtime behavior, and food selectivity by type and texture. Reviews of the literature by Kerwin (1999) and Volkert and Piazza (2012) concluded that procedures based on the principles of operant conditioning are the only interventions for feeding problems with empirical support. This workshop will focus on: (a) considerations of medical and oral motor factors prior to behavioral interventions, (b) factors to consider when selecting the empirically-supported behavioral interventions, (c) how to implement specific strategies, and (d) variables that may influence the effectiveness of those strategies.

Pre-Conference Workshop III - Presenters: *Rachel Bowman, Ph.D., Holly Moses, M.S., LPA, LPC, BCBA, & Purnima Valdez, M.D.* “Three Tough Topics: Providing Effective Behavioral Services for Children with ASD Who Present with Disruptive Behavior Problems, Medical Complications and/or Parental Challenges.” This presentation will include a brief overview of the role of developmental pediatricians and other medical specialists in the treatment of children with ASD. An overview of parental challenges that impact the effective assessment and treatment of children diagnosed with ASD will be presented. Factors such as parenting stress, parent physical and mental health, lack of social support, program compliance, and multicultural issues will be discussed. Ideas for improving coordination of care will be provided. The importance of collaboration and integration of behavioral and medical care and strategies for providing behavior analysis services and increasing parental compliance will be presented in the context of complex clinical cases of children with ASD. Opportunities for case formulation and treatment planning will be included in the context of composite, “real-life” cases.

Post-Conference Workshop IV - Presenter: *Carole Van Camp, Ph.D., BCBA-D*, “Recent Advancements in Functional Assessment: Methods and Applications.” The workshop will follow up on the previous day’s presentation, in which recent research on indirect functional assessments (e.g., questionnaires) and experimental functional analyses was reviewed. During the workshop we will detail the particular procedures involved in conducting these assessments, including validity evaluations of questionnaires, and using latency-based measures, conducting trial based assessments, as well as using modifying antecedents and experimental designs.

Post-Conference Workshop V - Presenter: *Kent Corso, Psy.D., BCBA-D*, “Cultural Coherence in Treating Military Service Members, Veterans, and Their Families: Ethics in Competent Practice.” This workshop focuses on the ethical principle of competence as listed in the Behavioral Analysis Certification Board Guidelines for Responsible Conduct (1.02 - Competence and 1.05 - Professional and Scientific Relationships), the American Psychological Association’s Ethical Principles of Psychologists and Ethical Code of Conduct (2.01a-e – Boundaries of Competence), and the National Association of Social Work’s Code of Ethics (1.05 – Cultural Competence and Social Diversity). Behavior analysts and psychologists if providing care for special populations should obtain the “...training, experience, consultation, or supervision necessary to ensure the competence of their services...” Likewise, social workers must “have knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.” This workshop helps provide such training as it dives deeply into the military and veteran culture in order to help psychologists, behavior analysts, assistant behavior analysts and social workers gain competence in treating this population. The workshop will cover the range of clinical problems currently experienced by military service members and veterans, with particular attention to how their membership in this population relates to these clinical sequelae. Attendees will learn about military values, terms, acronyms, and expressions and how to apply this knowledge to improve their understanding of the military and veteran cultural frame of reference (i.e., reinforcement history). Ultimately, attendees will learn how to conduct ethical practice with family members in a culturally competent manner, which has particular importance for those working with spouses or children of military members (e.g., Tricare Autism Echo Program). Attendees will earn three ethics continuing education units for psychologists and/or board certified behavior analysts. Social workers upon completion of the course may apply for CE approval from their professional organization. *This workshop is intended to meet the ethical/legal CE requirements for NC Psychologists and certified Behavior Analysts.*

Post-Conference Workshop VI - Presenter: *Julie Grimes, Ph.D.*, “Behavior Management Case Studies in a Zoo Setting.” This workshop will focus on the development of behavior management plans for a variety of case studies from a zoo setting. Participants will learn a brief natural history of a species, the history of the individuals involved, and the presenting management issue. Participants will work in groups to develop a behavior management plan.

See website for full description of workshops and continuing education credits available for each workshop:

www.nc-aba.com

NCABA 2014 TENTATIVE CONFERENCE SCHEDULE

Wednesday February 11, 2015

8:30-4:30	Conference Registration: Laurel Registration Area		
	MITCHELL	ROAN	PISGAH
9:00-12:00	<p>‡* Pre-Conference Workshop I: Tina Demis-Gill, M.A., BCBA, Director, Behavioral Consulting, Inc. & Rachel Lally, M.A., BCBA, Behavioral Consultant, ENACT Learning Technologies <i>Consultation to Schools: Promoting a Collaborative Approach for Success</i></p>	<p>‡* Pre-Conference Workshop II: Melanie Bachmeyer, Ph.D., BCBA-D, Assistant Professor, University of North Carolina at Wilmington <i>Behavioral Assessment and Treatment of Pediatric Feeding Disorders</i></p>	<p>‡* Pre-Conference Workshop III: Rachel Bowman, Ph.D., Assistant Professor & Psychologist, Holly Moses, M.S., LPA, LPC, BCBA, Psychologist, & Purnima Valdez, M.D., Assistant Clinical Professor, Duke University Medical Center <i>Three Tough Topics: Providing Effective Behavioral Services for Children with ASD Who Present with Disruptive Behavior Problems, Medical Complications and/or Parental Challenges</i></p>
12:00-1:30	Lunch on Your Own Poster Set Up in Biltmore Foyer		
	CROWNE Ballroom		
1:30-2:00	<p>Welcome to the 26th Annual NCABA Conference Vicki Harper, M.A., NCABA President, J. Iverson Riddle Developmental Center</p> <ul style="list-style-type: none"> · <i>Fred Keller Excellence in Behavior Analysis Award</i> · <i>Technical Utilization Award</i> · <i>Student Scholarship Award</i> · <i>“Do Things” Award</i> 		
2:00-3:00	<p>‡*Invited Address: Dennis H. Reid, Ph.D., BCBA-D, Director, The Carolina Behavior Analysis and Support Center <i>Autism and Beyond: The Broader World of Behavior Analysis Services, Occupations, and Opportunities</i></p>		
3:10-4:10	<p>‡*Invited Address: Adrian Sandler, M.D., Medical Director, Olson Huff Center for Child Development at Mission Children’s Hospital & Adjunct Associate Professor, University of North Carolina at Chapel Hill <i>A Developmental Medicine Perspective of Autism: Where Are We and Where Are We Going?</i></p>		
4:20-5:20	<p>‡*Invited Address: Frank Symons, Ph.D., Associate Dean for Research and Policy, University of Minnesota <i>Self-Injurious Behavior - From Behavior to Biology and Back to Behavior, Again</i></p>		
5:30-6:45	<p>*NCABA Conference Student Symposium Chair: Kimberly Bunch-Crump, M.Ed., NCABA Student Representative, University of North Carolina at Charlotte & Duke Schell, Ph.D., BCBA-D, Director of Psychology, J. Iverson Riddle Developmental Center</p> <ul style="list-style-type: none"> · Jenny Root, M.Ed., University of North Carolina at Charlotte (<i>Manipulatives on Math Word Problem Solving Skills of Students with Autism</i>) · Billie J. Klein, B.A., University of North Carolina at Wilmington (<i>Training Caregivers to Implement Pediatric Feeding Protocols: Is In-Vivo Feedback Enough?</i>) · Luann Ley-Davis, M.A.-S.N.C., University of North Carolina at Charlotte (<i>Mathematical Problem Solving Generalization Using Simulated Real-Life Video Modeling</i>) · Tosha Owens, M.A.T., University of North Carolina at Charlotte (<i>Effects of Cultural Responsive and Peer-mediated Social Skill Instruction on School-wide Rule Noncompliance of African American Students</i>) 		
	Biltmore Foyer		
6:45-7:45	<p>26th Annual NCABA Poster Session <i>Complimentary Beverage & Snacks, Cash Bar Available</i> ~Submit your Poster Proposal online through January 17th. Cash prizes available in three categories.~</p>		

‡NCPA Approved Category A Credits Available for Licensed Psychologists (Note: Workshops from 9:00 to 12:00 and Conference Sessions from 2:00 to 5:20 in the Day 1 Block must each be attended in full to receive those 3 hour credits). There is no partial credit.

*BACB Approved Type II CE Available for certified Behavior Analysts

∞Qualifies for Ethics Continuing Education Credit

Thursday February 12, 2015

8:00-5:00	Conference Registration: Laurel Registration Area			
	MITCHELL	ROAN	PISGAH	PILOT
8:15-9:15	<p>*Beth Gartland, M.A., BCBA & Dana Webber, Psy.D. (Learning Services, Neurobehavioral Institute) <i>A Behavioral Intervention for Reduction of Perseverative Speech in a TBI Case</i></p>	<p>*Kelly Stamey, M.A. (Beacon Transitions) <i>Transitioning into Adulthood: A Discussion and Definitions and Interventions</i></p>	<p>*∞Tina Demis-Gill, M.A., LPC, BCBA (Behavioral Consulting, Inc.) & Rachel Lally, M.A., BCBA (ENACT Learning Technologies) <i>School Consultation: Ethical Considerations</i></p>	<p>*Alicia Saunders, Ph.D. & Ya-yu Lo, Ph.D. (University of North Carolina at Charlotte) <i>Teaching Mathematical Problem Solving Using Computer-based Video Instruction to Students with Autism and Moderate ID</i></p>
9:30-10:30	<p>*Kimberly Bunch-Crump, M.Ed., & Ya-yu Lo, Ph.D. (University of North Carolina at Charlotte) <i>Tier II and Tier III Positive Behavior Support Interventions for African American Males</i></p>	<p>*Carole Van Camp, Ph.D., BCBA-D (University of North Carolina at Wilmington) <i>Recent Advancements in Functional Assessment</i></p>	<p>*Kristie Thompson, Ph.D., LPA, BCBA-D (OptumHealth Behavioral Solutions) <i>Behavior Analysts in Practice: What to Do and How to Do It When Setting up Your Own Business</i></p>	<p>*Caryn Allison, M.Ed. & Jenny Root, M.Ed. (University of North Carolina at Charlotte) <i>Effects of Time Delay, System of Least Prompts, and Related Story Mapping Procedures on Reading Comprehension of Students with Autism</i></p>
10:45-11:45	<p>*Jeannie Golden, Ph.D., BCBA-D, Emmi Scott, M.A., Kay Exum, M.A., Leigh Patterson, M.A., Krystal Trout, M.A., Mari-beth Wicoff, M.Ed. (East Carolina University) <i>Functional Behavioral Assessment: Understanding & Treating Psychiatric Disorders in Children</i></p>	<p>*Michelle Turner, M.S. (Davie County Schools) <i>Teaching Imitation Skills to Children with Autism Spectrum Disorders Using Video Modeling Interventions</i></p>	<p>*David Rotholz, Ph.D., BCBA-D (Center for Disability Resources in the University of South Carolina School of Medicine) <i>Major Changes in Medicaid (CMS) Funding Rules: Why This Matters to Behavior Analysts</i></p>	<p>*Fred Spooner, Ph.D., Amy Kemp-Inman, M.M.T., & Luann Ley-Davis, M.A.-S.N.C. (University of North Carolina at Charlotte) <i>Teaching Generalized Emergent Literacy Skills to Students with Moderate Disabilities Using Systematic Instruction and Technology</i></p>
11:45-1:15	Lunch on Your Own			
	CROWNE Ballroom			
1:15-2:15	<p>‡*Invited Address: Wendy Donlin Washington, Ph.D. Associate Professor, University of North Carolina at Wilmington <i>Contingency Management Interventions for Health</i></p>			
2:30-3:30	<p>‡*Invited Address: Ruth Hurst Ph.D., LP, BCBA-D, Director of Psychology & Terrance Adams, B.S.N., R.N. Unit Nurse Director, Central Regional Hospital <i>Still Learning Lessons: Behavior Analysis in Child and Adolescent Mental Health</i></p>			
3:45-4:45	<p>‡*Invited Address: Julie Grimes, Ph.D., Behavior Management Consultant, Animalworks, LLC & Faculty, Davidson County Community College <i>Integration of Lemurs Troops</i></p>			
5:00-6:00	NCABA Annual Business Meeting Election Results for 2015, Conference 2016 Planning & More!			
6:00-6:30	<p>Student Gathering / Promoting Student Involvement: Kimberly Bunch-Crump, M.Ed., NCABA Student Representative, University of North Carolina at Charlotte (host) All student members should attend. Newly elected Student Representative will be available to discuss how best to represent you in the coming year</p>			
7:30-11:00	26th Annual NCABA Social: Crowne Ballroom (Heavy Hors d'oeuvres, Cash Bar, and Music)			

‡NCPA Approved Category A Credits Available for Licensed Psychologists (Note: Conference Sessions from 1:15 to 4:45 in the Day 2 Block must each be attended in full to receive those 3 hour credits). There is no partial credit.

*BACB Approved Type II CE Available for certified Behavior Analysts

∞Qualifies for Ethics Continuing Education Credit for certified Behavior Analysts

Friday February 13, 2015

8:00-2:00	Conference Registration: Laurel Registration Area		
	CROWNE Ballroom		
8:30-9:30	†*Invited Address: Melanie Bachmeyer, Ph.D., BCBA-D , Assistant Professor, University of North Carolina at Wilmington <i>Comparisons of Sensory Integrative and Behavioral Therapies as Treatment for Pediatric Feeding Problems</i>		
9:45-10:45	†*Invited Address: Kent A. Corso, Psy.D., BCBA-D , President, NCR Behavioral Health, LLC <i>Behavior Analysis Supports the Military and Veteran Community</i>		
11:00-12:00	†*Invited Address: Jim Bodfish, Ph.D. , Professor, Vanderbilt University <i>Least Understood and Most Challenging: Advancing Services for Nonverbal Children with Autism</i>		
12:00-1:30	Lunch on Your Own		
	MITCHELL	ROAN	PISGAH
1:30-4:30	†*Post-Conference Workshop IV: Carole Van Camp, Ph.D., BCBA-D , Assistant Professor, University of North Carolina at Wilmington <i>Recent Advancements in Functional Assessment: Methods and Applications</i>	†*∞Post-Conference Workshop V: Kent A. Corso, Psy.D., BCBA-D , President, NCR Behavioral Health, LLC <i>Cultural Coherence in Treating Military Service Members, Veterans, and Their Families: Ethics in Competent Practice</i>	†*Post-Conference Workshop VI: Julie Grimes, Ph.D. , Behavior Management Consultant, Animalworks, LLC & Faculty, Davidson County Community College <i>Behavior Management Case Studies in a Zoo Setting</i>

†NCPA Approved Category A Credits Available for Licensed Psychologists (Note: Workshops from 1:30 to 4:30 and Conference Sessions from 8:30 to 12:00 in the Day 3 Block must each be attended in full to receive those 3 hour credits). There is no partial credit.

*BACB Approved Type II CE Available for certified Behavior Analysts

∞Qualifies for Ethics Continuing Education Credit for NC Psychologists and certified Behavior Analysts

Continuing Education Credits Offered

A certificate will be provided for all participants indicating the number of hours for conference attendance and conference workshops.	Up to 15 Category A CEUs for NC psychologists will be available (6 for attending any two workshops & 9 for attending approved sessions in the regular conference program). Ethics will be offered.	Up to 19 BACB Type II CEUs will be available (6 for attending any two workshops & 13 for attending approved sessions in the regular conference program). Ethics will be offered.
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Become a Sponsor for the 2015 Conference

Sponsors and advertisers are essential to the success of our 26th annual conference in Asheville, NC, February 11th-13th, 2015. There are many ways in which you can support the conference including: sponsoring a speaker or student, purchasing a vendor table at the poster session, purchasing vendor space throughout the conference, advertising in the attendees' conference packets, having your company or group name on pens or napkins used at the conference, or sponsoring a one-hour meet and greet session with your group or organization. Additional information, including the fees associated with these options, can be found on our website www.nc-aba.com by selecting the sponsorship link from the choices on the left side or you can contact help@nc-aba.com.

NCABA 2014 Elected Officials

- ◇ **President, Vicki Harper**
- ◇ **Past President, Kristie Thompson**
- ◇ **President Elect, Callie Plattner**
- ◇ **Vice President, Melanie Bachmeyer**
- ◇ **Secretary, Beth Schmitt**
- ◇ **Treasurer, Nancy Poteet**
- ◇ **Member at Large I, Chris Wensil**
- ◇ **Member at Large II, Selene Johnson**
- ◇ **Student Representative, Kimberly Bunch-Crump**

Did you know that...

- you can submit proposals for poster presentations for the 2015 poster session through January 17th on our website?
- you can view photos, conference agendas and newsletters from the past ten years on our website?
- if you "like" NCABA on facebook you will get notifications about upcoming events and deadlines?

Find out more at www.nc-aba.com. Log on today!

2015 NCABA Conference Registration Form

Print Name for ID Badge: _____ Employer/Affiliation: _____
 Complete Mailing Address: _____
 Email Address: _____ Daytime Phone: () _____
 Highest Degree Earned: _____ Licensures/Certifications: _____
 Major Field of Study: _____ Specialty Areas: _____

****Please note that both this form and your registration fee must be received by January 14th to qualify for the early reduced rates listed.

Mark (X)	NCABA Member Dues	Postmarked on or before January 14 th	Postmarked after January 14 th
	Full Member - 1 Year *Anyone interested in the study of behavior analysis or employed in a profession or vocation that utilizes the principles of behavior analysis; these individuals may vote and hold elected office	\$20.00	\$20.00
	Full Member - 3 Years *Anyone wishing to pay in advance for full membership for three years at a reduced rate	\$50.00	\$50.00
	Paraprofessional/Parent Member - 1 Year *Available for individuals who are not academically trained in the study of behavior analysis; these individuals are eligible for reduced membership rates, but may not vote or hold elected office	\$10.00	\$10.00
	Paraprofessional/Parent member - 3 Years *Anyone wishing to pay in advance for paraprofessional/parent membership for three years at a reduced rate	\$25.00	\$25.00
	Student Member - 1 Year *A student who is currently enrolled in a course of study for at least 6 credit hours at an accredited college or university who is interested in the application of behavioral principles; may only vote for and hold the office of student representative	\$10.00	\$10.00
Conference Registration			
	Full Member	\$65.00	\$85.00
	Paraprofessional/Parent Member	\$35.00	\$55.00
	Student Member	\$15.00	\$35.00
	Non-Member	\$95.00	\$115.00
Conference CEUs (fee same regardless of number of credits earned)			
	BCBA CEUs - 13 Type II CEUs will be available in the regular conference program	\$40.00	\$40.00
	NCPA CEUs - 9 Category A CEUs will be available in the regular conference program	\$40.00	\$40.00
Workshop Registration (Workshop CEU fee included unless selecting a student workshop rate)			
	One Workshop Fee (also indicate the one workshop below)**	\$55.00	\$80.00
	Two Workshops Reduced Fee (also indicate one Pre and one Post below)**	\$90.00	\$130.00
	Student Workshop Rate (also indicate which workshop below)	\$25.00	\$30.00
	Student Workshops Rate (also indicate which two workshops below)	\$45.00	\$50.00

- Pre-Conference Workshop I (Demis-Gill) Wed. Feb 11th 9:00 AM
- Pre-Conference Workshop II (Bachmeyer) Wed. Feb. 11th 9:00 AM
- Pre-Conference Workshop III (Moses & Bowman) Wed. Feb. 11th 9:00 AM
- Post-Conference Workshop IV (Van Camp) Fri. Feb. 13th 1:30 PM
- Post-Conference Workshop V (Corso) Fri. Feb. 13th 1:30 PM
- Post-Conference Workshop VI (Grimes) Fri, Feb. 13th 1:30 PM

Total Owed
\$ _____

**All workshops and portions of the regular conference programming are co-sponsored by the North Carolina Psychological Association and the North Carolina Association for Behavior Analysis. The North Carolina Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The North Carolina Psychological Association maintains responsibility for the workshop and its content. Each workshop is offered for 3 hours of continuing education credits. In addition, each of the workshops are BACB approved for 3 hours of Type II continuing education credits. Please see the agenda where approved sessions are clearly marked. Workshop V is intended to meet the ethical/legal CE requirements for NC Psychologists and certified Behavior Analysts.

Mail check (payable to NCABA) and form to: NCABA Treasurer, 4827 Denton's Chapel Rd., Morganton, NC 28655

Questions: Call (828) 443-9349 * Email: help@nc-aba.com * Fax: 828-432-5918 www.nc-aba.com

2015 NCABA Conference February 11, 12, & 13, 2015 Asheville, NC

Visit our website:
www.nc-aba.com
Conference material is
posted as it becomes
available!

Numerous presentations from noted experts, Workshops,
Student Symposium, Poster Session, Silent Auction, and Social

Conference Hotel Information

***Make your reservations by January 19th, 2015
to assure you receive NCABA Rates!**

*****Rates will be honored 3 days before and after the conference*****

The Crowne Plaza Tennis & Golf Resort

Located in the rolling hills of western North Carolina, the 125 acre resort offers spacious pet friendly guest rooms in the hotel and villas on the property. Complimentary guest amenities include 8500 square foot fitness and wellness center, group fitness classes, indoor saline pool, tennis courts, complimentary child care, walking and jogging trails, free parking and shuttle service within the resort. Crowne Plaza Tennis and Golf Resort also features one of the top full service spas in the Southeast; the Adelaide Spa & Salon, Asheville Zipline Canopy Adventures/Asheville Treetop Adventure Park, dining and entertainment. The venue is located one mile from downtown Asheville.

*One Resort Drive
Asheville, NC 28806
www.ashevillecp.com*

Main Hotel

The resort offers guest rooms within the main hotel where the conference presentations will take place. Each of these rooms has a private balcony or patio, mini refrigerator, complimentary high-speed wireless internet and the Crowne Plaza Sleep Advantage.

Double \$97 per night
King \$107 per night

**Click Here to make reservations online OR
call 1-888-211-7755 for reservations and ask for the NC
Association for Behavior Analysis group rate.**

Villas

These units on the resort grounds have a spacious master bedroom with queen bed, living room, fully furnished kitchens, and a wooden deck area or concrete patio. Some villas also have a sleeper sofa in the living room, two bathrooms and a fireplace. It is a short walk to get from the villas to the main hotel, but complimentary shuttle service is available.

1 Bedroom Villa \$129 per night

**To make reservations for the villas you must call
800-733-3211 and ask for the "in house" reservations
office and mention our group name.**

Students Don't miss these opportunities!

~A **\$100.00 student scholarship** will be given to help defray the expenses of attending the conference. To be considered, a letter of nomination must be submitted to the board by January 1st, 2015. Click "Award Nominations" on our website for more information.

~Two **\$50.00 poster awards** for the best graduate and the best undergraduate poster presentation will be given. Click "2015 Conference Info" on our website for more information or to submit your proposal for a poster presentation.

~ **Free Conference Registration** - Become a student member for only \$10.00! The first 30 student members who register for the 2015 conference will be able to receive free conference registration (a \$15.00 savings) in exchange for signing up to work for one hour at the registration booth during the conference. If you are a student member, or become a student member, then simply email your full name and email address to kbunchc@uncc.edu to get further details.

~**Want to get more involved?** Run for student representative at the 2015 conference. Click "Board Member Positions" on our website for more information.

Web Address: <http://www.nc-aba.com>

Towards a Comprehensive Understanding of Maladaptive Behavior in Persons with Intellectual Disability from a Learning Theory Perspective

Thomas J. Thompson, Ph.D., Murdoch Developmental Center

The purpose of this paper is to illustrate that many maladaptive behaviors can be understood and effectively treated by conceptualizing that human behavior is controlled largely by contingencies in the person's external and internal (physiological) environment. Learning theory postulates that behavior is lawful because it can be predicted and controlled by understanding the relationships between environment and behavior. A thorough analysis of behavior involves not only an understanding of the proximate contingencies surrounding the behavior, but consideration of physiological variables and the relationship between past learning experiences and current contingencies.

Because behavior is lawful, descriptors such as "inappropriate", "maladaptive", "interfering", etc. must be chosen carefully. From the perspective of the individual behaving, the behavior is functional for the outcome it produces. Observers apply the label to the behavior as a judgment upon its relative benefit for the individual or society. Some behaviors are so labeled in the context of the current culture, for instance smoking is now seen as a harmful behavior, but was less concerning 50 years ago. Self-injurious behavior that results in significant recurrent tissue damage is generally accepted as problematic, although one could liken certain forms of this behavior along a continuum that includes body piercing which can be extensive and socially acceptable. Throughout this discussion, the term "maladaptive" will be used to identify behavior that results in negative physical or social outcomes for a person with intellectual disability as judged by persons with responsibility for the care of the person exhibiting the behavior.

Applied Behavior Analysis is a scientific study of behavior based in learning theory. This approach has been successfully applied to understanding and treating many forms of maladaptive human behavior, as well as to the enhancement of adaptive behavior. The behavioral analytic method for understanding the function or "cause" of behavior always precedes the design of a treatment intervention. Behavior analysis typically focuses on operant behavior, i.e., behavior that "operates" upon the environment to effect some outcome. In simplest terms, organisms tend to learn to engage in behaviors that result in positive consequences, and to avoid behaviors that result in negative consequences.

This functional analysis of behavior typically investigates the role of proximate antecedent and consequent stimuli that occur with the behavior of concern. By understanding the environmental stimuli that increase or decrease the likelihood of a maladaptive behavior, a behavior analyst may design an intervention which controls the functional antecedents and consequences to effect behavior change. One hall-

mark of applied behavior analysis is the concept of "parsimony". All other things being equal, the simplest explanation of a phenomenon, in this case the "cause" of a behavior, is best, providing that the result of the analysis is successful in effecting desired behavior change.

Behavior Analysts typically classify behavioral outcomes as those that result in consequences that the individual acquires (e.g., attention or social interaction, tangible items) or from which the individual avoids or escapes (e.g., effortful activity, unpleasant stimuli, or termination of pleasant stimuli). The former model is identified as the mechanism of positive reinforcement, the latter as negative reinforcement. Environmental contingencies that maintain the occurrence of maladaptive behaviors are not always readily observable. For instance, certain highly repetitive movements that occur for long durations (stereotypic movements) often appear to have no relationship to external environmental contingencies. Behavior analysts have imputed that these behaviors may be maintained by consequences that individual produces for themselves (i.e., self-stimulation), and research has demonstrated that such conditions do in fact occur, insofar as blocking key sensory input can eliminate that behavior that is hypothesized to be maintained by the sensory consequences.

Treatment models derived from learning theory have demonstrated success across a broad array of maladaptive behaviors. Interventions designed to modify operant behavior typically involve arranging the environment to provide positive outcomes for adaptive responses, while preventing or removing positive outcomes for maladaptive responses. While punishment contingencies carry a social stigma, they are well recognized in typical communities (e.g., monetary fines for speeding), despite the limitations that are widely noted in the behavior change literature. Procedures such as point fines or loss of privileges have been effectively used in conjunction with positive reinforcement procedures to reduce maladaptive behavior in individuals with intellectual disability.

But not all behavior is primarily controlled by immediate environmental contingencies outside of the individual. It would be inappropriate to assume that any event that typically follows a behavior identifies the reinforcement contingency (e.g., observing that an individual suddenly begins screaming and barricading themselves behind furniture, and this is responded to with staff attention, does not imply that the screaming is maintained by attention). An appropriate functional analysis of behavior should consider not only setting events and proximal environmental contingencies (e.g.,

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attention, access to tangible items, escape from demands), but also physiological variables (e.g., seizures, pain, illness, drug effects). There may be many behavioral issues that can be readily addressed through clinical observation of the controlling contingencies. Where there are strong indications of a positive reinforcement function, parsimony is preferred. Attempts to reinforce appropriate behavior should be examined. When an analog functional assessment indicates undifferentiated responding it is customary, based upon the assumption that all behavior is learned and therefore lawful, to attribute a self-stimulation function to the behavior, although this may not always be true.

The behavioral symptoms of mental illness often reveal patterns where the individual is observed to be either unresponsive to environmental contingencies (e.g., walking into traffic, apparently unaware of danger), or responding to contingencies in a manner that is far outside the norm (e.g., pacing to the point of physical exhaustion without regard to food, and despite painful conditions of skin breakdown). The behavior appears to be "unlawful" with regard to the principles of learning theory. Such behaviors become even more difficult to explain in terms of environmental contingencies when the person is observed to cycle in an out of periods of adaptive and maladaptive behavior, without corresponding changes in the environment, and/or when the occurrence of maladaptive behaviors is found to correlate with the use of psychotropic medication. While one could hypothesize that the individual's preference for consequences changes concurrent with the cycles of behavior, such suggestions would be entirely speculative. It appears far more scientific to conclude that a known chemical change (e.g., increased dopaminergic activity in the brain) is effecting the person's ability to respond to environmental contingencies in a more typical fashion, especially when behavior change can be reversed consistently with medication change.

But learning theorists also recognize that not all behavior is learned. Reflexive or innate behaviors occur automatically, or are elicited by the occurrence of a stimulus. For example, painful stimuli can elicit loud vocalizations, crying, or withdrawal. Frustration (blocking access to a preferred stimulus) can elicit certain forms of aggressive behavior. These external responses are accompanied by unpleasant physiological responses or feelings. Taken together these behaviors are often called "emotional responses". While the consequences of the external behaviors might be functional for the individual (withdrawal from pain may lessen exposure, aggression may cause a competitor to relinquish a desired item), the origin of these behaviors should be understood in the eliciting stimuli rather than the consequences produced by the behavior. The paradigm of respondent conditioning illustrates a second important class of learning. Taking the case of pain inflicted by an attack from another individual for example, when a painful stimulus occurs, it happens in

the context of other non-painful stimuli (for example, the attacker's physical characteristics and clothing, the location, etc.) By virtue of the pairing of these non-painful stimuli with the painful attack, the victim may become conditioned to respond to these stimuli a manner similar to the painful attack, that is by having an emotional response in the presence of these non-painful stimuli when encountered in the future. For example, in the presence of a male wearing the same colored shirt as her attacker, the victim may scream, cringe, have rapid heart beat and shallow breathing. At this point behavior that escapes from these stimuli is reinforced according to the operant paradigm. Ultimately, the victim might find that avoiding the circumstances where she might encounter the evocative stimuli (e.g., malls, parks, stores) is reinforced by the conditioned emotional response.

Post Traumatic Stress Disorder (PTSD) is an example of the behavior that can occur through the respondent conditioning paradigm. The diagnosis of PTSD requires exposure to a traumatic event and a response to that event involving intense fear, helplessness, or horror (in children this may be expressed by agitation or disorganized behavior). As a result of the exposure, through the respondent conditioning process, three experiences occur. First, the traumatic event is reexperienced, which is to say that the person is exposed to a conditioned stimulus. Obviously, one does not reexperience the actual event, such as the attack, but there is a remembering of the event in the context of recollections, dreams, or hallucinations or exposure to cues associated with the traumatic event. The occurrence of the conditioned stimulus is followed by a conditioned response in the forms of physiological signs of arousal and avoidance behavior. It seems likely that more complex avoidance behavior can occur (such as refusing to leave the home) in order to avoid encountering conditioned stimuli that lead to more immediate PTSD response sequence.

Recent recognition of the prevalence of PTSD among war veterans along with recognition of this problem for groups affected by physical and emotional abuse, has fueled consideration of the possibility that PTSD might be overlooked as a contributing factor to the maladaptive behavior of persons with intellectual disabilities. Non-verbal individuals with severe cognitive disability present an especially difficult diagnostic picture because they can not describe a recollection of a traumatic experience. Additionally, if these individuals responded to such an event in a less sophisticated manner (as children would), their agitated or disorganized behavior resulting from the traumatic event might not be recognized as atypical for themselves or their peers. While it is true that a clinician must look beyond proximate environmental conditions to understand the contingencies which maintain the behavior seen in PTSD, it is clinically irresponsible to assume that any behavior which shares some of the

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characteristics of PTSD must indicate some unknown traumatic experience in the client's past. The form of a behavior does not predict its function. Similarly it is irresponsible to assume that exposure to any event necessarily leads to its experience as traumatic. Just as a combat veteran can experience carnage without an intense fear response, a profoundly intellectually disabled person could experience a life-threatening event without cognition of the potential consequences or any response of fear or helplessness.

As discussed previously, where a functional analysis indicates that a behavior is maintained by positive reinforcement, developing an alternate repertoire that can achieve the desired outcome is the preferred treatment approach, assuming that access to the reinforcer is adaptive for the individual. In some cases, maladaptive reinforcers (e.g., illicit drugs) would dictate that developing a repertoire around alternative reinforcers would be desirable. When an analysis indicates that a behavior is maintained by negative reinforcement, it may be appropriate to ascertain why an individual seeks to escape or avoid a certain stimulus. For example: refusing to get up to go to work could occur because a person is too tired due to poor sleep, does not find the work setting to be as entertaining as staying home, or has encountered aversive consequences at work (teasing by peers). Each of these reasons leads to different treatment plan. None of them necessarily indicates PTSD. A sudden refusal to go to work after the provider purchases a red van, accompanied by physiological responses such as sweating or hyperventilating however could indicate that the person is avoiding an unpleasant emotional response that was conditioned as a respondent behavior to an earlier traumatic experience. While the diagnostic criteria for PTSD might not be met for this latter case, treating the behavior from the perspective of past traumatic experience might be helpful. While it may be of interest to the clinician why the individual fears red vans, it is not necessary to determining the treatment. Because the person is no longer in danger related to red vans, one might logically proceed with a systematic desensitization procedure.

When a functional analysis indicates that a behavior is not responsive to either external positive or negative reinforcement contingencies, one assumption is that the behavior may be maintained by self-stimulation, typically some sort of sensory feedback. Other possibilities include involuntary motor movements, or learned behaviors that are currently unresponsive to environmental contingencies due to neurological disregulation such as may be seen in dementia, psychotic behavior or mania. Another possibility is that the behavior is a conditioned emotional response respondently conditioned and elicited by a conditioned stimulus. None of these behaviors would likely be responsive to manipulations of external environmental contingencies. While it may be necessary to intervene to prevent a person engaged in the maladaptive behavior from injuring themselves or others, the

expectation for the intervention would not be to see a future decrease in the behavior as a result of the intervention. Treatment strategies for the symptoms of PTSD are generally found in the literature on behavior therapy rather than behavior analysis. As mentioned previously desensitization procedures help individuals experience conditioned stimuli without experiencing a negative emotional response. Ideally, avoidant behaviors are no longer needed (i.e., functional) when the conditioned response is absent. More traditional psychotherapeutic interventions for PTSD include Acceptance Commitment Therapy (ACT). ACT requires the ability to conceptualize that emotional distress can not be controlled, and focusing behavior on achieving positive goals rather than controlling distress. The conceptual processes required to participate in such therapy suggests that near-normal or higher cognitive functioning is needed to benefit from this therapy. Even in circumstances where the diagnostic conditions for PTSD are met, and cognitive interventions are indicated, therapists must be mindful that not all maladaptive behavior demonstrated by individuals suffering from PTSD are related to this condition. It is not uncommon for persons who have received lots of therapy to find the therapeutic environment to be socially reinforcing and to behave in ways that maintain this attention. Likewise talking about traumatic events might also result in reinforcing attention from others. The concept of secondary gain is well known in the therapeutic literature, and should be monitored. Another form of secondary gain is seen when an individual attributes unrelated behavior to their trauma experience (e.g., rationalizing that hitting someone in order to take something from them is caused by having a previous traumatic experience).

In conclusion, understanding maladaptive behavior from a learning theory perspective affords the clinician insight into effective treatment approaches for persons with intellectual disability. While these principles can be applied more broadly to understand human behavior in general, as well as the behavior of other living organisms, the special circumstances of limited cognitive ability often require that caregivers arrange the contingencies for behavior change when persons with intellectual ability are unable to control themselves and present a danger to themselves or others. A thorough assessment considers the role of both proximate contingencies and learning history in determining the factors that maintain a behavior and point to treatment options. While the arrangement of antecedent and consequence conditions are likely to be prescribed in all treatment plans, therapeutic interventions utilizing behavior therapy techniques may also be prescribed when indicated by the analysis when they are appropriate to the client's level of functioning.

~Thomas J. Thompson, Ph.D.,
Murdoch Developmental Center

ABAI Response to Recent Time Website Post

The Practice Board for the Association for Behavior Analysis International would like to provide the following response to a recent post on your website (Ideas Parenting) entitled: "Time-Outs" Are Hurting Your Child, published 9/23/14 link <http://time.com/3404701/discipline-time-out-is-not-good/>

Siegel and Bryson, are you hurting parents and children?

In their recent article, "Time-outs are hurting your child," Siegel and Bryson risk hurting parent-child relationships by offering unsupported opinions and ignoring the multiple studies that show time out is an effective parenting strategy. We agree that when parents reject their child it can create immediate and long-term problems. But the authors' leap of equating time out with rejection of the child is unfounded and dangerous. Children thrive on predictability. Knowing a parent consistently provides love and attention when a child is being kind to others and safe is an important part of the predictability equation. Parenting experts call these positive, shared experiences "time in." In fact, time out does not work unless parents use time in. But the other half of the predictability equation is that children learn there are consistent consequences for serious rule violations. Time out is an effective consequence and children make sense of their world when time in and time out are predictably combined. In life, there are consequences for people's significant misbehavior. Older children get kicked out of school, adolescents and adults may lose their jobs or, worse still, end up in prison. The way children can avoid these devastating and life-altering consequences is to learn how to regulate their own response to difficult situations. Time out gives them the chance to practice self-calming techniques in a safe environment – with their loving parents.

Siegel and Bryson suggest parents set "clear limits" while talking about the problem behavior. If parents' immediate response to children's aggression, self-injury, or tantrums is to hug them and talk about what happened, the problem is likely to get worse instead of better. What children will learn is that the best way to get mom and dad's attention is to misbehave. Talking about the rules and consequences is important – but parents who have these discussions when their child is calm and ready to listen, will teach their children more about limits and still maintain a positive relationship.

All parents want their children to be happy, respectful of themselves and others, and fully positively engaged with the world. Trying to achieve this makes par-

enting the most difficult job on the planet. Parents do not take sick or vacation time when their child misbehaves; they deal with their children's behavior (and misbehavior) 24 hours a day, 7 days a week. Parenting can be so stressful that even the best parents may turn to physical punishment when they are exhausted and overwhelmed with a child that is biting them, hitting a sibling, or screaming for hours at a time. It is dangerous to tell parents not to use an effective parenting technique like time out, particularly when offering no other realistic alternative leaves a vacuum in which parents are likely to respond with physical punishment.

Within the context of the above information, it seems appropriate to suggest how readers might learn to implement "time in" and "time out." Alan Kazdin, past president of the American Psychological Association and director of the Yale Parenting Center and Child Conduct Clinic, has provided such a resource. In his book titled, *The Kazdin Method for Parenting the Defiant Child*, Dr. Kazdin provides much information regarding parenting strategies. One particular strategy discussed, is the use of "time in" and "time out." He summarizes the above points with this statement, "The point of using the term 'time-out from reinforcement' is to keep you focus on punishment as a (minor) element of a positive reinforcement program and to help you move away from thinking of a time-out as giving the child a chance to contemplate his crimes ..." (p. 141). Furthermore, he states, "I'll say it one more time: research shows that the effectiveness of time-out depends on the effectiveness of time in ..."

In contrast to Siegel and Bryson, the members of the Practice Board for the Association of Behavior Analysis International state time out can be an effective parenting strategy if understood and implemented correctly. Resources, such as the one listed above, can assist parents and grandparents in learning about and implementing time out effectively.

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Big Bang Theory Gets It Right

On October 5, 2009 the CBS TV program *The Big Bang Theory* made a misleading statement about negative reinforcement (“The Gothowitz Deviation”), and many people complained about the inaccuracy. After consultation with the B.F. Skinner Foundation, they used behavior principles again in a new episode, “The Focus Attenuation,” which aired Monday, October 13, and they not only got negative reinforcement exactly right (the removal of punishment), but they helped people make the discrimination by having Sheldon explain the non-example, positive punishment (the application of punishment). Positive punishment is what most people call negative reinforcement. Sheldon also chided those who “get [negative reinforcement] wrong all the time” with a Ghostbusters clip that used negative reinforcement incorrectly.

Based on how I hear undergraduate psychology students describe behavior principles, *The Big Bang Theory* did more for the understanding of behavior principles in 30 sec than many introductory college classes ever accomplish. In addition, their eventual application of these principles in the show was a cogent statement about typical behavior management. After showing that they understood what behavior principles were, they unwisely selected punishment (ripping Duck® tape off the hair on the back of their arms for infractions) to increase their attention to their work and demonstrated that punishment often elicits aggressive punishment and counter punishment until all responding breaks down. The incident reminded me of the plans many countries come up with for solving problems between themselves. Sheldon may know what negative reinforcement and positive punishment are, but he isn’t ready for Secretary of State.

~Martin Ivancic, J. Iverson Riddle Developmental Center

This will be coming out in the next issue of Behavior Analysis Digest International (BADI). You can click below to go to the BADI website and review current and past publications: <http://aboutbehavior.webs.com/badinewsletter.htm>

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