



CURRENT DIMENSIONS

THE NEWSLETTER OF
THE NEW JERSEY ASSOCIATION FOR BEHAVIOR ANALYSIS

Volume 1, Issue 1

Spring 2005

A Message from the NJABA President

Marlene J. Cohen, Ed.D., BCBA

Greetings! On October 27, 2003 the Development Committee for NJABA met for the first time. Since then, we have become an affiliated chapter of the Association for Behavior Analysis International, established incorporation for the organization, developed a mission statement, a web site, and membership application, applied for and received tax-exempt status, established a location for our first conference for Summer 2005, and developed conference tracks as well as confirmed a keynote speaker and workshop speakers. Now we can add the first issue of our newsletter, *Current Dimensions*, to our list of accomplishments. We are also glad that since our first formal membership drive in May of 2004, we have reached the one hundred mark for membership in NJABA. Not bad for our first year in existence! It is a privilege to work with such an intelligent, energized, and committed group of professionals, who comprise the NJABA Development Committee. They are a credit to the field of Applied Behavior Analysis.

One clear statement that NJABA wishes to make from the start is that we are not an organization devoted exclusively to autism. Although applied behavior analysis is perhaps best known in New Jersey for its application for persons with autism spectrum disorders, the field of ABA is infinitely broader than its application to any one population and provides us with tools for understanding a wide range of human behavior across many populations. In fact, our first conference on August 5, 2005 is being designed to attract a broad base of professionals who use the principles of ABA to address a multitude of problems with various consumer populations, including those with autism (see page 9 in the newsletter for more information about the conference!). If all goes as planned, the conference promises to be an excellent educational opportunity for professionals working in schools and private practice, as well as for families who are in need of or are already

(continued on page 2)

Behavior Analyst Certification Board Update

**Gerald L. Shook, Ph.D., BCBA,
Behavior Analyst Certification Board Executive Director**

Editor's note: One of NJABA's missions is to support and encourage the certification process of behavior analysts by the Behavior Analyst Certification Board. In keeping with that goal, we present the following update.

BACB® June 2005 international administrations are scheduled for Saturday June 4, with an additional administration on June 1 in conjunction with the Association for Behavior Analysis Convention in Chicago. Results from the December 2004

administration indicate that over 600 candidates are newly certified, bringing the total number of individuals certified by the BACB® to over 3,800. Individuals who are interested in having the examinations administered in their area should email info@BACB.com.

The BACB® will be implementing new course-

(continued on page 3)



Inside this issue:

Article Review: Some Current Reflections on Baer, Wolf, and Risley (1968) **2**

Book Review: *Science For Sale in the Autism Wars* **5**

Article Review: Van Houten et al.'s *The Right to Effective Behavioral Treatment* (1988) **6**

NJABA's 1st Annual Conference information **9**



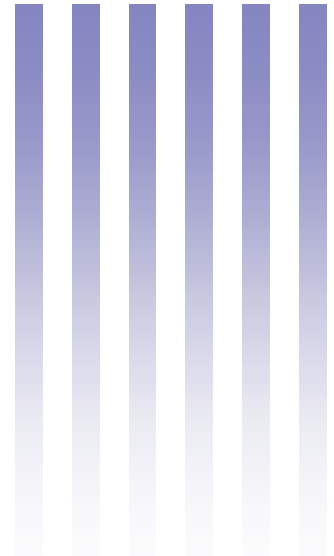
A Message from the NJABA President (continued from page 1)

accessing ABA services. We hope to see you there. Your attendance and feedback will help us make the next conference even better!

Some of the future plans for NJABA include the provision of scholarships for membership or conference attendance, the award of grants to further research in applied behavior analysis, involvement in government affairs as they relate to ABA services, dissemination of accurate information about ABA, as well as to serve as a resource for continuing education credits for professionals certified as Behavior Analysts or Associate Behavior Analysts.

We are looking forward to fulfilling our mission and maintaining an ongoing dialogue with our members. Please visit www.NJABA.org for information about our mission and upcoming conference.

Marlene Cohen, Ed.D., BCBA is the interim President of the New Jersey Association for Behavior Analysis. She is a Research Assistant Professor at the Graduate School of Applied and Professional Psychology of Rutgers University, Director of Adult and Transitional Services at the Douglass Developmental Disabilities Center, and part-time instructor at the Graduate School of Education, Rutgers University.



Article Review: Some Current Reflections on Baer, Wolf, and Risley (1968)

Sharon A. Reeve, Ph.D., BCBA

In the last few years, the field of Behavior Analysis was unfortunate to lose two of its pioneers, Donald M. Baer and Montrose Wolf. With colleague Todd Risley, they helped define and shape the field of applied behavior analysis (ABA) as we know it today. Their article, "Some Current Dimensions of Applied Behavior Analysis," published in the very first issue of the *Journal of Applied Behavior Analysis (JABA)* back in 1968, has been cited in hundreds of books and publications and has influenced an even greater number of past and present behavior analysts. It remains one of the most important and useful descriptions of the fundamental components of ABA. Given the article's importance (and that NJABA's newsletter *Current Dimensions* takes its name from this seminal work), it seemed fitting to devote some space to a description and discussion of the article.

At the time of the publication of the Baer, Wolf, and Risley (1968) article, the field of behavior analysis was already well estab-

lished as a natural science approach to the study of behavior. The flagship journal of the field, the *Journal of the Experimental Analysis of Behavior (JEAB)*, had already been in publication for 10 years. It contained an impressive and comprehensive body of research evidence demonstrating the effects of a wide variety of environmental variables on behavior. The studies reported in *JEAB*, however, were conducted almost exclusively in basic laboratory settings with animals. Pioneering behavior analysts were just beginning to develop and identify applications for these important principles outside of the lab with people. With no blueprint to guide the newly emerging discipline of *applied* behavior analysis, Baer, Wolf, and Risley (1968), described seven important characteristics, or dimensions, that should define the field. These characteristics are just as relevant today as they were some 30+ years ago.

Pioneering behavior analysts were just beginning to develop and identify applications for these important [learning] principles.

(continued on page 4)

Behavior Analyst Certification Board Update (continued from page 1)

work eligibility standards in 2005. All applications submitted by the application deadlines for the June 2005 examination will be subject to the following standards: If the application is complete and approved by the BACB by the application deadline for the June 2005 examination, the candidate will have two years from the date the application was submitted to sit for the examination. However, if the approved candidate does not sit for the examination by June 2005, or sits but does not pass by June of 2005, then the candidate will need to take the examination developed under the Third Edition Task List. If the application is submitted but is incomplete, and is not approved for any reason, the applicant must reapply under the standards and content requirements in effect for the December 2005 examination. All applications submitted after the application deadlines for the June 2005 examination will have to meet the new standards. Please see www.BACB.com for additional details.

Over the past two years, the BACB Professional Experience Workgroup has been collecting information and developing recommendations for improvements in the experience standards for indi-

viduals to qualify for the certification examinations. Following the delivery of the workgroup report at the June directors' meeting, a BACB committee was formed to finalize development of revised experience standards. After considerable work by the joint committee an initial draft of the standards was sent to the contact faculty of all the universities with BACB-approved course sequences for review and comment. The BACB reviewed these comments and made revisions to the proposed standards when warranted. The revised standards will include important changes in both supervisor qualifications and experience requirements for those who wish to qualify for examination. There will be greater flexibility in how experience is accumulated but greater structure in the supervisory relationship. Ample lead time will be provided for supervisors and academic programs to make any adjustments suggested by the revised standards. Information on the new experience standards will be available on www.BACB.com soon.



The revised standards will include important changes in both supervisor qualifications and experience requirements for those who wish to qualify for examination.

Visit www.NJABA.org!



In ABA, the criterion for effectiveness is not typically measured by “statistical significance” but rather as “clinically significant” changes. That is, changes in behavior must be large enough so as to be easily observed in a single individual.

Some Current Reflections on Baer, Wolf, & Risley (1968) (continued from page 2)

One of the first features, that ABA is an *applied* discipline, implies that the focus of study is on “socially significant” issues. By this, we mean that who is being studied, what they are doing, and what they are doing it with, are selected for analysis because these areas are immediately important for the individuals under study or for society. In its long history, applied behavior analysis has been used with clients in clinical settings, students in traditional and special education settings, workers in business and industry, persons in health services, and in many other areas.

The second component, the *behavioral* part of ABA, states that the subject of study within the discipline is, obviously, behavior. By this, we mean that what we are studying is actual, observable behavior, as opposed to a person’s verbal reports of his or her own behavior, feelings, motives, and/or attitudes. In addition, rather than defining behavior in generalities such as “aggression” or “poor social skills,” behavior analysts use precise definitions and measurement of behavior. Typically, once a precise definition for a target behavior is agreed upon, more than one observer is used to ensure that the data collected are accurate reflections of the behavior of the person in question. This maintains the objectivity of any inferred behavior change.

The third component, the *analysis* in ABA, refers to the idea that it is not sufficient to simply observe a desired change in a client’s or learner’s behavior and be satisfied with that. Rather, it is necessary to determine that the intervention used by the behavior analyst was, in actuality, what led to the change in the behavior of the client, and was not due to some other variable. This is referred to as establishing a functional relationship between an intervention used and any observed behavior change. The use of proper research designs, typically some form of a single-case research design, allows us to produce a believable demonstration of factors responsible for the occur-

rence or non-occurrence of the behavior in question.

The fourth dimension refers to the *technological* aspect of applied behavior analysis. All procedures used are precisely identified, objectively defined, and task analyzed. This allows for replication of the procedures by other researchers and clinicians.

The *conceptual* nature of ABA refers to its ties to relevant principles of learning. That is, the behavior change procedures used in applied settings are gleaned from basic research (the “experimental” analysis of behavior) and are not developed separately from that part of the field. Demonstrating that a behavior change procedure works is of limited utility without tying it to a conceptual understanding about why it worked.

The sixth dimension of ABA is that the technologies used must be shown to be *effective*. Although this might seem to be an obvious and required characteristic of any helping discipline, the criteria used to define “effectiveness” can vary widely from one discipline to another. In ABA, the criterion for effectiveness is not typically measured by “statistical significance” but rather as “clinically significant” changes. That is, changes in behavior must be large enough so as to be easily observed in a single individual. Data are depicted graphically to make assessments about the effectiveness of any intervention or procedure used. In short, decisions for interventions are data-based and practitioners in the field must use demonstrably effective procedures.

The last dimension refers to the *generality* of the effects of the behavior change procedures. The effects of such procedures must be durable over time and must occur across a variety of relevant conditions, or spread to a variety of related behaviors.



Book Review: Sabrina Freeman's *Science For Sale in the Autism Wars*

Kenneth F. Reeve, PhD

Editor's Note: This article originally appeared in Science In Autism Treatment, the newsletter of the Association for Science In Autism Treatment (www.asatonline.org). Reprinted with permission.

Parents of children who are affected by autism spectrum disorders are well aware of the need to serve as effective advocates for their children. To obtain funding and services for empirically validated treatments, parents must often go up against a never-ending phalanx of misinformed individuals and agencies, including therapists, physicians, teachers, school districts, and insurance companies. While it is disconcerting enough to have to struggle at this level for effective treatment, imagine the battle that needs to be waged when an entire government fights to withhold funding for an empirically validated intervention. Such a story is described in *Science for Sale In the Autism Wars* (2003, SKF Books, ISBN 0-9657565-3-X), a new book by Dr. Sabrina Freeman, the Executive Director and Founder of FEAT of BC (Families for Early Autism Treatment of British Columbia) and author of the popular book *Teach Me Language*.

In *Science for Sale*, Freeman relates the events that unfold when a lawsuit is brought about by a group of parents against the government of the western Canadian province of British Columbia. The lawsuit argues that the province's failure to provide health care insurance for "medically necessary" treatment for autism is discriminatory against those who are mentally disabled. The specific type of treatment that the parents are fighting for is "Lovaas-style" Applied Behavior Analysis (ABA) therapy.

In an attempt to block the funding of the therapy, the government of B. C. responds by having a panel from its Office of Health Technology Assessment (BCOHTA) develop a report, entitled

"Autism and Lovaas Treatment: A Systematic Review of Effectiveness Evidence" to be used in the government's legal defense. This report essentially attempts to discredit Lovaas's (1987) groundbreaking study and its findings by using a combination of distortions, selective reporting of the research literature, and questionable ethical practices.

In part one, Freeman outlines the specific strategies and assertions used by the BCOHTA's in its report against Lovaas therapy while explaining the counter arguments that effectively refute the BCOHTA's assertions. For example, in the BCOHTA's report, it is implied that Lovaas went beyond his data by claiming a "cure" for autism. As Freeman points out, however, this commonly used false characterization of Lovaas's treatment outcome claim provides an easy "straw man" to knock down only if we ignore or neglect to report Lovaas's actual claim: 47% of children in his study were rated as being "indistinguishable" from their typically developing peers following intensive behavioral intervention.

The BCOHTA also criticizes Lovaas's study on the grounds that the research design he used was not adequate to draw the conclusions he did. Specifically, "true" random assignment of children to treatment conditions was not used by Lovaas when he designed his study. As a result, the BCOHTA implies that the children in the different treatment groups might have already been different prior to any intervention and that these differences may have led to improvements in the outcome indicators following the 40 hours of intensive behavioral intervention. As Freeman notes, however, the assertion by the BCOHTA glosses over the fact that Lovaas used a

fairly rigorous pre-treatment assessment procedure to insure that the characteristics of the children in the different treatment groups were very similar prior to any intervention. By doing so, Lovaas was able to determine that an equal number of individuals with particular characteristics were placed in each group. By insuring that the groups were as equivalent as possible before treatment, this control procedure, in fact, reduces the likelihood that anything but the intervention in question led to the outcomes produced in the study.

Freeman also points out various discrepancies in the logic used by the BCOHTA to assess what constitutes "proper" research designs to assess treatment effectiveness. In their report, they assert that Lovaas's therapy, which is based on applied behavior analysis (ABA), is at best viewed as "experimental" because it did not use a proper randomized-groups research design. Strangely, the BCOHTA does not question the validity of the vast research literature generated from basic and applied studies in behavior analysis as a whole, even though many of these studies in behavior analysis use variations of single-subject research and not randomized groups designs. Freeman asks why ABA is accepted as a valid discipline by the BCOHTA, but Lovaas's findings are not, even though Lovaas's research design more closely approximates what the BCOHTA minimally

(continued on page 7)

***In the BCOHTA's report,
it is implied that Lovaas
went beyond his data
by claiming a "cure"
for autism.***

Some Current Reflections on Baer, Wolf, & Risley (1968) (continued from page 4)

Although the dimensions of applied behavior analysis were clearly spelled out by Baer, Wolf, and Risley...critics of ABA mistakenly assert that it does not fulfill many of these characteristics.

Without such effects, the behavior changes would be of limited value because they would only occur under specific training conditions. Behavior analysts must include programming for generalization of skills and must assess how successfully this generalization is occurring.

Although these dimensions of applied behavior analysis were clearly spelled out by Baer, Wolf, and Risley, and expanded upon by many others in the field, it is interesting to note that critics of ABA mistakenly assert that it does not fulfill many of the above characteristics. Many behavior analysts have heard that "ABA produces rigid children who can only learn in the teaching environment" and "ABA can't really identify functional relationships because they use case studies, not real research designs,"

among others. Clearly, behavior analysts have some additional work to do to address these inaccuracies. In spite of these misconceptions, however, behavior analysts continue to provide valuable contributions to our knowledge and improvement of the human condition.

Sharon A. Reeve, PhD, BCBA is the Coordinator of the Graduate Programs in Special Education and Applied Behavior Analysis at Caldwell College in NJ. Dr. Reeve also serves as a consultant for school- and home-based early intervention programs. Her research interests concern the teaching and generalization of social skills with children with autism.

Article Review: Van Houten et al.'s *The Right to Effective Behavioral Treatment (1988)*

Tamara A. Bannon, M.S.W., BCBA

Over the past several decades, a substantial amount of attention has been devoted within the field of Behavior Analysis to protecting the rights of individuals who receive behavioral interventions. One of the most poignant articles published on this topic is *The Right to Effective Behavioral Treatment* by Van Houten and colleagues (1988). In this article, the authors address a client's right to quality treatment and stress that behavior analysts are obliged to provide the most effective treatment available. Essentially, this article draws attention to various actions that must be taken by behavior analysts to ensure that six central client rights are satisfied. The rights are:

1. An individual has a right to a therapeutic environment.
2. An individual has a right to services whose overriding goal is personal welfare.
3. An individual has a right to treatment by a competent behavior analyst.
4. An individual has a right to programs that teach functional skills.
5. An individual has a right to behavioral assessment and ongoing evaluation.
6. An individual has a right to the most effective treatment procedures available.



For the first client right, Van Houten and colleagues describes the importance of providing a therapeutic environment. This is a setting in which the client's physical and social surroundings are safe, humane, and responsive to that person's needs. In addition the environment should include access to therapeutic services, leisure activities, and materials that are enjoyable to the individual. Consideration for selecting

(continued on page 8)

Freeman's Science For Sale in the Autism Wars (continued from page 5)

requires to assess an intervention's effectiveness. In addition, if an entire discipline such as ABA is accepted at face value by the BCOHTA, then why isn't a specific intervention based on the principles of this discipline also seen as valid?

Freeman also strikes at the ethical practices of the BCOHTA in developing its report on Lovaas therapy. In British Columbia, the government oversees the financial operation of the province-funded health insurance system. In addition, the same B.C. government is responsible for setting policy on health issues, such as those pertaining to best practices for treatment of autism and other neurological disorders. Freeman argues that this produces an ethical dilemma for the BC government. Specifically, the need to remain cost effective is in direct conflict with the treatment needs of the neurologically disabled. Such a conflict may have led to a report that is biased against Lovaas therapy, given its high

“If an entire discipline such as ABA is accepted at face value by the BCOHTA, then why isn't a specific intervention based on the principles of this discipline also seen as valid?”

expense. In addition, although the BCOHTA repeatedly tries to come across as objective in their report of Lovaas therapy, one has to wonder again about the report's biases since the BCOHTA's main funding sources come from the B.C. government's Ministry of Health, the direct target of the parent group's lawsuit.

Other questionable ethical practices used by the BCOHTA in their report include an over reliance on authors critical of Lovaas and the omission of important pieces of autism research that support Lovaas. What is perhaps most telling about the BCOHTA's selective use of the research literature is that they make no mention in their report of a study that purportedly shows no beneficial effects from B.C.'s current interventions in place for autism! Freeman also compares the report on Clinical Practice Guidelines for Autism and Pervasive Development Disorders by the New York State Department of Health's Early Intervention Program to that of the BCOHTA. While the NY report benefited from peer review and from a large independent panel of autism and ABA experts, the BCOHTA report was written by a much smaller panel of individuals who worked for the B.C. government, had no experts in either autism, neurological disorders, or ABA, and who minimally circulated their report for peer review. Given these deficiencies, one has to strongly question the

validity of the BCOHTA's findings.

Once the reader is presented with the arguments and counter arguments of the lawsuit in the first part of the book, Freeman then provides verbatim sections of dialogue, drawn from actual court records, between the lawyers and witnesses. Although there is some redundancy in this second section of the book (the lawyers representing the parents essentially repeat the counter arguments against the BCOHTA report as outlined by Freeman in the first part of the book), there is no denying that there was a great deal of satisfaction experienced by this reader as the weak arguments made by the BCOHTA “experts” were dramatically refuted. Being privy to these arguments beforehand somehow made the courtroom drama laid out in the second section a much more exciting read.

As in any good showdown, the question that always remains is: who won? It is somewhat disappointing that Freeman clearly states the court ruling at the *beginning* of the second section of the book. The B. C. Supreme Court ruled in favor of the parents by declaring that early intensive behavioral intervention (EIBI) is a “medically necessary” treatment for autism and that the B.C. government was in violation of the constitutional rights of the children in question by not funding this treatment. The court also ruled that the BCOHTA report was biased in its findings. Unfortunately, the government of B.C. has appealed the court's ruling and has still not implemented the funding of ABA through the province's health care system.

Science For Sale In the Autism Wars is a must read for any interventionist and parent who is involved in the lives of someone affected by an autism spectrum disorder. It should also be on the bookshelves of those who provide legal counsel and advocate for the rights of individuals with autism. Besides being an interesting read, Freeman's book provides a step-by-step guide for arguing against those who would refute the validity of ABA as a science and as an effective educational intervention. For any person who has been inspired to fight against pseudo- and non-scientific information by famous skeptics, such as the late Carl Sagan, *Science For Sale* is a wonderful “candle in the dark” in the field of autism treatment.

Kenneth F. Reeve, PhD, is the Chairperson of the Psychology Department and a faculty member in the Graduate programs in Applied Behavior Analysis at Caldwell College in NJ.

The government of B.C. has appealed the court's ruling and has still not implemented the funding of ABA through the province's health care system.

Van Houten et al.'s *The Right to Effective Behavioral Treatment (continued from page 6)*

materials should incorporate the individual's preferences, age-appropriateness, and the educative value of the materials. Interactions between the individual and the staff should be positive and as frequent as possible. Moreover, an "adequate environment" includes interventionists who are competent, responsive, and caring, who promote the notion of learning being fun, and who facilitate independence in the least restricted environment (i.e., having the freedom to move about and have access to preferred activities).

The second right addresses the client's personal welfare, or his or her right to be cared for and treated with respect, dignity, and concern. In addition, the behavioral treatment should be designed to help the individual acquire the functional skills that are necessary to achieve independence. For situations that involve potential risk to the individual, Peer Review Committees should be established and used to help protect the person and to ensure the integrity of the service. Human Rights Committees should be in place to impose community standards to determine propriety of treatment programs, social validation or the norms for that specific community, and the degree to which an individual's rights may be compromised.

The third client right stresses that the individual has a right to treatment by a competent behavior analyst. This requires that professionals who deliver, direct, or evaluate the effects of behavioral treatment must have appropriate education and experience to do so. Education and training include knowledge of behavioral principles, methods of behavioral assessment and treatment, research methodology (i.e., understanding where the treatment and procedures come from empirically) and professional ethics. In addition, clinical competence should reflect adequate practicum training, supervision, and experience with the specified population. In situations where a case is complex or poses risk to the client, a doctoral level behavior analyst who can be directly involved should be available to the interventionist.

The fourth right of an individual receiving behavioral intervention is



is not prevented.

having access to programs that teach skills focusing on the client's ability to function effectively in his or her individual life, community life, and greater society. The ultimate goal is to gain access to reinforcement, access to the community, increase skill acquisition, and to decrease behaviors that are considered dangerous or maladaptive, so that independence

The fifth right stresses an individual's entitlement to behavioral assessment and ongoing evaluation. A functional assessment is conducted to examine any antecedent triggers or consequences that may maintain the behavior. Attention is given to determine the function of behavior and the circumstances under which the behavior does or does not occur. By determining the function of the behavior, a more appropriate alternative can be taught to serve the same function and to replace the inappropriate behavior. In addition, ongoing evaluation using objective data is utilized to determine the effects of treatment and to modify or identify any potential problems.

According to the sixth right, an individual is entitled to receive effective and empirically validated treatment. The behavior analyst is obligated to employ only techniques whose effectiveness has been supported by sound research. In addition, the behavior analyst should inform both consumers and the public of both the advantages and disadvantages of the treatment and to continuously search for the most viable method of changing behavior. Lastly, restrictive procedures are only used when they are necessary to produce safe and clinically significant behavior change. In other words, a restrictive procedure is considered if a nonrestrictive procedure increases risk for the individual, prevents or inhibits participation in a needed training program, and/or delays entry into a more optimal environment.

In conclusion, this article is a rich contribution to the field of behavior analysis, as it emphasizes and outlines the ethical conduct of practitioners within the field. More specifically, the article highlights our responsibility as behavior analysts to educate the professionals, parents, agency personnel, direct service providers, and therapists that we work with about providing the most sound interventions available for the individuals for whom we provide services. Perhaps most importantly, the authors emphasize that clients' rights must be protected, respected, and exercised on a daily basis, so that individuals who may benefit from intervention are able to live life to its fullest potential.

Reference

Van Houten, R., Axelrod, S., Bailey, J. S., Favell, J. E., Foxx, R. M., Iwata, B. A., & Lovaas, O. I. (1988). The right to effective behavioral treatment. *Journal of Applied Behavior Analysis*, 21, 381-384.

Tamara A. Bannon, M.S.W., BCBA is a Board Certified Behavior Analyst who received her Masters in Social Work from Fordham University with a specialization in Research. Ms. Bannon has worked for 10 years in the field of autism and developmental disabilities with children, adolescents, and adults and their families in both New York and New Jersey.

NJABA'S 1st ANNUAL CONFERENCE!

RUTGERS BUSCH CAMPUS CENTER— PISCATAWAY, NJ

SAVE THE DATE! FRIDAY, AUGUST 5, 2005

KEYNOTE SPEAKER:

DR. SANDRA HARRIS

“Building Social Skills In Children With Special Needs”

ALL WELCOME!

Administrators, Consultant/Trainers, Direct Service Providers, and Parents

PRESENTATION TOPICS

- *Special Education Law/Parent Rights/Advocacy* - Doreen DiDomenico & Ira Fingles
- *Community Resources* - Nancy Michaels
- *Consultation/Interdisciplinary Collaboration* - Russ Kormann
- *Anger Management* - Michael Selbst
- *General Anxiety Disorders* - Debra Salzman
- *The Benefits of Certification in Behavior Analysis* - Jerry Shook
- *Behavior Analytic Dimensions, Theory, & Terminology* - Mary Jane Weiss
- *Stimulus Control* - John Brown & Sharon Reeve
- *Relational Frame Theory* - John McElwee
- *Fleuncy* - John McElwee
- *Positive Behavior Supports*- Bob Putnam
- *Training Models Panel Presentation* - (Panelists to be announced)



**NJABA is on the web! Go
to www.NJABA.org**

NJABA IS A BACB© AND NJ DEPARTMENT OF EDUCATION CE PROVIDER

(APPLYING TO BECOME AN APA CE PROVIDER)



Marlene J. Cohen
Interim President
Sharon A. Reeve
Interim Vice-President & Membership Chair
Patrick R. Progar
Interim Treasurer
Kenneth F. Reeve
Newsletter & Webpage Editor
Jan Handleman
Suzanne Buchanan
Tamara A. Bannon
Barabara Wells
Jenna Miller
Germaine Ibrahim
John L. Brown

Articles in *Current Dimensions* are the intellectual property of the authors. Articles may be copied and/or disseminated provided that they are reprinted in their entirety, the correct attribution is noted (author name and NJABA affiliation), and written permission is provided by NJABA. Suggestions/submissions for future articles may be emailed to kreeve@caldwell.edu.



The New Jersey Association for Behavior Analysis (NJABA) was founded in 2004 to promote the advancement of the discipline of behavior analysis. To fulfill this mission, NJABA is specifically committed to:

1. Promote the ethical and effective application of sound behavior analytic principles in meeting the educational and habilitative needs of persons within New Jersey.
2. Promote the activities related to conducting and disseminating basic and applied research in behavior analysis.
3. Support the activities of the International Association for Behavior Analysis.
4. Support and encourage the certification process of behavior analysts by the Behavior Analyst Certification Board™.
5. Provide informational resources in basic and applied behavior analysis to professionals, families, and the community at large.
6. Support and promote the development of higher education certificate and degree programs in basic and applied behavior analysis.
7. Advocate for the implementation of behavior analysis services.
8. Promote and provide professional development activities for behavior analysts.
9. Sponsor an annual meeting of NJABA to disseminate information about the activities of the chapter as well as to provide a forum for discussion.
10. Sponsor an annual conference to serve as a forum for the presentation of research, application, and issues related to behavior analysis.
11. Publish and distribute a newsletter devoted to dissemination of research, application, issues and achievements related to behavior analysis, and other matters of interest to the NJABA membership and community.
12. Develop and maintain a web site to provide information about NJABA, its activities, and resources relevant for behavior analysts and the community.
13. Advocate for the fair representation of behavior analysis in the media and in professional materials outside of the field of behavior analysis.
14. Form an alliance between the fields of behavior analysis and education to bridge the gap

NJABA

151 Ryders Lane

New Brunswick, NJ 08901

