For the Record

Greetings! This issue of the Recorder contains many interesting and diverse articles. In the Scholar Interview, Dr. Christina A. Alligood describes her work as a behavior analyst in Disney’s Animal Kingdom. Dr. Ennio Cipani provides an articulate commentary on the importance of functional dynamic assessment in evaluating childhood mental disorders in lieu of a static, more traditional approach to diagnosis and classification. This is a timely commentary given the upcoming changes to the DSM. Drs. Salzinger and Alferink provide important updates from APA Council. We are honored to also feature a reprint of an article originally published in Science in Autism Treatment. Additionally, we provide the Division 25 conference agenda for the Annual APA Convention, scheduled August 2 through 5 in Orlando, FL.

We would like to remind members to renew their membership (see the application form on page 22). Please encourage your colleagues to consider becoming a member. For details on benefits of membership, please visit: http://www.auburn.edu/~newlamic/apa_div25/membership.htm

Finally, we invite you to use and share our newly created Behavior Analysis PowerPoint show that describes our field and place in psychology/APA. While targeted for high school psychology courses, this PowerPoint is useful for any introductory presentations or discussions. The file may be downloaded from: http://www.apa.org/education/k12/powerpoint.aspx

Thank you to our editorial assistants, Brent Kaplan and Veronica Howard.

-Derek Reed & Florence DiGennaro Reed (Co-Editors)
Interview with Dr. Christina A. Alligood

For this issue we interviewed Dr. Christina A. Alligood about her experience using behavior analytic assessment and intervention techniques with zoo animals at Disney’s Animal Kingdom.

Dr. Alligood, thank you for making time to contribute to the Division 25 Recorder. We know you have a very busy schedule. Can you tell us about your role at Disney’s Animal Kingdom?

I am a member of the Behavioral Husbandry team, which is responsible for overseeing animal training and enrichment programs at Disney’s Animal Kingdom, Disney’s Animal Kingdom Lodge, The Seas with Nemo and Friends at Epcot, Castaway Cay in the Bahamas, and Disney’s Aulani Resort in Hawaii. My colleagues on the Behavioral Husbandry team each have specific animal-care teams with whom they work to maintain effective programs. I consult with all of the teams as needed to provide assistance with behavioral problem solving, documenting behavior, and generally using the principles of behavior to set the right conditions for success. I also provide strategic planning assistance for the Animal Husbandry department.

How did you become interested in this specialization and application within behavior analysis?

I have always loved animals and enjoyed visiting zoos, but the spark really happened when I saw some of Terry Maple’s students present at an ABA convention when I was in graduate school. Terry’s students worked with animals at Zoo Atlanta, and these particular students were studying stimulus relations in African elephants. At the time, I was studying stimulus relations in humans, and this opened up a whole new world of ideas. The more I learned, the more interested I became in exploring ways that behavior analysis could help zoos and aquariums reach their animal-care goals. When I had the opportunity to get started here at Disney, I couldn’t pass it up. I spent a few years working on endangered species conservation and learned to do things I never imagined I would, such as working in the field with wild animals. The skills I learned and the relationships I built helped lead me to my current position, which is focused on applying behavior analysis to animals in managed circumstances.

What techniques might you use to train staff? Do they differ from techniques adopted in other types of organizations?

The techniques vary depending on the learners and the skills, but like any other training scenario, we need to find and use effective reinforcers to build and maintain the behavior we’re looking for. We also have an excellent learning and development team that uses good

“I believe that behavior analysts have a lot to offer zoos, and that this area of work can help to increase the breadth and depth of our field.”

Christina A. Alligood,
Ph.D., BCBA-D

Dr. Alligood is a Behavior Analyst at Disney’s Animal Kingdom.

Dr. Alligood earned a Master’s degree from the University of North Carolina at Wilmington in 2003, and a Ph.D. from West Virginia University in 2007. She is also a doctoral-level Board Certified Behavior Analyst (BCBA-D). Since 2007, she has worked at Disney’s Animal Kingdom in Orlando, FL. Much of her initial work focused on a multi-faceted conservation program for Key Largo woodrats, which received a Bean Award for Significant Achievement in Captive Breeding from the Association of Zoos and Aquariums (2009) and a Federal Challenge Grant (2010) in collaboration with the Crocodile Lake National Wildlife Refuge for population monitoring work on Key Largo.

Dr. Alligood is now a member of the Behavioral Husbandry team, which oversees training, enrichment, and welfare programs for animals at Disney’s Animal Kingdom, the Seas at Epcot, and several other locations. She is also the president of the Applied Animal Behavior Special Interest Group of the Association for Behavior Analysis International and an instructor for the AZA Training Applications in Zoo & Aquarium Settings course. She has served as a grant reviewer for the Disney Worldwide Conservation Fund and the AZA Conservation Endowment Fund, and as a manuscript reviewer for the Journal of Applied Behavior Analysis and the International Journal of Comparative Psychology.
principles of instructional design when creating formal training programs. In more informal settings with our animal care teams, we use a lot of coaching, modeling, and feedback, breaking goals into small steps and reinforcing successive approximations. Many times we are training trainers in complex repertoires, so it doesn’t always look like a linear process leading directly to fluency in a pre-determined skill. Our coaching style in these situations is very collaborative because we are consulting rather than directing or supervising.

What types of behaviors are included in animal training at Disney’s Animal Kingdom? What are some of the most interesting skills trained?

Many of the behaviors our animals learn are related to basic husbandry, such as opening their mouths to get their teeth brushed, displaying their feet for hoof trims, or stepping on a scale to be weighed. Some skills are trained for the animals’ enrichment as well. For example, some of our keepers have trained sheep and goats to run an agility course. This training helps keep the animals physically fit, mentally stimulated, and comfortable around theme park guests. Plus, watching them leap hurdles and weave in and out of poles is pretty fun.

How do behavior analysts impact activities at zoos?

The work that behavior analysts can do in zoos (and other animal settings) goes beyond animal training. I work with animal trainers, but I identify myself as a behavior analyst. The two differ in a similar way that the role of behavior analysts in schools differs from the role of teachers, and behavior analysts can have similar impacts in both settings. While operant conditioning has had a tremendous impact on activities at zoos, the influence of behavior-analytic problem solving frameworks such as functional assessment has so far been more limited. This is partly due to the fact that the connection between the field of behavior analysis and zoos is still emerging. I believe that behavior analysts have a lot to offer zoos, and that this area of work can help to increase the breadth and depth of our field. Typical behavioral goals at zoos include training animals to participate in husbandry and medical procedures, arranging opportunities for them to engage in species-typical behaviors, and encouraging them to spend time in areas where visitors can see them. Behavior analysts’ expertise in defining behavior operationally, framing challenges in terms of contingencies, and arranging appropriate schedules of reinforcement can help us make significant contributions in achieving these behavioral goals. Behavior analysts’ impact on activities at zoos is aided by productive collaborations with colleagues from other disciplines also interested in zoo animal behavior (e.g., ethology, comparative and cognitive psychology). I’ve found that some of my skills overlap with my colleagues from other disciplines, and others provide a different perspective that has proven useful in this setting.

What can zoo staff gain by collaborating with behavior analysts? How receptive are they?

Collaborations with colleagues from various disciplines help to provide a variety of perspectives on the challenges of caring for animals in a zoological setting. I asked my teammates what they gain specifically by collaborating with me, and the first benefit they mentioned was the perspective on behavior as a subject matter in its own right, in the moment, for each individual, unconstrained by what internal processes the behavior might indicate or what the behavior might “mean”. From that perspective, we have placed a strong focus on building functional assessment skills. Using the three-term contingency as a framework for behavioral problem solving helps organize ideas, give teams a common starting point, and helps to focus the process on the facts of the situation. Once a team has experience applying this framework, they are better prepared to be proactive in setting conditions for success. In my experience, zoo staff’s receptivity to collaboration is largely a function of the contingencies set by the collaborator. Soft skills, including identifying and using effective reinforcers in our consulting relationships, are crucial.

Can you tell us about the environmental enrichment offered at Disney?

Working on enrichment programs is so much fun because our keepers really get to be creative. Typical goals of environmental enrichment include increasing species-typical behavior and giving animals more choices and control over their environment. We try to set the occasion for animals to engage in many of the same behaviors that they would in the wild. Browse, logs, and rocks are added to reptile and amphibian enclosures to provide hiding spots. Our rhinos have a mud wallow in their exhibit to encourage self-maintenance behaviors. The storks are provided with the materials to gather and build nests. Our keepers
place different perfumes, extracts, and spices around the tiger exhibit to encourage rubbing, scratching, scent marking, and other natural behaviors. They have also found lots of creative ways to encourage foraging, locomotion, and object manipulation in many of our animals – for example, some of our primates receive portions of their diet in puzzle feeders that can be placed in multiple locations throughout their exhibit. They must find and manipulate the feeders to get the food. This is designed to increase activity and promote positive social interactions. We use a model called SPIDER – Setting Goals, Planning, Implementing, Documenting, Evaluating, Readjusting (Mellen & MacPhee, 2001) – to develop and maintain enrichment programs. One of our focuses now is working with teams to strengthen that framework in ways that help them make day-to-day management decisions on an ongoing basis.

**What kind of training would you recommend for someone who might be interested in working in a similar position as you?**

Because the connection between behavior analysis and zoos is relatively new, there is no clear path to a position like mine. Right now, students will probably not see zoos posting behavior analyst positions because in general the term as we use it is not widely recognized. Because of this, students should be open to different kinds of experiences that may allow them to apply and build upon their behavior analytic training. With that understanding, I do have some suggestions based on my experience. Anyone aiming to apply behavior analysis at a zoo needs a solid foundation in the discipline, so I recommend an ABAI-accredited program that will provide well-rounded conceptual, basic, and applied training in behavior analysis. My particular role is a staff position with consulting characteristics. I recommend that students interested in this type of position diversify their education to include animal science and consulting skills. Several behavior analysis programs, including the University of North Texas and the University of Florida, offer opportunities to connect with zoos. Other programs offer opportunities in other types of animal-care settings, such as shelters (e.g., Western Michigan University, University of Kansas). If this type of connection is unavailable through a university, students can gain animal care experience working at a farm, ranch, zoo, aquarium, or other facility. Direct animal care experience is particularly valuable to your credibility at zoos. Coursework in biology, zoology, or other related fields is also helpful. When possible, students should take advantage of practicum opportunities that will strengthen their “soft skills” such as diplomacy, negotiation, and gaining buy-in. Building strong, mutually reinforcing relationships with colleagues is critical to influencing programmatic change.

**What are your dissemination strategies?**

My colleagues and I use multiple strategies for disseminating best practices in training and enrichment to our animal care teams. We have formal training and enrichment methods classes, structured problem solving sessions, informal team training and enrichment planning meetings, and training sessions in which we are able to provide one-on-one coaching, modeling, and feedback.

In terms of external dissemination, we frequently give presentations and workshops at conferences, serve as instructors for AZA (Association of Zoos and Aquariums) courses, and publish in peer-reviewed and non-peer-reviewed outlets. We enjoy assisting animal keepers in their dissemination efforts, which often include poster presentations and articles for animal care publications.

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Imagine this hypothetical scenario. You have 10 people in a summer swimming clinic for health and fitness. They join your clinic to improve their performance and overall fitness. You want to place them in two groups for practice sessions: proficient swimmers and less proficient swimmers. You give them the following instruction. “I will give you three tries to swim 200 yards in under 2 1/2 minutes.” You record their time for each attempt to swim 200 yards in 2 1/2 minutes or less with a stopwatch. They have the option of attempting to meet that criterion for a maximum of three opportunities that day. Based on this day’s recordings, you note that only three of the ten are able to perform under 2 1/2 minutes. You conclude that those three are to be placed in the proficient swimmer group. The other seven belong in the second group of less proficient swimmers. With three attempts to meet this criterion, one would surmise that those that did not reach it are probably less proficient swimmers (according to this criterion).

On the next day you decide to give them the same opportunity to meet the swimming proficiency criterion again. However, this time you provide the following incentive; “For anyone who can achieve the proficiency criterion for the 200 yards swim, I will rebate 50% of their registration fee for the clinic.” On Day 2, the following results were obtained. The three persons who were judged proficient swimmers on Day 1 meet the criterion again. But the surprise finding was in the other group. Of those seven people, four of them meet the proficiency criterion on this day.

What is the importance of Day 2 testing? On Day 1, a decision about each person’s skill with respect to their proficiency in swimming 200 yards was made. Based on that data, anyone would have concluded that seven people fit in the less proficient group. But Day 2 illustrates that such a judgment would’ve been wrong for four of those seven people. When motivation was maximized by providing a partial rebate of their registration fee, you found that the judgment about them being less-proficient swimmers was only correct for three of them.

What is the parallel to evaluating childhood mental disorders? With the consternation about the upcoming changes in the DSM V slated for next year, it is important to consider why such a system may be flawed in deciding who has a disorder. Here’s a clinical example of the same phenomena. Let’s say 12 children are independently evaluated at a public school to determine if they meet the criteria for 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type. The data collection for such an evaluation involves multiple measures and is collected across a two-week period. The measurements include observational data collected in the school program, in...
addition to rating scale data and reports from significant others. Based on this data, the decision is made that eight of these individuals demonstrate enough symptoms (at least six in the inattentive category) to warrant such a diagnosis. Further, such inattention is observed and reported across home and school settings.

Subsequent to this evaluation and determination of a childhood mental disorder, let's say that an expert in ABA becomes involved with the school district as a behavioral consultant for these children. She collects baseline measures of their performance during lessons and seat work. She then asks the teachers of these eight students to implement various contingencies during class lessons and seat work. One of the plans to improve performance and completion of seatwork tasks is the beeper system (Cipani & Schock, 2011, p. 73). As a result of the beeper system in place, five of these eight children demonstrate rates of on-task behavior and attending during seat work that approximate or equal their non-disabled classmates. Further, this change in attention to task is achieved within one or two days of implementation of the contingencies and remains for the entire period of implementation. With other contingencies, other behavioral patterns change as well; to the point where one would not notice much of a difference between these five “diagnosed” children and other children sans the mental disorder diagnosis. At least with respect to the school setting, these five children are now appearing as “ADHD-free.” What is apparent is that changing the contingencies to favor performance resulted in a noticeable change in inattentive symptoms. Additionally, such a noticeable change occurred in a relatively quick time period (for more information on this functional dynamic approach, see the podcast entitled, “The DSM and comorbidity” at http://behaviortherapist.podbean.com/2012/05/06/the-dsm-and-co-morbidity/).

The problem with traditional psychological measurements that attempt to determine if a childhood mental disorder is present is their reliance on a static approach to measurement. In a static approach, a given child’s motivation to engage in his or her optimal performance and display a desired performance or behavior at some designated acceptable level is not experimentally manipulated. I believe that such static measures can produce a serious error in judgment. Professionals who rely exclusively on static measures often assume that an individual who does not perform a given behavior (with respect to negative symptoms), or does not perform a behavior at an acceptable level or rate, truly cannot do so. They may wrongly conclude that the individual has an inherent skill deficit. Their assumption that motivation has already been maximized might be erroneous. Even if the performance skill or behavior is not evidenced across multiple settings, one should not assume that such contextual diversity would create contingencies that maximize motivation in at least one of the settings.

What would verify the existence of sufficient motivation to perform the desired behavior if it is in the repertoire of the individual? What is needed is a dynamic form of assessment. A dynamic form of assessment would supplement the current baseline measures of performance with a test condition that manipulates contingency variables. Such a test condition would involve the conduct of powerful reinforcement contingencies placed on the occurrence of that behavior. In the above swimming example, would you want to make your decision about swimming proficiency based on Day 1 data? Or would the second day (of course supplemented with the first day) provide more convincing evidence in which to make a valid judgment about swimming prowess. Using the second day’s information, we would arrive at the following: three swimmers who failed to reach criterion on Day 2 are probably not proficient swimmers. However the four swimmers who improve their performance on Day 2 to meet criteria should be in the proficient swimmers group. With a static measure, this information on this latter group would have been missed.

The use of experimental manipulations to derive information about problem behavior’s function now has a three decade history (Iwata, Dorsey, Slifer, Bauman, & Richman, 1982). The dynamic approach advocated here is congruent with such experi-
mental manipulations of controlling variables, but for negative symptoms. The implementation of this functional dynamic approach to assessment would be feasible in treatment settings such as schools, inpatient settings, and other similar facilities where professional staff could measure behavior in real contexts or in analogue settings.

Such a dynamic approach would require an alternate classification system that directly examines the issue of motivation. I have developed a function-based classification system for the analysis of negative symptoms (Cipani & Shock, 2011, see Appendix A, pp. 285-295). This classification system involves the following three categories: (a) misdirected contingencies, (b) inept repertoire, and (c) faulty discriminations. For the purposes of this article, I will focus on the first two classifications. A misdirected contingency diagnosis indicates that the negative symptom is within the repertoire of the individual child. However its lack of occurrence is due to the lack of reinforcement contingencies for its display, and/or contingencies that are misdirected to an alternate, usually undesirable, behavior. As noted in the clinical example provided above, presenting sufficient reinforcement contingencies for performance and attending during seatwork resulted in five children who were previously thought to be incapable of sustained attention displaying normative levels of on-task performance. Such a demonstration indicates that the misdirected contingency diagnosis best suits these children. Additionally, the prior diagnosis of 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type is on shaky grounds for these children.

In contrast, the three children who fail to change even with powerful contingencies directed at the appropriate behavior would not be classified in this function-based category. Rather, the lack of display of such performance seems to be more chronic, and not amenable to immediate changes. The functional diagnosis for these children would be inept repertoire. Such a classification category denotes the individual’s current inability to perform designated skill or behavior, either at the desired rate or level of fluency.

There are significant implications of this functional diagnostic classification model. If the absence of the behavior in one or more contexts is the result of insufficient motivation, intervention needs to be directed at restructuring the social contingencies in those environments. The diagnosis of misdirected contingency would involve professional efforts around training direct care staff, teachers, or parents to implement a set of contingencies that redirect reinforcement to the desired appropriate behavior. Hence, efforts in behavioral consultation with direct care staff and parents are clinically indicated and essential. In contrast, child-directed therapy is not indicated for this type of problem. As long as the contingencies for the appropriate behavior, i.e., negative symptom(s), continue to be misdirected, all the training and therapy directed to the child will probably be fruitless in changing behavior in target contexts.

However, if the result of the dynamic assessment is relatively little or no change in the display of negative symptoms, then child-directed intervention is needed. An inept repertoire diagnosis would indicate that the individual has a skill deficit relative to the negative symptom or symptoms. This finding requires intervention or therapy to involve more individualized child-directed instruction and teaching methods (e.g., shaping, prompting, modeling, progressively skill building, etc) to develop the skill to a fluid and criterion level performance. Of course, one would want to ensure that once the skill is developed to criterion, that reinforcement contingencies maintain such behavior in the natural contexts.

In summary, sole reliance on static measures may provide information that leads to invalid judgments about the individual’s skill capability. This may produce over-estimates of a prevalence of a disorder. Using a more dynamic measurement as a supplement will also allow treatment direction to be informed by such contextual factors. For those children who fail to display the desired behavior to the normative criterion level because of lack of

“Professionals who rely exclusively on static measures often assume that an individual who does not perform a given behavior (with respect to negative symptoms), or does not perform a behavior at an acceptable level or rate, truly cannot do so.”
motivation, then resources should be directed to training persons in the target environments to respond in a different regimen. If motivation of the child is not the factor, then child-directed methods should be pursued (if the contexts are indeed directing reinforcement to the criterion behavior). 

References


Footnotes

1 All correspondence regarding this article can be directed to the author at ennioc26@hotmail.com.

2 Let’s assume such an incentive constitutes a rulespecifying contingency of sufficient strength to maximize these attendees motivation to perform optimally.

3 Such results could be used to determine if accommodations under a 504 plan should be considered.

4 Negative symptoms are the traditional term used to denote skills and behaviors that are not observed or occur at extremely low rates relative to social norms. In contrast, positive symptoms entail the presence of an unacceptable behavior at too high a rate or duration of occurrence.

5 Also contains experimental tests for determining functional diagnosis.
Council voted to restructure dues payments, including changing the age at which members, who were members for at least 29 years (instead of 25 years) to become dues-exempt at age 69 years of age instead of 65. As you all know by this time, that change needed to be approved by the entire membership but was defeated by the recent membership vote.

Council approved the requirement that resolutions to be voted on include scientific findings or other forms of data related to them.

The Annual Convention has been studied extensively and its structure modified to reduce the overall size (thus reducing the number of competing presentations) while increasing cross-cutting themes. Because psychologists of many different kinds constitute the APA, this provides us all with an opportunity to work together with psychologists with whom we might not otherwise work. These changes will be implemented slowly over 3 years beginning in the 2014 Convention.

Council voted to adopt as APA policy a resolution on advocacy for psychology as a STEM (science, technology, engineering and mathematics) discipline, and instructed the CEO to develop a plan of action with budgetary implications to support it. This came in reaction to the fact that psychology has in the past too often been excluded from funding and participation that it might otherwise have received as a recognized science. This is a very important development in APA's work in the area of science of psychology and should be followed up by our representative.

Council adopted a budget including operational revenues of $106,160,000, of operational expenses of $106,104,000, yielding an operational margin of $56,000.

This past meeting has been my last Council meeting as representative of Division 25. I want to thank the Division for the privilege of having served in this position. My best wishes to my successor.  

We would like to extend our warm appreciation to Dr. Salzinger for his service to Division 25 as Council Representative!
APA Council Update (February, 2012)
Larry A. Alferink Ph.D., Council Representative for Division 25

APA Council of Representatives met on February 23-26 in Washington, D. C. Council has been the “Good Governance Project” to consider ways to help Council work more effectively and to perhaps restructure Council to make it more representative as 50% of APA members are not represented on Council except through the APA President. To begin this process, Council spent Thursday morning operating in smaller groups brainstorming on the future of Technology in APA in relation to education, practice, public interest and science.

A number of items were approved on the consent agenda. Among these were the elimination of billing for back year dues for members, a new journal for Division 54 on Practices and Service Delivery in Pediatric Psychology, revision of the APA Guidelines for Ethical Conduct in the Care and Use of Non-Human Animals in Research and the Guidelines for Preparing High School Psychology Teachers. Also approved was a request for funding for the revision of the Guidelines for the Undergraduate Psychology Major and a motion changing the structure of the Board of Educational Affairs to allow the seating of a high school or community college teacher affiliate.

We also heard a report for the Chief Financial Officer, approved a budget for 2012 and a financial forecast for 2012-2014. Council also reviewed a report on employee contracts and staff compensation. APA is in good financial shape at the present time, with budget surpluses for the last three years. The Building at 10G is 100% leased and APA renegotiated the debt on that building at a very favorable rate.

There were also several items that proved somewhat controversial and drew considerable discussion. A proposal to restrict the ability of former APA Presidents to run again for office was approved. The specific proposal would have required that a period of at least ten years must elapse between the end of their terms as Past-President and their ability to again appear on the Presidential Ballot. An amendment to ban former Presidents from ever appearing on the ballot failed and discussion focused on the fact that only two individuals have every served a second terms as APA President and both cases occurred early in the history of APA when the Association was very small. These individuals argued that the election of someone to a second term is one that we are unlikely to face. Some former Presidents noted that the Office is very demanding and they couldn’t imagine very many people that would be willing to run again. Likewise, some argued that the motion was fundamentally undemocratic and that if the membership for some reason wanted to vote for someone to serve a second term, they should be allowed to do so. Ultimately, motion was approved and will be submitted to the members for a vote as it would be an amendment to the Bylaws.

Curiously, Council agreed to include pro and con statements, even though the history is that doing this is correlated by an amendment being defeated!

There also was a motion to eliminate the dual membership discount for CPA members, a motion in line with recent Council action to eliminate the dual discount for APA members that belong to other organizations in behavioral science (e.g., ABAI or APS). CPA members would have the option of regular APA membership or becoming International Affiliates, a class that would in fact have even lower dues, but fewer benefits. Members of some provincial organizations noted how critical APA membership was for the survival of their associations and others noted the long history of this cooperative relationship with CPA. This motion was also defeated.

Finally, APAGS had proposed a new Journal on Translational Issues in Psychological Science, co-sponsored with APA, to be published under the Educational Publishing Foundation program. There was strong support from many members of Council for the APAGS proposal. However, others questioned whether having graduate students serving as the Associate Editors of the journal was a wise use of their time and argued that students would be better served by spending their time in other ways. While many thought an APA journal on translational research was a good idea and complimented the students for bringing this idea forward, concerns were expressed about whether any of the topics the students suggested actually met the NIH definition of translational research. The students agreed to add several senior faculties as editors in addition to the senior person that would serve as Editor-in-Chief. Ultimately, the journal was approved.
Reprint: Caveat Emptor! Blood Pressure Drug Marketed as a “Homeopathic Topical Treatment” by Daniel W. Mruzek, Ph.D., BCBA-D

The marketing of a drug called Respen-A™ provides an opportunity to illustrate how we can watch for the “red flags” of unsubstantiated autism treatments.

The marketers of the drug are Elaine DeLack, RN and Kurt N. Woeller, D.O. Their business, Neuro-Med, is connected to another business called MedDev that is housed in the Gateway Centre business complex in Stanwood, WA. The marketers also maintain a Respen-A™ website (see http://www.respen-a.com/). They strongly suggest positive results with Respen-A™, a drug administered to persons with autism through a transdermal patch. On their Respen-A™ “Frequently Asked Questions” webpage, the marketers state: “Many parents are reporting in the first month of using the Respen-A™, increased concentration, better eye contact, more socialization, less irritability, decreased anxiety, and some children who were unable to speak are now trying to verbally communicate once again” (see http://www.respen-a.com/respen-a-faq.html).

According to the marketers, the active ingredient in Respen-A™ is reserpine. The National Center for Biotechnology Information (2011) reports that reserpine is in a class of medications called rauwolfia alkaloids. It works by reducing the activity of the nervous system, causing the heartbeat to slow and the blood vessels to relax. Reserpine is used to treat high blood pressure, as well as severe agitation in persons with mental health disorders.

The Respen-A™ marketers hypothesize autism is caused by a “cocktail” of drugs given to mothers who use epidurals for pain management during birthing. To support this assertion, they note the positive correlation between the use of epidurals in the United States and the increased prevalence of autism. Regular readers of Science in Autism Treatment know that a correlation between two events does not mean that one causes the other. Consider the positive correlation one might find in a particular community park between the number of ice cream cones sold and the number of children who have playground accidents. As ice cream sales rise, the number of accidents rises as well; however, does ice cream cause accidents? This is doubtful. Rather, both variables are affected by other variables (e.g., temperature; on warm days, more children are in the park, increasing both ice cream sales and opportunities for accidents). Similarly, epidurals and the diagnosis of autism have both increased in recent years; however, has one caused the other? It would seem much more likely that changes in health care practices in recent years may account for increased access to epidurals for mothers and much greater attention given to the early identification of autism in children.

The marketers further propose that Respen-A™ helps to correct resultant neurological problems leading...
to autism in children by decreasing the presence of serotonin in the autistic brain. Parents need a prescription for the drug, and the Respen-A™ marketers provide a list on their website of five pharmacies that can fill this prescription. A 28-day supply of Respen-A™ costs $82.00. A daily calcium supplement must accompany the drug due to calcium depletion as a possible side-effect.

What proof do the marketers offer regarding the effectiveness of their drug? They offer up a “Respen-A™ Video Testimonial Series” with comparisons of a boy’s behavior, including communication skills, on and off the drug. Hawkers of unsubstantiated treatments often rely on testimonials as a standard tactic for suggesting beneficial results with their product. Indeed, testimonials can provide the illusion of efficacy by providing a biased but compelling example of purported positive outcomes. But, testimonials are a far cry from scientific evidence published in peer-reviewed journals.

The Respen-A™ marketers include a table with a bar graph representing “Average Change in ATEC Score After One-Month on Respen-A™” on their website. (The ATEC is a brief autism symptoms checklist that can be completed by parents.) “Pre” and “post” comparisons look compelling; however, it appears that these data are collected through on-line submissions by parents and participating physicians, not through a scientifically acceptable method. No information is given with regard to sample size or the use of any standard scientific procedures to establish the validity of the data (e.g., treatment and/or placebo control groups, double-blind procedures).

To further promote their product, the marketers make use of Respen-A™ blog and “Respen-A™ in the News” links. A review of their posted “news” items reveals the following: 1) a mention on the Spectrum Magazine Facebook page; 2) an “advertorial” (i.e., an advertisement written in the form of an editorial) on the Spectrum Magazine website; 3) a single blog post by a parent trying the drug with her son; and 4) a “news release” apparently authored by one of the marketers announcing her presentation at a Autism One/Generation Rescue conference.

What is the state of the science with regard to the use of reserpine in treating autism? Our review of the scientific literature revealed one study published several decades ago in a peer-reviewed journal (Lehman, Haber, & Lesser, 1957). Using the administration of a simple rating scale, Lehman found positive effects on the behavior of 9 children described as having autism; however, it should be noted that this study did not employ important procedures for scientific control (e.g., double-blind ratings, control group). Also, it is worth noting that these authors report concerns about possible toxicity and side-effects (e.g., withdrawal symptoms) related to an improper dosage of reserpine. No other peer-reviewed studies have been identified in the last 54 years!

What can we do to evaluate the science behind hyped marketing schemes, such as the one promoting Respen-A™? First, recognize common signs of baloney, including reliance upon testimonials and contrived “news” to create the “feel” of documented treatment effectiveness. Second, recognize that just because a treatment is described as “homeopathic”, it is not necessarily safe. In this instance, the active ingredient, reserpine, is a psychoactive drug that has serious potential side-effects, including dizziness, dry mouth, loss of appetite and several others. Third, ask providers- and marketers - direct questions about the state of the science behind their claims and politely request direct answers. Marketers should present their autism treatment products without contrived hype and ill-defined data. And, they should present the state of their science clearly and accurately. Persons with autism and their families deserve nothing less.

References


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GOLD MEDAL AWARDS

About the American Psychological Foundation
APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come.

Since 1953, APF has supported a broad range of scholarships and grants for students and early career psychologists as well as research and program grants that use psychology to improve people’s lives. APF encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

About the Gold Medal Awards
The Gold Medal Awards recognize life achievement in and enduring contributions to psychology. Awards are conferred in four categories:

♦ **Gold Medal Award for Life Achievement in the Science of Psychology** recognizes a distinguished career and enduring contribution to advancing psychological science.

♦ **Gold Medal Award for Life Achievement in the Application of Psychology** recognizes a distinguished career and enduring contribution to advancing the application of psychology through methods, research, and/or application of psychological techniques to important practical problems.

♦ **Gold Medal Award for Life Achievement by a Psychologist in the Public Interest** recognizes a distinguished career and enduring contribution to the application of psychology in the public interest.

♦ **Gold Medal Award for Life Achievement in the Practice of Psychology** recognizes a distinguished career and enduring contribution to advancing the professional practice of psychology through a demonstrable effect on patterns of service delivery in the profession.

Eligibility Requirements
Eligibility is limited to psychologists 65 years or older residing in North America.
Nomination Requirements

Nominations letters should indicate the specific Gold Medal Award for which the individual is being nominated and should include the following:

♦ Nomination statement that traces the nominee's cumulative record of enduring contribution to the purpose of the award;
♦ Nominee’s current vita and bibliography;
♦ Letters in support of the nomination are also welcome, but please refrain from sending supplementary materials such as videos, books, brochures, or magazines;
♦ All nomination materials should be coordinated and collected by a chief nominator and forwarded to APF in one package.

Submission Process and Deadline

The deadline for receipt of nomination materials is December 1, 2012. Please e-mail materials to pkadir@apa.org or mail to: American Psychological Foundation, Gold Medal Awards, 750 First Street, NE, Washington, DC 20002-4242.

Please be advised that APF does not provide feedback to grant applicants or award nominees on their proposals or nominations.

Questions about this program should be directed to Parie Kadir, Program Officer, at pkadir@apa.org.
APA Annual Convention  
Division 25 Program Summary

Thursday, August 2

8-8:50 AM: Session ID 1009 - SEAB Behavior Analysis Dissertation Awards (Convention Center Room W107)

Chair: Wendy Donlin

Analog Assessment of Self-Control Responding in Children  
Dana Gadaire

Effect of Response-Contingent Food-Paired Stimuli in Response Acquisition with Delayed Primary Reinforcement  
Andrew Fox

9-9:50 AM: Session ID 1053 - Enrichment and Training for Domestic and Zoo Animals (Convention Center Room W307B)

Chair: Christina A. Alligood

Day-to-Day Evaluation of Environmental Enrichment Effectiveness at the Zoo: Putting the E in SPIDER  
Christina A. Alligood & Andre J. Deneault

Functions of Human Social Interaction for Domestic Dog Behavior  
Erica N. Feuerbacher & Clive Wynne

Effects of Jackpots on Responding and Choice in Domestic Dogs  
Kristy L. Muir & Jesus Rosales-Ruiz

10-11:50 AM: Session ID 1106 – Contingency Management Interventions in Substance Abuse and Health (Convention Center Room W307C)

Chair: Mark Smith

Using Contingency Management to Promote Smoking Abstinence in Challenging Populations  
Stacy C. Sigmon

Harnessing Group Contingencies via Information Technology to Promote Smoking Cessation  
Jesse Dallery, Steven E. Meredith, Bethany R. Raiff, Michael Grabinski, & Lisa A. Marsch

Impact of CM on Nontarget Drug Use  
John Roll, Sterling McPherson, Celestina Barbosa-Leiker, & Donelle Howell

Translating Contingency Management Interventions to Target Fitness and Obesity  
Wendy Donlin & Amanda L. Gibson

12-1:50 PM: Session ID 1181 – Behavior Analysis for Addressing Socially Important Problems (Convention Center Room W311E)

Chair: Michael Magoon

This session will include discussion by M. Christopher Newland, Steven R. Hursh, Cloyd Hyten, SungWoo Kahng, & Michael Magoon

1-2:50 PM: Session ID 1231 – Invited Address (Convention Center Room W111A)

Empirically Supported Intervention Strategies for Children with ASD and an Overview of Pivotal Response Treatment  
Robert L. Koegel & Lynn Koegel
1-1:50 PM: Session ID 1210 – Three Women APA Presidents Reflect on Their Paths to APA Leadership (Convention Center Room W110B)

Chair: Elena J. Eisman

A Collaborative Journey to Leadership
Carol D. Goodheart

Feminist and Multicultural Leadership: Strategies for Success
Melba J.T. Vasquez

I am APA President? How Did That Happen?
Suzanne Bennett Johnson

3-4:50 PM: Session ID 1323 – Executive Committee Meeting (Peabody Orlando Hotel Atlantic Room)

Chair: Christine Hughes

3-3:50 PM: Session ID 1305 – Developing Collaboration Across Service Systems for Individuals with Autism Spectrum Disorders (Convention Center Room W307D)

Co-Chairs: Rosemarie Manfredi & Paul Haughton

This conversation hour will include discussion with Rosemarie Manfredi, Paul Haughton, & Wndy Ross

Friday, August 3

8-9:50 AM: Session ID 2034 – Translational Research in Impulsivity (Convention Center Room W307D)

Chair: Wendy Donlin

Comparison of K and AUC with Equal and Unequal Delays
Jin H. Yoon, Jennifer N. Fritz, Melaina R. Brown, Thomas F. Newton, & Richard De La Garza

An Operant Human Delay Discounting Task: Cocaine-Dependent Versus Control Participants
Matthew W. Johnson

In Search of Behavioral Mechanisms of Methylphenidate’s Effects on Impulsive Choice
Raymond Pitts

Impulsivity, Impatience, and Risk Taking: A Discounting Perspective
Leonard Green

9-9:50 AM: Session ID 2072 – Interview with Karl Pribram (Living History Series) (Convention Center Room W312C)

Chair: Donald A. Dewsbury

This session will include an interview with Karl Pribram

9-9:50 AM: Session ID 2076 – I-Feminist Theory and Interventions (Convention Center Valencia Ballroom D)

Sexual Borderlands: Latina Therapists Talking About Sex and Sexuality with Latina Clients
Kathryn Anderson, Susana Martinez, Claudia Mejia, & Paloma I. Ocampo

Providing Patient-Centered Health Care for Lesbian, Bisexual, and Transgender Veterans
Kristen M. Keune, Amanda S. Grossenbacher, & Margaret A. Mikelonis

Working with Immigrant Asian Female Survivors of Domestic Violence: A Group Approach
Riddhi Sandil, Debaki Chakrabarti, & Jaleh Hamadani
10-10:50 AM: Session ID 2114 – ABA International Don Hake Translational Research Award

Chair: Wendy Donlin

Dermot Barnes-Holmes

10-11:50 AM: Session ID 2132 – Risk Factors for Alcohol Abuse in Females Exposed to Trauma – Translational Research (Convention Center Room W103A)

Co-Chairs: Suzette M. Evans & Stephanie C. Reed

Serotonin Transporter Genetic Variation: Stress Response and Alcohol Consumption
Christina S. Barr

Influence of Gene X Environment Interactions on the Development of Alcohol Use Disorders
Mary-Anne Enoch, Francesca Ducci, Laura Bevilacqua, Alec Roy, Colin Steer, & David Goldman

Impulsivity, Drinking to Cope, and Alcohol Problems in Women: Impact of Child and Adult Trauma
Terri L. Messman-Moore, Kate Walsh, Rose Marie Ward, Noga Zerubavel, & Rachel B. Chandley

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Impulsivity, Drinking to Cope, and Alcohol Problems in Women: Impact of Child and Adult Trauma
Terri L. Messman-Moore, Kate Walsh, Rose Marie Ward, Noga Zerubavel, & Rachel B. Chandley

Stress Response, Impulsivity and Alcohol in Women with and without Childhood Trauma
Stephanie C. Reed, Frances R. Levin, & Suzette M. Evans

10-11:50 AM: Session ID 2147 – Skills Training in Cognitive Behavioral Treatment of Chronic Pain in Children and Adolescents (Convention Center W103B)

Chair: Tonya Palermo

This skill-building session will include the following speakers: Cindy Harbeck-Weber, Gerard A. Banez, & Tonya Palermo

11-11:50 AM: Session ID 2172 – Distinguished Contributions to Applied Behavior Analysis Award (Convention Center Room W311A)

Chair: Wendy Donlin

Applying Applied Research
John Roll

12-12:50 PM: Session ID 2199 – G. Stanley Hall Lecture (Convention Center Room W304A)

Chair: Jessica G. Irons

Why Students Love Evolutionary Psychology and How to Teach It
David M. Buss

4-4:50 PM: Session ID 2313 – Presidential Address (Convention Center Room W308C)

Behavior Analysts in 2012: Who Are We?
Christine Hughes

5-5:50 PM: Session ID 2359 – Business Meeting (Convention Center Room W308C)

Chair: Christine Hughes
Saturday, August 4

8-8:50 AM: Session ID 3030 – Psychopharmacology of Antipsychotics (Convention Center Room W307A)

Chair: Ming Li

Antipsychotics: Treating and Preventing Psychosis in Animal Models
Ina Weiner

What Can Drug Discrimination Tell Us About Antipsychotic Drugs?
Joseph Porter

Non-Dopaminergic Strategies for Developing Atypical Antipsychotic Drugs: Neurtensin Receptor Agonists
Adam Prus

Antipsychotic-Induced Sensitization and Tolerance: Behavioral Characteristics and Possible Mechanisms
Ming Li

8-9:50 AM: Session ID 3029 – B.F. Skinner New Researcher Awards (Convention Center Room W105A)

Chair: Wendy Donlin

Putting the Behavior Into Behavioral Neuroscience: Lessons From an Animal Model of Schizophrenia
Ryan Ward

Considerations in Classroom-Based Measurement of Problem Behavior
Jeffrey H. Tiger

8-9:50 AM: Session ID 3034 – Behavioral Economics as a Platform for Translational Research on Addiction (Convention Center Room W101A)

Chair: James MacKillop

The Neuroeconomics of Drug Demand
James MacKillop

Using Behavioral Economics to Enhance Brief Alcohol Interventions
James G. Murphy

Community-Based Behavioral Economic Strategies to Reduce Alcohol-Related Problems
Jalie A. Tucker

A Behavioral Economics Approach to Marijuana Purchasing Among Young Adult Marijuana Users
R. Lorraine Collins

Altruism in Time: Social Temporal Discounting Differentiates Smokers from Problem Drinkers
Warren K. Bickel

9-9:50 AM: Session ID 3065 – Trust in Military Teams—Quantitative Analyses of Behavioral Antecedents and Outcomes (Convention Center W304E)

Co-Chairs: Sena Garven & Arwen H. DeCostanza

Trustworthiness: A 360-Degree View
Joseph B. Lyons & Roger C. Mayer

Calibrating Interpersonal Trust in Networked Teams

Influence of Transformational Leadership on Team Trust and Adaptability
Charlene K. Stokes, Joseph B. Lyons, & Tamera R. Schneider
Beyond Trust: Emotion Management, Perspective Taking, and Intragroup Conflict
Sena Garven, David E. Rast III, & Gregory A. Ruark

9-10:50 AM: Session ID 3084 – Magic Elixirs, Media Lies, and Facilitated Communication – How the Undead Beset Disability Services (Convention Center Room W311H)

Chair: James A. Mulick

Update on Alternative Treatments for Autism Spectrum Disorders
Eric Butter

Mass Media Misleading the Masses: The Propagation of Nonscientifically Supported Autism Treatments
Kimberly A. Schreck, Melissa Russell, Luis Vargas, Tanya Brucie, & Jennifer Hall

Zombies, Vampires, Ghouls, Facilitated Communication, and Other Undead in Autism and IDD
James T. Todd & James A. Mulick

10-10:50 AM: Session ID 3109 – Fred S. Keller Behavioral Education Award (Convention Center Room W311D)

Chair: Wendy Donlin

Create a Passion for Teaching
Jon S. Bailey

10-11:50 AM: Session ID 3132 – Triggers, Treatments, and Sex Differences in Models of Relapse and Translational Implications (Convention Center W103B)

Co-Chairs: Cora Lee Wetherington & Wendy J. Lynch

Sex Differences in Orexin 1 Receptor Mediation of Reinstatement to Cocaine Seeking
Ronald E. See, Carmela Reichel, Amy Young, & Luyi Zhou

Sex, Individual Differences, and Stress: Their Role in Reinstatement of Drug Seeking and Its Treatment
Marilyn E. Carroll, Nathan Holtz, & Natalie E. Zlebnik

Sex Differences in the Effects of Exercise During Abstinence on Cocaine and Nicotine Seeking
Wendy J. Lynch, Alexis Peterson, Victoria Sanchez, Scott E. Hemby, & Darlene Brunzell

Mechanisms of Addiction Relapse Risk: Translational Findings and Treatment Implications
Rajita Sinha

11-11:50 AM: Session ID 3161 – Med Associates Distinguished Contributions to Basic Behavior Analysis Award (Convention Center Room W308A)

Chair: Wendy Donlin

Three Rings for the Elven-Kings, Adjunctive, Operant, Respondent One Rule to Ring Them All, and in the Brightness Bind Them
Peter Killeen

11 AM-12:50 PM: Session ID 3184 – Pediatric Behavioral Interventions to Enhance Coping and Adherence Across Medical Procedures (Convention Center Room W108B)

Chair: Keith Slifer

Desensitization to Counter Pediatric Distress and Noncompliance During Physical Examinations
Anna George

Multicomponent Behavioral Interventions to Manage Pediatric Distress During Needle Procedures
Melanie L. Bierenbaum

Behavioral Interventions to Enhance Adherence and Success with Clean Intermittent Catheterization
Lauren Marocco, Anna George, & Bridget Gibbons
Increasing Child Adherence with Electroencephalography and Polysomnography Procedures  
Valerie Paasch

Increasing Cochlear Implant and Hearing Aid Adherence in Young Children  
Robyn Fatseas & Keith Slifer

**12-12:50 PM: Session ID 3199 – Why the Licensure of Behavior Analysis is Good for Psychology (Convention Center Room W304H)**

Chair: Bruce A. Thyer  
Discussant: Susan Simonian

Behavior Analyst Certification Board Credentials in Behavior Analysis  
James E. Carr

Why Behavior Analysts Should Not Be Required to Be Licensed as, or Supervised by, Psychologists  
Gina Green

Why the Practice of Behavior Analysis as an Independent Discipline is Good for Psychology  
Bruce A. Thyer

**1-1:50 PM: Session ID 3238 – Division 25 Poster Session (Convention Center West Hall A4-B3)**

Behavioral Phenotype and Behavior Analysis: Addressing Communication in Toddlers with Down Syndrome  
Sara M. Bauer, Emily A. Jones, & Neal A. Bauer

Time and Goal Management Smartphone Application for Individuals Diagnosed with ADHD: A Pilot Study  
Michael J.D. Irvine, Mary A. Peterson, & Carilyn C. Ellis

Body Mass Index Predicts Delay Discounting and Social Discounting Rates  
Mikhail N. Koffarnus, Eldon T. Mueller, David P. Jarmolowicz, Kirstin M. Gatchalian, Christopher Franck, & Warren K. Bickel

Applied Behavioral Approaches to ADHD  
Richard T. Cook

Haddon’s Strategies and Matrix for Injury Control: Tools for Changing Noninjury Behaviors  
Richard T. Cook & Keith E. Williams

**4-4:50 PM: Session ID 3344 – Presentation (Peabody Orlando Hotel Celebration Room 7)**

Parents with Intellectual Disabilities – Enhancing Their Training Experiences  
John R. Lutzker

**Sunday, August 5**

**9-9:50 AM: Session ID 4044 – Behavior Analysis and Language Development (Convention Center Room W307B)**

Chair: John H. Mabry

Stimulus Control and Grammar: Proximity, Ordinal Position, and Inflection  
John H. Mabry

Stimulus Equivalence Using Graph Theory: Nodal Distance and Isomorphism Concepts  
Celso S. Oliveira
9-9:50 AM: Session ID 4050 – Behavior Problems in Children with Developmental Disabilities – Emergence, Predictors, and Functions (Convention Center Room W103A)

Chair: Johannes Rohahn

Functional Analysis of Aberrant Behavior in Young Children with Developmental Delays
David M. Richman, Stephen R. Schroeder, Liliana Mayo-Ortega, Rosa Oyama-Ganiko, Judith LeBlanc, Layla Abby, Andrea B. Courtemanche

Risk Algorithm for Severe Neurobehavioral Developmental Disorders Among Infants and Toddlers

Behavior Problems in Infant and Toddlers with Developmental Delay with and without ASD
Johannes Rojahn, Johnny L. Matson, & Jill C. Fodstad

10-11:50 AM: Session ID 4109 – Using Applied Behavior Analysis to Reduce Challenging Behavior in Children with Autism (Convention Center Room W308C)

Chair: Jessica R. Everett

Research to Practice: Addressing Stereotypic Behavior in Children with Autism
James T. Ellis

Systematic Use of Visual Supports to Reduce Challenging Behaviors in Children with Autism
Jessica R. Everett

Integrating Behavioral Approaches for Classroom and Schoolwide Interventions
Barbara O’Malley Cannon

10-10:50 AM: Session ID 4091 – New Fellows Addresses: Historiographical Reflections on Behaviorism (Convention Center Room W101A)

Whence Psychology, Whither Behaviorism
Edward K. Morris

Behaviorism in Various Guises
Kurt Salzinger

11AM-12:50 PM: Session ID 4137 – Exploring the Antecedents, Behaviors, and Consequences of College Alcohol Consumption (Convention Center Room W303A)

Chair: E. Scott Geller

A Longitudinal Assessment of College-Student Drinking: Teaching Students to Better Estimate BAC
Laura K. Olah

Are Drunk Goggles Helping Students See the Consequences of Excessive Drinking?
Dabney F. Topp

Understanding the Perils of Alcoholidays: Celebrations, Costumes, and Consequences
Rebekah F. Duke

Assessing Feedback Mechanisms for Level of Intoxication Using Sobriety Tests
Victoria L. Deal

Investigating the Accuracy and Efficacy of Smart Phone Applications Intended to Estimate BAC
Ryan C. Smith
Division 25 Recorder

Behavior Analysis

Application Form

Name: ____________________________

Address: __________________________

__________________________________

__________________________________

Email: ____________________________

Phone: ____________________________

Select a membership category below:

___ Regular Member: Must be a Member or Fellow of APA and approved by Division 25. The first year of membership is free. Upon acceptance, your Division 25 dues ($22) will be added to your APA dues next year.

APA Membership #: ____________________

___ Associate Member: Must be an Associate Member of APA and approved by Division 25. Upon acceptance, your Division 25 dues ($22) will be added to your APA dues next year. Please send a check for $22 with your application. (Non-voting membership)

APA Membership #: ____________________

___ Student Member: Must be a Student Member (graduate or undergraduate) of APA. Send check for $10. (Non-voting membership)

___ Affiliate Member: Open to any individual with an interest in behavior analysis, regardless of APA membership status. Please send check for $22 with your application. (Non-voting membership)

Send completed application to:
Matthew T. Weaver
University of Pittsburgh
3137 Sennott Square
210 South Bouquet Street
Pittsburgh, PA 15260

Or, Email the completed application to: mtw31@pitt.edu

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