

BEHAVIORAL GERONTOLOGY

FALL 2022 NEWSLETTER



A special interest group of ABAI

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MESSAGE FROM OUR CHAIR

Welcome to your Fall 2022 BGSIG newsletter! I hope everyone has had a wonderful summer. I, unfortunately, had to miss the annual conference and BG-SIG business meeting this year as I gave birth to my daughter a few days before the conference, but I am looking forward to seeing everyone in person at the ABAI 2023 Convention in Denver.

We are hoping to see a few more paper and poster entries this year that focus on working with older adults. If you do have an accepted submission that is related to behavioral gerontology research or practice, please drop us a message to let us know; we are keen to share and promote any related talks or workshops. **Just a reminder that the call for posters deadline is January 11, 2023.**

The BG-SIG committee is working behind the scenes to offer some new benefits to our members. We have so many ideas of what we would like to do, but unfortunately, we currently don't have enough volunteers to deliver everything! I'd therefore like to take this opportunity to put out a plea for more support -- we need more people! If you have any time to offer the BGSIG, we would be most grateful; no experience necessary, and we will make sure we support you in the role.

In the meantime, please enjoy your fall newsletter, which Jacqueline has worked hard to bring together.

Zoe

BECOME A BGSIG MEMBER

It's that time of year again! Renew your BGSIG membership when you renew your yearly ABAI membership. Membership fees range from \$15 to \$50.

Register online today! (click here)



New to the BGSIG?

We would love to have you join us! The BGSIG is steadily growing with novel and experienced leaders in the field of behavioral gerontology. Additionally, BGSIG members obtain access to the members-only perks available on our website. These perks include:

- Case consultation groups
- Networking opportunities
- A repository of training opportunities in behavioral gerontology
- Continuing education opportunities
- Online blog and forum
- Training videos
- Resources and support

Want to get involved with the BGSIG?

Email us at bgsig.web@gmail.com to learn more about opportunities to volunteer, get involved, and serve on the e-board.



FALL FEATURE

Decision Making Capacity and Related Issues

As a clinician, you must obtain consent from clients for the provision of behavioral assessment and treatment. However, this process is not always as straightforward as it seems. This process needs to be clear to all parties involved (i.e., parents/caregivers, clients, providers), and there are usually many gray areas when providing services to individuals whose decision-making capacity is in question (e.g., adults with acquired cognitive loss). As a resource to help practitioners navigate the many gray areas of capacity assessment, the BGSIG has made an informative and educational symposium available on the members-only page of the SIG's website. If you are interested in learning more about best practice standards regarding decision-making capacity, commonly used capacity assessments and assent procedures, and socially acceptable methods for obtaining assent that avoids coercive procedures, please watch the symposium titled, *"Consent, Assent, and Decision-Making Capacity in Theory and Practice."* The symposium is made up of three useful talks that address capacity and consent issues in the context of treating older adults with acquired neurocognitive difficulties, as well as children and adults with developmental disabilities.

Become a member and check out our members-only page for additional useful resources available to BGSIG members.



CONTINUING EDUCATION

Positive Ageing Consultancy & Training (PACT) offers online training courses for BCBA's or other ABA professionals looking to develop their knowledge and skills with working with older adults.

If you would like to be alerted when we launch new courses (and for discounts on said courses) please make sure you are on our mailing list. Alternatively, keep an eye on our website or Facebook page for updates.

Emma Williams, MSc., BCBA., AFHEA.

Course Title	Topics Covered	CEUs Offered
<u>Introduction to Behavioral Gerontology</u>	<ul style="list-style-type: none"> • The history of behavioral gerontology • Issues related to disengagement in the older adult population • Teaching new skills to older adults and the value of maintaining skills • The importance of medication considerations • Excess disability in the older adult population • Common topographies of behavior 	2 BACB CEUs
<u>Understanding Dementia</u>	<ul style="list-style-type: none"> • The relationship between behavioral gerontology and dementia • Different types of dementia • Reconceptualizations of cognitive domains used to diagnose dementia from a behavioral perspective • Explore the literature from which we gain a behavioral understanding of dementia • Implications for clinical practice. 	3 BACB CEUs
<u>Behavioral Interventions for People with Dementia</u>	<ul style="list-style-type: none"> • Explore common topographies of behavior, such as agitation, aggression, wandering, and hoarding. • Functional assessment of behaviors • Important considerations when behavior analysts are asked to reduce behavior of adults with dementia. 	2.5 BACB CEUs

SURVEY PARTICIPANTS NEEDED

Dr. Samantha Bergmann (Principal Investigator) from the University of North Texas, Dr. Denys Brand from California State University – Sacramento, Dr. Jason Vladescu from Caldwell University, and Dr. Mike Harman from Briar Cliff University invite you to participate in a research study titled **“Treatment Integrity in the Practice of Applied Behavior Analysis.”** The purpose of this study is to better treatment-integrity data collection in the practice of applied behavior analysis and identify potential barriers to collecting these data.

To participate in this survey, you must be at least 18 years old and be Board Certified Behavior Analyst (BCBA or BCBA-D) who currently supervises and/or provides applied behavior analytic intervention with any population. The survey will be administered in English. Participants will not be excluded based on their race, gender, or ethnic composition.

Your participation in this research study will involve completing an anonymous online survey that should take approximately 10 min to complete. The survey questions are related to your current treatment integrity data collection practices. There will also be demographic questions about you and your job. You will be permitted to skip questions.

There is no compensation for completing this survey. The survey is completed entirely online via Qualtrics and no identifying information (i.e., name, IP address, location) is collected.

Please see the copied text below for the complete informed consent notice. Dr. Samantha Bergmann of the Department of Behavior Analysis at the University of North Texas serves as the principal investigator of this research project. Please contact her via email (sam.bergmann@unt.edu) if you have questions about this research.

To participate in this brief survey, please use this link:

https://unt.az1.qualtrics.com/jfe/form/SV_bpXzqWGAE9igEaa

Kindly,

Sam, Denys, Jason, and Mike

BALANCING PROTECTION WITH PROTECTIONISM

An opinion piece by Dr. Zoe Lucock

Behavioural gerontologists research and practice in an incredibly small and niche field, one that has historically been around for many decades, but has not seen the growth as behavioural work with other populations. In the USA, behavioural services for children with autism are close to reaching a saturation point. Soon, there will be sufficient numbers of certified behaviour analysts to fill the roles available, but the number of new practitioners qualifying each year will continue to grow. As this happens, we are likely to see an increasing number of behaviour analysts looking to other populations to whom they can offer their services. Outside of the USA with its specific insurance style model of health and social care, behaviour analysts are often in a different position. There is no standard funding for behavioural services, and we are at more liberty to work with the populations we are passionate about. The response effort of working with people/children with autism is only slightly lower than working with other populations because there is limited funding or established infrastructure for behaviour analysts to work with either. Most of us grow up with much-adored grandparents and begin to see signs of ageing in our parents as we progress through adulthood. As adults, we develop a passion for older adults as an underserved, undervalued population; a population of which we all hope to one day become part of.

In short, people are discovering behavioural gerontology and understandably, they want in. Applied behaviour analysis, as I am sure we can all agree, is a phenomenal science that when applied appropriately can be life changing for clients of any age, diagnosis, health status or background. It is not limited, and should not be limited, to work with children with autism and adults with disabilities.

The Case For Protection

The role of behavioural gerontologists who are currently working (research or practice) with older adults is a cautious one. Older adults, particularly those who may benefit most from our services (such as those with a major neurocognitive disorder, health issues or who are isolated) are at higher risk of mistreatment. It is incredibly important, therefore, that we work to protect our client group from poor quality services coming from a behavioural background. If a behaviour analyst moves directly from working with other populations to working with older adults without significant training or supervision, not only is this a direct violation of the BACB ethics code, but it opens up our client group to a new threat. Not only that, but it will likely leave our sub-field in disrepute.

BALANCING PROTECTION WITH PROTECTIONISM

We are all aware of the controversial nature of ABA for people with autism and the many claims of abuse; some of which are, of course, based on misinformation and misunderstanding, but others which I have no doubt are based in truth. We have a duty of care to our own subspecialty to learn from the mistakes made with other populations and ensure that this does not happen in older adult services. We, of course, do not wish to jeopardise the very precious and precarious connections and routes that have been made by the pioneers in behavioural gerontology across the world.

The Case Against Protectionism

The problem arises, however, that due to our desire and duty to protect older adults from poor practice, it is very easy for us to slip into protectionism and gatekeeping. Behavioural gerontology is a difficult field to break in to at the best of times; there are so few practitioners available to supervise, so few graduate programs that even mention behavioural gerontology let alone teach it, and there is no clear route or structure to follow to become trained in this area. It is my personal view that whether we like it or not, more people will attempt to enter the field of behavioural gerontology and work with older adults. We have the choice to try to limit their ability to join by not offering training and supervision, simply allowing them to get on with it and separate ourselves from their work (which long term is likely to damage the reputation of behavioural gerontologists full stop and cause harm to our client group).

Or, we embrace these newcomers and do our best to guide, support and train them wherever possible. Currently, there are not masses of money to be made in this area, and the response effort is higher, so those that do want to get involved are generally motivated by a passion for older adult care. If we shape their behaviour in line with our values and ensure competency, we can ensure that the workforce grows in the direction of being professional, competent, and compassionate.

It is my personal view that there is a balance to be struck between protection and protectionism, and one that is not always easy given most behavioural gerontologists are already stretched thin and how few of us there are in relation to the numbers wanting to join. I hope, however, that together we can provide and collaborative space and direct people that reach out to the BG SIG the resources, training and supervision to get them started on their journey to do it the right way first time. I believe that the best way to protect older adults who come into contact with our services is to keep checking ourselves for protectionism and support our field to grow with competent behaviour analysts.



LEARN MORE

It can be difficult and overwhelming to expand your scope of practice or explore a new specialization. Below are some tips for getting started in the field of behavioral gerontology:



Become a member

Become a BGSIG member and access our members-only perks and resources



Important considerations

Visit our website and read about [important considerations](#) when working in the field of behavioral gerontology.



Explore education, training, & research opportunities

Visit our website and read about current [education, research, and training opportunities](#) in behavioral gerontology



Join our Facebook Group

Join our private [Facebook group](#) and forum to connect with others and share information and resources related to behavioral gerontology

2022 BGSIG COMMITTEE



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CHAIR



DR. CLAUDIA DROSSEL
PAST CHAIR



JACQUELINE PACHIS
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