ABA Technical Review Committee feedback

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To: Ron.Briel@nebraska.gov

Re: first meeting of the applied behavior analysts therapy technical review committee

During the 407 meeting on 1/6/22, someone (sorry I don't know everyone's names) asked about a referral scenario and if a psychologist would know when to refer to a BCBA. Yet another person questioned the part in the proposal where a person in Connecticut was doing ABA without adequate training causing harm to the client. He wanted to know about Nebraska.

I said I would share a true scenario from the state of Nebraska in a case that I worked which addresses the referral process. It also addresses the potential danger/harm of BCBA people either not having adequate training in mental health and/or not recognizing and valuing the varied skills of a psychologist. It also addresses the failure of this proposal to adequately recognize the extensive behavioral training of many licensed psychologist.

In order to respect confidentiality, many relevant details will need to be withheld from the following scenario. The general circumstances reflect multiple cases I have worked over the years.

I first got the referral through the court system. The client was a male whom I believe was 5 years old at the time. He had a complex history of trauma, abuse, medical problems and exposure to a toxic environment.

In the course of this, I also consulted with the pediatrician regarding his care of the child. Among other things, he had concerns about trauma issues.

Ultimately, I determined this child was experiencing traumatic responses (PTSD) to his background. He also exhibited a rather generalized anxiety that often interfered with his interactions with others. He vacillated between being extremely clingy and isolating. Clearly, the trauma had contributed to this extreme anxiety as many of his reactive behaviors were related to conditions with even a mild similarity to the trauma he had experienced. However, it was not limited to these situations and was relatively prominent in much of his life.

However, as I was assessing and beginning to work with this child, I also thought he had some sensory processing issues and exhibited signs of an autistic nature. Not wanting to miss something, I referred the child to an Autism specialty clinic that was also heavily involve with ABA for evaluation of potential autism. While I could make the diagnosis, I believed they may be more versed in the specific assessment systems. As I had been following this process in Nebraska I thought they may have greater expertise in this are than I did. Given the complex nature of this child's physical, emotional, medical, and environmental contributors, I didn't want to focus on one or two areas if there was an underlying issue that could impact the child's treatment.

The person who did the evaluation did not consult with me (I never did an evaluation without consulting with the referring professional). He also did not consult with the child's pediatrician (I also never did an evaluation without consulting with the child's pediatrician). The evaluation from that facility came back

that the child did have autism and rather than referring back to me – the referral source - which would be the typical scenario, they stated that the child needed to be referred to a "behavioral" clinician. The child's medical and social history were addressed minimally and the trauma and anxiety were not even recognized, nor addressed in the conclusions.

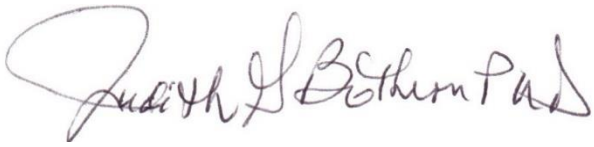
This case was heavily involved in the court system. When the evaluation came back it threw the legal proceedings into turmoil with defense attorneys wanting to have all of my testimony thrown out. They claimed that the child was not suffering from trauma but was autistic which accounted for all of his difficulties. They based this on the evaluating facility making no reference to the other issues in their conclusions and referring the child away from my clinic. I had to "prove" that I was a behavioral clinician and adequate to evaluate and treat the child.

This was an extremely complex case where multiple professionals worked together in order to have a broad picture of the circumstances and to coordinate for the child's needs. For one portion / profession to go off in their own direction or on their own agenda, further complicated and disrupted the entire case.

People who are immersed in a single therapeutic paradigm tend to develop tunnel vision – even those who have some training in mental health. If they have no mental health training at all, they will and do miss comorbid conditions. If they are only trained in ABA as a modality of intervention, they cannot even entertain other approaches.

I hope this contributes to answering the questions that were posed in the meeting.

Regards,



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