

To [Ron.Briel@nebraska.gov](mailto:Ron.Briel@nebraska.gov), [Matthew.Gelvin@nebraska.gov](mailto:Matthew.Gelvin@nebraska.gov), and [Jessie.Enfield@nebraska.gov](mailto:Jessie.Enfield@nebraska.gov)

Jbothern2@gmail.com

Re: Response to ABA applicants response to my case scenario

2/8/22

I read with interest the applicant's response to my letter to the committee. I do not wish to get into a tit for tat with the applicants. What I will ask is that the interpretation of what occurred be taken from the information I provided and not the applicant's interpretation of what I said, did, or their revision of the type of referral I made at that time. The fact that they take the liberty to revise or expound on what they think happened at that time only reinforces my concerns that there is a lack of knowledge and appreciation on the part of the applicant group for the varied and extensive skills of many licensed psychologists in Nebraska as well as a lack of recognition or appreciation for what the applicants do not know.

Quoting from my case example:

"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." I did not refer to "another licensed provider who could perform diagnostic evaluations." As the applicant claims in their response. As a matter of fact, I didn't refer to an individual at all.

I can say that at this time, the person who completed the evaluation is both a licensed psychologist and a BCBA-D. This person is also heavily involved in the training of ABA. This speaks to my final paragraph "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 stand by that statement and continue to attribute that person's actions in the example, at least in part, to that ABA immersion. Otherwise, why would they specify that the child needed to be referred to a "behavioral" clinician without any effort to identify my clinical approach or how my clinic functioned as a result their failure to consult with me in the course of their evaluation?

Regards,

Judith G. Bothern, PhD