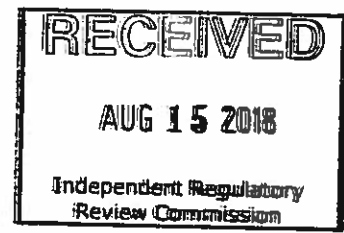


14-546 -22 3209

Champa, Heidi

From: Michael Matthews <fecmbm@aol.com>  
Sent: Tuesday, August 14, 2018 12:13 PM  
To: fecmbm@aol.com; PW, IBHS  
Subject: Re: IBHS- comment



Dear Ms. Pride:

I wanted to add three more things to my previously submitted comments below.

1) First, I wanted to quote from a paragraph from PA Law 52 enacted in 1972, related to the lawful definition of the practice of psychology by licensed psychologists in PA:

"...offering to render or rendering to individuals, corporations, institutions, governmental agencies, or the public for remuneration any service involving the following: (i) The application of *established principles of learning* (italics mine), motivation, perception, thinking, and emotional relationships to problems of personality evaluation, group relations, and *behavior adjustment* (italics mine)..."

As psychologists, we have been, by law, practicing the application of principles of learning, behavioral analysis, and behavioral change well before the terms ABA or BCBA became part of the lexicon associated with autism.

2) My second point relates to the addition of a BCBA requirement for BSCs (or whatever the new term will be) for those providing the "individual" service of the proposed IBHS regulations. The use of the term "individual" clearly implies that family and systems therapy is not an integral part of that service. What is the wisdom of this? Anyone with experience doing this work with children and families knows that interfacing with other stakeholders requires more than "individual" therapy.

3) My third concern is the implication that having a BCBA certification ensures that masters level clinicians have the training to navigate the interpersonal and political (think school districts' agendas vs. Medicaid agendas vs. family agendas) issues that arise in treating kids with autism. Not only do BCBAs have no special training in these areas, but to my thinking, are primed to assume that answers to these issues lie only in the construction and implementation of individual child behavior plans. I would challenge the notion that a newly certified or inexperienced BCBA would have the training or experience to supervise clinicians working in the environments typical in current BHRS work. The child's behavior is but one aspect of consideration. I do not think Functional Behavioral Assessments or construction of behavioral protocols for children are overly complex or technical, despite the current ill-founded view that children with autism are somehow of a different species or wholly apart from children in general. I find this point of view disrespectful to the children we serve. In my 25 years experience with all levels of functioning of autism, I find children thus affected to have some obvious and definable differences, but to also have common core issues, social and emotional, that have been successfully treated by psychotherapists who have made it their task to understand what autism is and how to help with it.

I am asking that strong consideration be given to dropping the BCBA requirement for clinicians and their supervisors who have not only been providing behavioral assessment and interventions but the complement of services and skills for success to children with autism for many years now.

Respectfully,

Michael Matthews, PhD  
Licensed Psychologist  
President, Family Enrichment Center, PC  
541 Wyoming Avenue  
Scranton, PA 18509

-----Original Message-----  
From: Michael Matthews <fecmbm@aol.com>