

February 13, 2025

House Committee on Behavioral Health and Health Care

900 Court St. NE, H-277

Salem, Oregon 97301

Subject:

OPPOSE HB2023 – Expanding Health Insurance Coverage for ABA

Chair Nosse, Vice Chair Javadi, and Honorable Members of the Committee,

My name is Alisha Overstreet.

This written testimony is an expansion on my verbal testimony provided during the committee's public hearing for HB2023.

While I deeply appreciate Representative Elmer's well-intentioned attempt to expand health coverage for some of our most vulnerable children in Oregon, I must express my **strong opposition to HB2023**, which aims to expand coverage for so-called ABA (applied behavior analysis) "therapy" to a wider range of intellectual and/or developmental disability diagnoses as well as some diagnosis that are more widely understood to be neurological in nature such as epilepsy.

ABA solely focuses on external behaviors by attaching one of four functions to these external behaviors: 1. Sensory, 2. Escape, 3. Attention, and 4. Tangible.

All these identified functions are applied through the biased lens of the adult or person interacting with the individual receiving ABA treatment. All identified functions are associated with an external description of their purpose.

None of these observations are based on an understanding of neurological or biological development, nor are the strategies used to 'correct' undesired

behaviors based on an understanding of neurological or biological functions.

Over the last few years, ABA treatment has been overshadowed by controversy, strong ethical concerns, and regret expressed by surviving clients, family members, as well as former ABA technicians and therapists. You will likely hear many providers expressing their support for this bill and I do not blame them, as they are set to gain many more clients and are able to expand their clinics.

However, I need you to understand the dire implications of ABA and its potential expansion.

ABA, plainly put, is abuse and some might even consider it torture.

Contingent electric shock, restraints, involuntary seclusion, punishment, and behavior compliance training akin to dog training are all utilized under ABA.

No other first-line “therapy” advocates for the use of restraints and seclusion as part of a treatment plan. The Association for Behavior Analysis International uses the following body of literature to support their stance on restraints:

“Social isolation as a punishment procedure”

“Physical and mechanical restraint as treatment of severe behavior disorders.”

“Physical restraint procedures for managing challenging behaviors presented by mentally retarded adults and children” – the challenging behavior in this study ranged from head-hitting and slaps to play patterns and repetitive movements.

The DoD’s latest Report published in 2024, states that ABA does not “meet the department of defense’s hierarchy of evidence to support medical necessity.

As a mother and advocate with a background in forensic psychology, I suggest a shift from behavior-based interventions towards neuroscience based supports.

Lastly, I leave you with this:

According to the Geneva Convention:

Article 13 states: Prisoners of war must at all times be humanely treated.

Article 86 states: NO prisoner of war may be punished more than once for the same act or on the same charge.

And Article 89 states in part: In no case shall disciplinary punishment be inhumane, brutal or dangerous to the health of the prisoners of war.

If we cannot expose prisoners of war to inhumane conditions and punishments, then why are we allowing it to be done to our children?

Thank you for your time.

Alisha Overstreet, M.S. Forensic Psychology

References:

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The Problem with Behaviorism: <https://endseclusion.org/articles/the-problem-with-behaviorism/>

Fundamental Research Problems with Board Certified Specialist:

<https://therapistndc.org/fundamental-research-problems-bcs-asd/>

Long-term ABA Therapy is Abusive: A Response:

<https://link.springer.com/article/10.1007/s41252-021-00201-1>

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