

Quotes from Behaviorism; with Commentary

C.A. Childress, Psy.D.

Emphasis Added by Dr. Childress:

Ignoring

From: Webster-Stratton, C. (1992). *The Incredible Years: A Trouble Shooting Guide for Parents of Children Aged 3-8*. Toronto, Ontario; Umbrella Press

1. “Children’s behavior is maintained by the attention it receives. Even negative parental attention such as nagging, yelling and scolding can be rewarding to children.” (p. 64)

Dr. Childress Commentary: This is not true. There is no research evidence to support this claim (and there is every reason to suspect that anger, yelling, nagging, and scolding are actually aversive experiences for children). This is just a bizarre view of children as masochistic and deserving of anger and punishment (“They don’t mind being yelled at. They actually like it”). No they don’t. Yelling and anger directed at children is typically not a good thing.

From: Shore, A.N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology*, 8, 59-87.

“Misattuned relational environments that generate high levels of negative affect act as growth-inhibiting environments for developing corticolimbic systems” (p. 60)

Emotional signaling is valuable, but generally anger and yelling are not good things for children. And this whole “negative attention” thing, that children like and seek parental anger and yelling, is just bizarre and totally wrong. **There is no scientific evidence to support this assertion** (instead, it’s a matter of understanding the relationship process of “protest behavior”).

2. “If the ignoring is consistently maintained, children will eventually stop what they are doing.” (p.64)

Dr. Childress Commentary: I suppose if you ignore anyone long enough they’ll eventually give up and stop trying to get your attention and involvement. But ignoring someone is socially very rude behavior. Your child is trying to get your attention. Give your child your attention.

The scientific evidence is that the development of the human brain expects and depends on the organizing influence of the more mature nervous system of the adult caregiver.

Shore, A.N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology*, 8, 59-87.

There is now widespread agreement that the brain is a self-organizing system, but there is perhaps less of an appreciation of the fact that the self-organization of the developing brain occurs in the context of a relationship with another self, another brain (p. 60)

This recommendation by Webster-Stratton to ignore children is NOT a treatment recommendation I would typically make with regard to the child's best interests. Can we induce detachment and communication discouragement in children by consistently ignoring them. I suppose. But I don't think it will be good for the development of their emotional regulation, relationship security, and communication networks. Knowing what I know about brain development in childhood, I think it's a very irresponsible recommendation to tell parents to remove the organizing influence of their more mature nervous system from the developing nervous systems of their children. Besides, its just plain rude.

3. "Ignoring also involves moving away from the child, especially if you have been in close contact." (p.65)

Dr. Childress Commentary: In the behavioral communication system of childhood that involves "relational moves" (what I refer to as "speaking monkey") there is no clearer communication of rejection than turning and walking away. Again, not only is it rude to walk away from someone who is trying to talk with you, I wouldn't recommend the systematic and intentional rejection of children as a form of "psychotherapy."

Dr. Tronick at Harvard has done extensive research on parent-child relationship communication processes and the co-construction meaning in relational moves (using a research paradigm called "the still face" <http://www.youtube.com/watch?v=apzXGEbZht0>).

From: Tronick, E.Z. (2003). Of course all relationships are unique: How co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. **Psychoanalytic Inquiry**, 23, 473-491.

"In response to their partner's relational moves each individual attempts to adjust their behavior to maintain a coordinated dyadic state or to repair a mismatch." (Tronick & Cohn, 1989). (p. 475)

"When mutual regulation is particularly successful, that is when the age-appropriate forms of meaning (e.g., affects, relational intentions, representations; see Tronick 2002c, d) from one individual's state of consciousness are coordinated with the meanings of another's state of consciousness -- I have hypothesized that a dyadic state of consciousness emerges." (p. 475)

"A dyadic state of consciousness has dynamic effects. **It increases the coherence of the infant's state of consciousness and expands the infant's (and the partner's) state of consciousness** (Tronick et al., 1998; Tronick 2002b, c). Thus, dyadic states of consciousness are critical, perhaps even necessary for development." (Tronick and Wienberg, 1997. (p. 475)

4. "The most powerful form of ignoring is a neutral expression, involving no eye contact, no communication and a turning away of the body." (p. 65)

Dr. Childress Commentary: Are you kidding me!? Is Webster-Stratton familiar with ANY of the still-face research of Tronick's, or the emotional signaling work of Greenspan? This recommendation is **EXACTLY THE WRONG** thing to do! This whole ignoring thing has just got to stop. It's not good for child development.

5. "Remember, when you first start ignoring a misbehavior it will usually get worse. You must be prepared to wait out this period if the behavior is to improve." (p.65)

Dr. Childress Commentary: Of course it will get worse. Bowlby spoke about the process of detachment as having three phases, 1) increased protest, 2) discouragement, and 3) detachment. Ignoring the child is inducing discouragement and detachment. First we'll have to endure more protest signals as the child tries to gain our involvement, but if we are consistently insensitive to the child's needs eventually the child will become discouraged and give up trying to communicate with us. But is this a good thing? I don't think inducing discouragement and detachment in children is psychotherapy. It's a lot of things, but its not psychotherapy. And it's not supportive of healthy child development.

6. "When ignoring, it is best to physically move away by standing up and walking to another part of the room. **If he follows you, holding to your legs or arms, it may then be necessary to leave the room.**" (p. 65)

Dr. Childress Commentary: This recommendation breaks my heart. I imagine a small child crying and clutching at his mother's leg as she turns her back and walks away, a clear behavioral signal of rejection from her. And she's supposed to just harden her heart, rip his clutching little hands from her legs, ignore his crying pleas, and leave him all alone in the room. How heartbreaking.

How do supposed child psychologists become so hard-hearted toward the suffering of children? I'm a trained behavioral psychologist and I used to recommend this stuff. It's because we no longer see the child as a person, instead we're treating a "behavior." This is the insidious evil of behaviorism. We've de-humanized the child. The child becomes a "behavior," and making the other person an object is the first step in brutalizing them. The whole "negative attention" as reinforcing thing is another example of our de-humanization of children ("Children actually like being yelled at. They find our anger pleasurable.")

Poor little guy. Look, if your child is crying and following you, clutching at your arms and legs, then turn around and give your child a hug. Be warm, positive, and nurturing, help the child regain emotional and behavioral regulation (in monkey: "Don't worry sweetie, I'm here for you. I still love you"). Build, through the use-dependent neurological processes of long-term potentiation, synaptogenesis, and use-dependent myelination, all of the neurological connections associated with transitioning from an emotionally and behaviorally dysregulated state into a calm and regulated state. Then, once the child is re-regulated, continue with the communication of calm and confident parental authority.

Time-Out

From: Webster-Stratton, C. (1992). *The Incredible Years: A Trouble Shooting Guide for Parents of Children Aged 3-8*. Toronto, Ontario; Umbrella Press

7. "If your child is under six years of age and refuses to go to Timeout, gently but firmly take the youngster to Timeout." (p. 76)

Dr. Childress Commentary: What should you do if the child begins to struggle, falls to the floor limply, or begins to hit, scratch, and kick. I'm a trained behavioral psychologist and I

know where all the holes in the theory are. “Gently?” Sounds good. And if your child cooperates, great. But what about the non-cooperative child? Anytime we lay hands on another human being the risk of someone getting hurt increases. I’d prefer non-physical approaches to coercing compliance.

And what do we do with older children. Take away the things they enjoy? This kind of works, but not so well. And then everyone just gets angry. When parents come for child psychotherapy they have typically tried all the various punishment strategies. At its core, the issue is not that the child is not miserable enough so we need to increase the child’s suffering by punishing the child. The issue is more complex than simply punishing the child better.

8. “For a younger child who gets off a Timeout chair, there should be one warning: If you get off the chair again, you will go to the Timeout room. If the child comes out of the room, **it may be necessary to hold the door shut or use a lock for a short time** (p. 77).”

Dr. Childress Commentary: This recommendation makes me extremely uncomfortable. I would be very hesitant to recommend leaving a dyscontrolled child alone and unsupervised. Furthermore, while locking a child in a closet... I mean “Timeout room”... can result in child compliance, it makes me extremely uncomfortable as a psychotherapeutic recommendation. I don’t think beating children or locking them in closets represent developmentally appropriate therapies for addressing disorganized neural networks. Brain networks are built on the principle of “we build what we use” (what Hebb referred to as “neurons that fire together, wire together”). I’m not sure what productive neural networks are being built when we lock children in closets... I mean “Timeout rooms.”

9. “Remember, when you first use Timeout the inappropriate behavior will get worse before it gets better.” (p. 77)

Dr. Childress Commentary: In the behaviorist terminology of Learning Theory which was derived from laboratory studies modifying the behavior of rats and pigeons, this increase in “inappropriate behavior” (what is called “protest behavior” in the neuro-developmental and attachment literature - a behavioral form of interpersonal communication) is called an “extinction burst.” The behaviorists propose that parental attention is reinforcing the child’s “inappropriate behavior” and timeout is supposed to be removing the reinforcer of parental attention. When a reinforcer is stopped (i.e., an experimental process called “extinction” - when we stop giving the rat food pellets for pressing a lever) the rat will increase lever pressing behavior for a brief period of time.

Bowlby, however, who actually studied human children and who developed Attachment Theory, described the first process of inducing detachment as an increase in the child’s protest behavior, followed by discouragement and ultimately emotional/psychological detachment from the caregiver.

Since there is no scientific evidence supporting the reinforcing influence of parental attention (see the positive attention studies below), and since the whole idea of “negative

attention” is a myth, and since behaviorism is based on rat behavior while Attachment Theory is based on human behavior (and has received considerable scientific validation), I’m going to go with Bowlby on this one. The behavior is “getting worse” because the child is frustrated in his or her efforts to get our help. Actually, the child is trying more strenuously to communicate his or her need for our scaffolding support – its only “worse” from the parent’s point of view because the child’s desires are irritating and annoying to the parent. From the child’s point of view its just a more strenuous effort at communicating.

What kind of help does the child need? That depends on a variety of factors in the communication context and sequence. But that’s a really good question to ask. That question typically supports healthy child development and positive parent-child relationship bonding.

Compliance

From: Roberts, M.W. and Powers, S.W. (1990). Adjusting chair timeout enforcement procedures for oppositional children. Behavior Therapy, 21, 247-271. (emphasis added)

10. “There is little doubt about the importance of remediating noncompliance in clinic referred children (e.g., Barkley, 1987, pp. 9-22; Patterson, 1982). Further, a good case has been repeatedly made for the necessity of constructive discipline in teaching oppositional children to **obey** adult requests.” (p 257)

Dr. Childress Commentary: Can we induce submissive behavior in children through the application of punishment? Of course. But is inducing submissive behavior in another human being actually psychotherapy? Can I train a husband in how to punish, isolate, and beat his wife to induce submissive behavior? I suppose. But I wouldn’t call that “marital therapy.” So why do we refer to the same thing when applied to children as “child therapy.” “Child submission training,” maybe. But not “child therapy.”

From a developmental therapy perspective, the goal of child psychotherapy, and of parenting, is more than merely obtaining obedience (i.e., “teaching oppositional children to obey”). The goal of developmentally competent psychotherapy is to achieve child cooperation. The goal of developmentally competent psychotherapy is an emotionally, socially, and psychologically healthy child who will grow and develop into a psychologically healthy, mature, responsible, and successful adult.

If all we want is an obedient child, there are a lot of easier approaches. For example, if we simply put electric shock collars on children I’m sure we could “teach oppositional children to obey” really quickly and with minimal effort. Of course, we’d likely wind up with emotionally and psychologically disturbed children. But an emotionally and psychologically healthy child isn’t the goal of behavioral interventions is it? All I see is “obey.” I don’t see any reference to the emotional or psychological needs of the child.

The developmental needs of the child are NEVER addressed in behaviorism.

Primacy is ALWAYS given to the comfort needs of the adult. This has got to stop.

11. “Unfortunately, our laboratory has demonstrated, noncompliant preschoolers often resist chair timeouts (TO) despite our best efforts to prepare them for changed contingencies. Fortunately, at least two viable procedures have been found to **suppress child escape efforts** from TO chairs: spanking and brief room TOs (i.e., “barrier enforcement”).” (p. 257)

Dr. Childress Commentary: This raises the serious question for behavioral child therapists of informed consent. The Ethics Code of the American Psychological Association sets forth the following requirements for obtaining informed consent from persons with diminished capacity, such as children (emphasis added):

3.10 Informed Consent

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, **(2) seek the individual's assent, (3) consider such persons' preferences and best interests,** and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law.

If we need to “**suppress child escape efforts**” from our treatment, it seems pretty clear that we have neither the consent nor the assent of the child, and if we have to “**suppress child escape efforts**” from our treatments, then it would seem pretty clear that the child’s “preferences” lay in alternative treatment approaches.

The only potential argument that could be made by child behavior therapists is that their treatments are in the child’s “best interests.” However, when we understand the neuro-developmental processes of socially-mediated brain development during childhood, the behavior suppression, dominance-submission techniques of behaviorism that were developed from animal-based studies are clearly NOT in the child’s best interests. In fact, the treatment goals of all child behavior therapy plans do not even consider the needs of the child, putting complete primacy on the needs, typically comfort needs, of the adult caregiver, whether teacher or parent. For example, if we review the following child behavioral treatment plan described by McMahon and Forehand:

McMahon, R. J. & Forehand, R. L. (1984). Parent training for the noncompliant child: treatment outcome, generalization and adjunctive therapy procedures. In R. F. Dangel & R. A. Polster (Eds.), *Parent Training: Foundations of Research and Practice* (pp. 309-330). New York: Guilford Press (p. 300-302).

“The [treatment] consists of training the husband in the use of verbal and physical rewards contingent upon **compliance and other appropriate behaviors**. The parent is taught to reward the child’s ongoing **appropriate behavior**, to ignore minor **inappropriate behavior**, and to reward each instance of **compliance**. “

“Phase II of the treatment program consists of training the parent to use appropriate commands and a time-out procedure **to decrease noncompliant behavior exhibited by the child**. The parent is taught to give direct, concise commands one at a time, and to allow the child sufficient time to comply.”

Nowhere are the child’s developmental needs even considered. The goal is simply “compliance” with the adult. Behaviorists might argue that reduced child “behavior problems” will lead to improved interpersonal, social, and in some cases, academic success. However, this argument betrays a lack of understanding for the socially mediated neuro-

development of brain systems during childhood. It's not "problem behavior," it is "protest behavior." Protest behavior is a foundational set of interpersonal relational moves with important neuro-developmental implications. It is beyond the scope of this commentary to discuss the full implications of the "problem-behavior"/"protest behavior" re-conceptualization, but if a child therapist doesn't understand the critical neuro-developmental role of protest behavior in child development then a second area of ethical concern emerges, that the therapist is practicing beyond the boundaries of their professional competence.

Personally, I believe three significant ethical problems exist with behavioral treatments of children,

- 1) behavioral interventions do not consider the developmental needs of the child and actually are harmful to the neuro-development of the child,
- 2) the lack of child consent/assent to the treatment approach
- 3) the lack of neuro-developmental knowledge on the part of the behavioral therapist represents practice beyond the boundaries of professional competence.

A second major problem revealed in this quote is the nature of the "backup consequences" recommended for non-compliance with time out, "barrier enforcement" and "spanking."

"Barrier enforcement" is a euphemism for essentially locking a child in a closet and "spanking" is a euphemism for beating the child. Granted, these are harsh descriptions of these procedures, but if you strip away the niceties, that's exactly what's involved.

In my lectures I tell a story where I was being given a tour of a nationally recognized treatment school for children who had been kicked out of public school because of their "behavior problems." The psychologist giving me the tour pointed out the facility's "time out room," and when I asked how long children typically spent in the "time out room" the reply was generally five or ten minutes, but sometimes as long as an hour or even a couple of hours. The time out room was a roughly 10' x 10' carpeted room without furniture, and it had a window in the locking door so the child could be observed from the outside while locked in this "time out room." Next to the "time out room" was a hallway leading to the outside playground, and on the other side of this hallway was a utility storage closet... approximately 10' x 10'. As I examined this situation, I thought to myself, "You know, I bet there used to be two utility closets and one of them was converted into a "time out room." So essentially, they're locking some children in a closet for hours at a time for "misbehavior." Now I'm a mandated child abuse reporter. Is locking a child in a closet for several hours considered child abuse? If a parent did this, converted a closet in their home into a "time out room" in which they would lock their child for several hours at a time for "misbehavior," would I need to report that as child abuse?

As far as spanking is concerned, this clearly involves a grown adult physically assaulting a child. While "spanking" is still culturally accepted, historically a lot of abusive practices have been culturally accepted. A researcher on the history of childhood, Lloyd DeMause, details the history of childhood – which is essentially a history of socially sanctioned child abuse – on his website <http://www.psychohistory.com>. But the best description of the

“spanking” procedure comes from one of the foremost recognized experts on ADHD, Russell Barkley...

Spanking

From: Barkley, R.A. (1987). *Defiant Children: A Clinician’s Manual for Parent Training*. New York: The Guilford Press

Dr. Childress Note: Note that this recommendation for how to conduct spanking as a back up consequence to time out comes from “A Clinician’s Manuel...” This is Barkley’s recommendation to other clinicians as to what to recommend to their client parents.

12. “The parent is instructed to make direct eye contact, to raise the voice to a much louder level, to adopt a firmer posture and stance, to point a finger at the child, and to present the child with the warning, “If you don’t do as I say, they you are going to sit in that chair.” The parent points directly to the vicinity where the time out chair is situated.”

Dr. Childress Commentary: This is seemingly an assertion of calm and confident parental authority, so I don’t have a problem with the procedure so far. It’s important to recognize, however, that the time out procedure is essentially a social rejection of the child, so it may prompt increased protest and perhaps emotional-behavioral dysregulation in children who are sensitive to parental rejection, such as children with insecure attachment. The attachment system is activated by separation from the parent, so the use of time out procedures with young children should be reasonably expected to activate the attachment system. For children with secure attachment bonding, they will likely be able to effectively metabolize the attachment-rejection stress. For children with insecure attachment, however, or who have more fragile emotional regulation systems, they may become increasingly dysregulated behaviorally and emotionally by the interpersonal stresses associated with the social rejection of time out.

13. “The entire display by the parent should be so constructed as to convey unequivocally to the child that the parent means what is threatened and will not hesitate to place the child in the chair.” (p. 113)

Dr. Childress Commentary: Again, I don’t have a direct problem with this set of instructions, but I wince at the use of the term “threatened.” This betrays an adult “intent-to-harm” that will be perceived by the child as... well... threatening. I’d prefer the term “communicated” which conveys a socially organized relationship even as the parent communicates calm and confident parental authority. The Psychological Connection System (referred to as “intersubjectivity in the scientific literature, and as “a dyadic state of consciousness” by Tronick) is designed to read the intention of other people (see Stern 2004; *The Present Moment in Psychotherapy and Everyday Life*, for a wonderful description of this “intersubjectivity” system and its associated “mirror neuron” system,

From: Stern, D. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: W.W. Norton & Co. (emphasis added)

“Our nervous systems are constructed to be captured by the nervous systems of others. Our intentions are modified or born in a shifting dialogue with the felt intentions of others. Our feelings are shaped

by the intentions, thoughts, and feelings of others. And our thoughts are cocreated in dialogue, even when it is only with ourselves. In short, our mental life is cocreated. This continuous cocreative dialogue with other minds is what I am calling the intersubjective matrix.” (p. 76)

“Intersubjectivity is a condition of humanness. **I will suggest that it is also an innate, primary system of motivation, essential for species survival, and has a status like sex or attachment.**” (p. 97)

“There is another feature of this system [the mirror neuron system]: It is particularly sensitive to goal-directed actions (i.e., movements with a readily inferable intention). Further, the perception of an attributable intention seems to have its own brain localization – a sort of intention-detecting center (Blakemore & Decety, 2001). For example, the intention detector brain center is activated if the action, in its context, seems to have an intention. If the exact same movement is seen, in a different context where no intention can be attributed, the brain center will not activate.” (p. 79-80)

Two parental organizing intentions are particularly health-promoting for children, a parental “intent-to-understand” and a parental “intent-to-be with.” An “intent-to-harm” (i.e., “threatened”) would seem to be a problematic intention as an organizing core for a parent’s response to a child, and I fail to see how communicating to a child an organizing intent to harm the child is productive of healthy parent-child bonding or healthy child development. Calm and confident adult authority can be communicated to the child without being organized around an adult “intent-to-harm” the child.

14. “The therapist should decide on how loud, firm, and theatrical the parent’s display of the warning is to be for the level of severity of the child’s behavioral disorder. Mildly disordered children may not require or deserve as loud a warning or intense a parental display over noncompliance as more severely disordered children.” (p. 113-114)

Dr. Childress Commentary: First off, I am very disturbed by the reference to “the child’s behavioral disorder.” The child’s behavior is the result of the activity of the child’s nervous system. The child’s nervous system is doing exactly what it is supposed to be doing under the circumstances. If the child’s behavior is disorganized or dysregulated (too fluid and disorganized, too rigid and inflexible) or if the child’s emotional systems are disorganized and dysregulated (too much sadness, anxiety, anger), then this is an indication of the functioning of the underlying brain systems involved with these activities. The child doesn’t have a “behavioral disorder,” the child’s neurological networks simply need strengthening along certain pathways. This is called use-dependent, socially mediated maturation of the nervous system. It is what childhood is all about. This is exactly why a knowledge of child neuro-development is critical for therapists who work with children. Childhood is not a disorder.

And if we understand neuro-development in childhood, then we should do exactly the opposite of what Dr. Barkley is recommending. Children who are mildly dysregulated (what Barkley calls “mildly disordered children” – what an odd phrase to use) have fairly stable brain network structure that is able to effectively metabolize higher degrees of interpersonal stress, so they can tolerate higher levels of adult negative affect without its overwhelming the organized functioning of their emotional, social, and behavioral networks. Children with more fragile network structure will become more easily overwhelmed and will seem to Barkley to be “more severely disordered.” These children, however, will be less able to metabolize interpersonal stress, so the parental display for these children should be softer and more gently modulated.

Barkley's recommendations at this point are **exactly the wrong thing to do**.

15. "When the child first leaves the chair without permission, the parent is to provide a warning. This warning is provided only once, on the first occasion the child leaves the chair and is never repeated during subsequent uses of time out. The parent returns the child to the chair and states, "If you get out of that chair again, I am going to spank you!" This is said quite loudly as the parent points a finger at the child, again adopting a firm stance and posture. While saying the word "spank," the parents should clap their hands loudly in front of the child for dramatic effect. Thereafter, should the child ever leave the chair again without permission, the parent sits in the chair, places the child over a knee, and delivers two (and only two!) swift spanks with an open hand to the child's buttocks."

Dr. Childress Commentary: This is deeply disturbing. In my lectures, I do exactly what Barkley recommends, raise my voice "quite loudly" and clap my hands on the word "spank." It is clearly a very intimidating display. Can we intimidate children into submission with threats of violent assault, or by actually physically assaulting them? Of course we can. But is this psychotherapy? It's not what I would consider anything near child psychotherapy. It's simply child intimidation.

Also, when we place a young child on a time out, we likely activate the attachment system. The attachment system is designed by nature to motivate the child to seek proximity with the caregiver. When the attachment system activates, the child is strongly motivated to seek to be physically near to the caregiver. So what Barkley appears to be recommending is to activate the child's attachment system and then beat the child when the child follows the directives of his or her activated attachment system. This is simply cruel. And it shows absolutely no understanding of attachment and normal developmental processes of childhood.

So, from a behaviorist perspective, when a child doesn't accept the time out we can either lock them in a closet or beat them. This may be a lot of things (including child abuse), but it is not psychotherapy for neuro-developmental problems in the organization of the child's emotional, social, communication, and relationship networks.

From: Forehand, R.L. and McMahon, R.J. (1981). Helping the noncompliant child: A clinician's guide to parent training. New York: The Guilford Press. (p. 60-61) (emphasis added)

16. "While we basically are opposed to physical punishment, we have found a **mild spanking** to be the most feasible backup for the child leaving the TO chair. We generally have placed a limit of **no more than three occasions of spanking occurring in a therapy session**. If three occasions of spanking have been administered in a session, the parent and therapist can then resort to another backup procedure (e.g., the parent can leave the room or can restrain the child in the TO chair)."(p.80)

Dr. Childress Commentary: No more than three spankings in a "therapy session." < sigh > Beating children is **NOT** psychotherapy. Behavior "therapy" has to end.

Notice too, that this comes from a “clinician’s guide.” So, if the spankings don’t work we’re supposed to resort to alternatives such as... leaving the room? And this would serve what purpose? Or “restraining the child in the TO [time out] chair.” The idea of recommending restraint of a dyscontrolled child is very uncomfortable. I would be very worried that someone is going to get hurt.

This whole, brutal behaviorist approach has to end, and we need to turn instead to the scientific evidence on healthy child development.

From: Kraemer, G.W. (1992). A psychobiological theory of attachment. Behavioral and Brain Sciences, 15, 493-541.

“The genetic program overproduces components of neural pathways, and preserves only those that are used. Experience-expectant information storage appears to be the intrinsically governed generation of an excess of synaptic connections among neurons, with experiential input subsequently determining which of them survive. Attunement is a process by which genetically mandated experience-expectant and dependent brain microstructure is modified in relation to the caregiver. **The “rules” for how this process takes place, how modifications are made thereafter, and how processes that have gone awry can be reversed appear to be most profitably cast in terms of neurobiological theory rather than a “behavioral systems” approach.** (p. 510)

Positive Attention

From: Roberts, M.W., Hatzenbuehler, L.C., and Bean, A.W. (1981). The effects of differential attention and time out on child noncompliance. Behavior Therapy, 12, 93-99

17. Attention manipulation did not have a measurable effect on child behavior (p. 98)

Dr. Childress Commentary: These studies bear directly on the absurd behaviorist notion of “negative attention” reinforcing “problem behavior.” There is no such thing as “negative attention.” There is **NO** research evidence to support the existence of “negative attention” as a reinforcer. The idea that children like to be yelled at and actually enjoy parental anger directed toward them is an absurdly masochistic view of children, that seemingly only serves to absolve the professionals of guilt at recommending hostile treatment of children (“Children don’t mind being yelled at. They actually like it.” – that’s just a weird notion).

The actual research evidence is that we can’t even get positive attention to reinforce children’s positive behavior. If positive attention isn’t reinforcing, what makes anyone think “negative attention” could possibly be reinforcing.

From: Roberts, M.W. (1985). Praising child compliance: Reinforcement or Ritual. Journal of Abnormal Child Psychology, 13(4), 611-629

18. There are currently no studies documenting the independent contribution of the praise

component to successful parent training programs (p. 611)

19. It is reasonable to assume that contingent praise will reinforce child compliance. **The assumed reinforcing effect, however, lacks empirical support** (Budd, Green, & Baer, 1976; Roberts, Hatzenbuehler, & Bean, 1981; Wahler, 1968, cited in Wahler, 1969; Wahler, Winkel, Peterson, & Morrison, 1965, case 3). These demonstrated failures of praising compliance and ignoring noncompliance have at least two alternative explanations... (p. 612)
20. Therefore, at least for some children, **noncompliance is maintained by a process other than attention-seeking** (p. 627)
21. For the children reported in this paper, however, **praising child compliance did not appear to serve a reinforcement function...** The practice appears to be a socially acceptable, widely used ritual (p. 627)
22. Praising child compliance appeared to be more of a **polite ritual** than an active therapeutic component for altering noncompliance (p. 611)

Dr. Childress Commentary: There is also no scientific evidence supporting the reinforcing power of positive attention to induce positive behavior. The concept of “negative attention” is simply absurd. **Negative attention is a myth.**

So, if the research on positive parental attention is that it has no reinforcing effect on increasing child behavior, then why do people like Webster-Stratton and Forehand and McMahon continue to assert the silliness of “negative attention,” that yelling and anger is reinforcing, even though positive attention isn’t.

From: Webster-Stratton, C. (1992). *The Incredible Years: A Trouble Shooting Guide for Parents of Children Aged 3-8*. Toronto, Ontario; Umbrella Press

“Children’s behavior is maintained by the attention it receives. Even negative parental attention such as nagging, yelling and scolding can be rewarding to children.” (p. 64)

From” Forehand, R.L. and McMahon, R.J. (1981). *Helping the noncompliant child: A clinician’s guide to parent training*. New York: The Guilford Press. (p. 60-61)

“A child will work for attention from others, especially parents. The attention can be either positive (e.g., praise) or negative (e.g., criticism, scolding) in nature. If the child is not receiving positive attention, then that child will work to receive negative attention, which he or she considers more desirable than no attention at all. Therefore, parent’s attention serves as a very powerful reinforcer to the child and can be used to change behavior.” (p. 61-62)

Notice that neither of these quotes contain citations of studies documenting their silly assertions. There are no studies because “**negative attention**” doesn’t exist.

Children are more complicated than the lab rats whose behavioral responses gave rise to behaviorist theory. It should be noted that the lab rats weren’t motivated by praise either, they were motivated by food, but only when they were starved for a day before the

experimental training trials. Once they became well fed (“satiated”) the lab rats were no longer motivated even by food.

Children’s behavior involves parent-child affection and parent-child communication. Much of this interpersonal communication occurs through the behavioral language-of-childhood referred to as “relational moves,” of which the “protest behavior” is an important and primary communication sequence.

We **must** place behaviorism on the shelf of historical curiosities and move on to the current state of scientific evidence regarding healthy child development.

From: Shore, A.N. (1997). Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders. *Development and Psychopathology*, 9, 595-631.

“The basic unit of analysis of the process of human development is not changes in behavior, cognition, or even affect, but rather the ontogenetic appearance of more and more complex psychobiological states that underlie these state-dependent emergent functions.” (p. 595).