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## This Week's Citation Classic

Wahler R G, Winkel G H, Peterson R F & Morrison D C. Mothers as behavior therapists for their own children. Behav. Res. Ther. 3:113-24, 1965. [University of Washington, Seattle, WA]

Three children, referred for psychological treatment, were observed interacting with their mothers in a clinic playroom. Based on the observational findings and a social learning theory conception of childhood behavior problems, the mothers were taught to change their reactions to the children's behaviors. In each of the three cases, these planned shifts in mother reactions were shown to produce therapeutic changes in the children. [The Social Sciences Citation Index® (SSCI®) indicates that this paper has been cited over 150 times since 1966.]

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"This study represents one of the early developments in the field of clinical behavior modification. As such, it was a logical extension of already published ex-perimental analyses of child social interchanges. These studies in nursery school and institutional settings documented the dramatic power of adult social attention as a class of reinforcers for children's desirable and deviant behavior. In my clinical posi-tion at the University of Washington, Seattle, such findings came to mind whenever I was called on to provide help to behaviorally disturbed children. In essence, it appeared to me that the mothers of these children were highly responsive to the children's deviant actions and less attentive to their more adaptive behaviors. Thus, it seemed reasonable to assume that the mothers may have been maintaining these problem behaviors through differential reinforcement. If this were indeed the case, then teaching the mothers to shift their attention contingencies to the children's desirable behaviors ought to produce therapeutic benefits.

"The above formulation was easier said than done. The notion that pathology inducing parents might serve as therapists for their own children was contrary to standard clinical practice -and contrary to the expectations of the parents and children. The latter expectations turned out to be our greatest obstacles to the new clinical practice. Mothers felt we were shirking our responsibilities as 'doctors' and the children sometimes felt that we were siding against them. For example, in one exceptionally difficult case, the mother was learning to use a procedure called 'time-out.' This technique required the mother to briefly isolate her five-year-old son in a playroom whenever he violated a rule. At first, the mother insisted that I step in and isolate her boy, 'because you're the doctor.' Then, after she finally accepted the responsibility and began to use the procedure correctly, her son initiated a new ploy directed to me. Whenever the mother placed him in time-out, he began a mournful wail heard throughout the clinic: 'Save me. Dr. Wahler, save me!' Needless to say, I was not a very popular person with him, his mother to some extent, and even the secretarial staff of the clinic. But, as the observational findings eventually proved, this youngster developed some remarkable changes in his referral problems. At the conclusion of treatment he even said he liked

"I believe the popularity of this study was due to its new look at the old problem of how to effect therapeutic change in troubled children. In essence, the new look argued that if parents are part of the prob-lem why not teach them the necessary skills to remediate that problem? See my recent article in the journal of Applied Behavior Analysis for further work in this field."<sup>2</sup>

Allen K E, Hart B M, Buell J S, Harris F R & Wolf M M. Effects of social reinforcement on isolate behavior of a nursery school child. Child Develop. 35:511-18, 1964.

<sup>2.</sup> Wahler R G. The insular mother: her problems in parent-child treatment.

J. Appl. Behav. Anal. 13:207-19, 1980.