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 experimental 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 position 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 me.

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 problem 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."