Clinical Behavior Therapy with Children

STEPHEN C. MESSER, TRACY L. MORRIS,
and ALAN M. GROSS

INTRODUCTION

The extent of childhood behavioral and psychological problems in need of services is enormous. At least 12% (about 7.5 million) of children under age 18 suffer from one or more psychological disorders (Gould, Wunsch-Hitzig, & Dohrenwend, 1981). Of these 7.5 million, nearly half are considered severely impaired by their condition (Office of Technology Assessment, 1986). Evidence also suggests that some of these childhood problems persist into late adolescence and possibly adulthood (e.g., Kazdin, 1989; Kovacs et al., 1984). Moreover the economic costs of the direct treatment of the behavior problems of children (under age 14) are estimated at a conservative $1.5 billion (Rice, Kelman, & Dunmeyer, in progress, cited in Institute of Medicine, 1989). Clearly, child behavior problems represent a significant social problem in search of potential solutions.

Many diverse disciplines, including clinical child psychology and psychiatry, pediatrics, and social work are called on to deliver effective services for these many children, their teachers, and their families. Treatments for children include a tremendous variety of approaches with interventions designed to reduce maladaptive behavior and increase social functioning (Johnson, Rasbury, & Siegel, 1986; Mash & Barkley, 1988). Only relatively recently have rigorous scientific methods been applied to the area of childhood psychopathology. At the forefront of clinical research and service is the field of child behavior therapy. Despite its short history, child behavior therapy has made substantial progress in the development of effective interventions for the treatment needed by a large number of children and their families.

The purpose of this chapter is to provide a broad overview of contemporary child behavior...
therapy. Following an attempt to put the field into perspective by providing some history and defining characteristics, our attention turns to a cornerstone of behavior therapy, the process of behavioral assessment. A brief and selective review of basic therapeutic paradigms and procedures follows. We conclude by highlighting some developmental and ethical issues. If we are able to provide the reader with an appreciation of the complexity and potential of a broad-based child behavioral-systems approach to the alleviation of children's suffering, we will have been successful.

HISTORICAL OVERVIEW

Attempts to modify the behavior of children date to antiquity, yet systematic behavioral applications to the treatment of childhood disorders were not evident until the early 1900s. Jones (1924) used conditioning principles to treat a 3-year-old boy's generalized fear of furry objects. Similarly, Mowrer and Mowrer (1938) successfully applied conditioning techniques to the treatment of enuresis. Despite such early efforts, applications of behavior therapy were generally limited to adult populations, and only occasional reports of behavior therapy with children occurred before the late 1950s.

During the 1950s and 1960s, many professionals grew discontented with the then-prevailing psychodynamic model. Many populations (e.g., those who were autistic and mentally retarded) were underserved. Reactions against the psychoanalytic establishments helped fuel the rise of applied behaviorism. The work of Skinner (1953), Eysenck (1957, 1960), Wolpe (1958), and Bandura (1961) addressed the utility of applying laboratory-derived methods to the modification of psychological disorders, and thus a firm foundation for the emerging field of behavior therapy was formed.

In the 1960s, operant conditioning principles came to be widely used in the treatment of child behavior problems. These techniques had demonstrated their efficacy in the laboratory, and it was believed that they could be easily adapted for use in "real life" settings. The transition from the laboratory, however, was not so smooth. Much of the work was done by researchers with little or no clinical experience. The focus was on demonstrating the efficacy of relatively simple operant procedures, and little was done to address developmental factors, cognitive variables, or the social network in which the behavior problems presented.

DEFINING CHILD BEHAVIOR THERAPY

Defining behavior therapy, whether for child or adult, is a difficult task. Different authors emphasize different features. Ollendick (1986) noted that

some define behavior therapy by the techniques employed (e.g., London); others define behavior therapy by its allegiance to learning principles (e.g., Wolpe); still others define it by its methodological approach to behavior change (e.g., Yates). (p. 526)

Similarly, Emmelkamp (1986) identified four "schools" of behavior therapy: those stressing learning theory; those relying heavily on mediational concepts; the technical eclectics, or multimodal behavior-therapy group; and those who emphasize an "experimental-clinical" or empirical-methodological approach. We can find no better working definition of child behavior therapy than that espoused by Ross (quoted by Ollendick, 1986):

Like behavior therapy, in general, [it] is best defined as an empirical approach to psychological problems. It entails continuous evaluation of therapeutic interventions and thus calls for objectively defined terms and measurable procedures. It can thus be said that child behavior therapy is the application of psychology to the alleviation of the psychological distress of children. As such, it is an open-minded, self-correcting, and constantly changing field of endeavor. (p. 527)