

Publishing in Journals Outside the Box: Attaining Mainstream Prominence Requires Demonstrations of Mainstream Relevance

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Abstract Primary pediatric medical care is as mainstream as any major cultural practice in the USA. Thus, publishing behavior analytic papers that pertain to problems that present in pediatric settings in pediatric medical journals is one route to mainstream relevance. With sufficient numbers of such papers, it could even lead to prominence. This article describes examples of publishing in pediatric journals and some lessons I learned from the experience. For example, (1) all child behavior problems that present in pediatric settings are of social importance but most are high-frequency, low-intensity problems that are not necessarily exotic or representative of serious pathology, and they usually respond to straightforward behavioral applications; (2) it is usually best to use a “colloquialized version of learning theory” when writing for and speaking to pediatric providers (and the families for whom they provide care); (3) pediatricians often have limited knowledge about behavior analytic research designs; and (4) when submissions are rejected by pediatric journals, the rejection can be exploited as an opportunity to educate pediatric editors and reviewers.

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One powerful way to influence the world outside the behavioral-analytic box is for behavior analysts to publish journal articles outside that box. Said differently, attaining mainstream prominence will require credible demonstrations of mainstream relevance. One of the clearest routes to credible mainstream relevance involves publishing behavior-analytic papers in scientific journals whose subscribers are professionals serving mainstream populations. Primary care physicians are notable examples. Among that group is an even more notable example—primary care pediatric providers. All children in the USA receive care from them and the child-provider relationship typically lasts from shortly after birth until the age of emancipation, around 19 years. The primary care pediatric provider has as at least as much of a role in the mainstream of everyday life as any other professional, including members of the clergy and teachers. By publishing behavior-analytic papers in pediatric journals, behavior analysts have a very good chance that their work will reach the mainstream. Work thus published also achieves credibility because the best-known pediatric journals have high scientific standards and enviable citation impact factors.

Let me bring B. F. Skinner into this. He viewed behavior analysis as a generic science. His vision was that the mainstream would eventually see it as being relevant to virtually all of human behavior—as a mainstream science, if you will. His vision has not been realized, at least not yet. However, behavior analysis has flourished in one tail of the normal distribution, the tail that includes persons with developmental disabilities and extreme psychiatric conditions. Behavior analysts

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have contributed more to those populations than perhaps any group of professionals since the dawn of time. In fact, most of those professionals viewed the problems of those populations as intractable. Behavior analysts viewed them as merely problems to be solved and proceeded to solve or greatly improve them. Yet, despite all the remarkable success behavior analysts achieved with these populations and problems, mainstream prominence remains well out of reach, at least for the moment. No matter how extraordinary, incredible, or even miraculous the results produced for those residing in this tail, the populations elsewhere under the distribution seem to pay attention only in passing, if they pay attention at all. This brings me to the point I made above: Mainstream prominence requires demonstrations of mainstream relevance. To buttress this claim, I briefly discuss some of my own publishing-related learning experiences.

Learning

I begin with my own colloquialized version of learning theory—colloquial because most of the consumers of my work are outside the field of behavior analysis. Learning occurs as a function of repetition with contrast. A person does something and the thing done produces a contrast or change in the experience of the doer. There are two primary possibilities for the resulting change—pleasant or unpleasant. Pleasant changes lead to more doing. Unpleasant changes lead to less doing. One of the most potent determinants of how much repetition is necessary for learning to occur is the size of the change. Some changes are so large that only one instance of the behavior is necessary for a lifetime of learning to be produced. For example, from the pleasant domain, a person only has to have one orgasm to create a functional relation between that happy outcome and a variety of behavior patterns that lead to it. From the unpleasant domain, a young boy only has to urinate on an electric fence once to learn some extraordinary lessons pertaining to electricity and the direction and velocity of its travels. I use these examples of one-trial learning to introduce the possibility that something similar can happen in the world of publishing, particularly outside the box, so to speak.

The Unpleasant Domain

One instance of manuscript submission can produce an outcome so unpleasant that the author becomes reluctant to venture outside the box again. For example, some years ago, a friend submitted a lovely study to *Pediatrics*, the house journal for the American Academy of Pediatrics. *Pediatrics* has an enormous circulation, impeccable reputation, and a very high citation rate. His study evaluated a biofeedback treatment for pediatric migraines and used a multiple-baseline design across seven child participants to test the outcomes. The results were strong. Unfortunately, *Pediatrics* rejected the paper. My friend brought one of the two reviews he received to the meeting of the Association for Behavior Analysis that year, and he read it aloud to me and a few other friends. The entire review was this: “What is this multiple-baseline crap?” It obviously produced an unpleasant experience for my friend and exerted a seriously reductive effect on his tendency to submit further work to *Pediatrics*.

Before venturing to the pleasant domain, I want to share my thoughts on the harsh review. I suggest that, although the review was indeed unpleasant, it also presented a rich opportunity. Clearly, the reviewer had never heard of a multiple-baseline design, neither had I nor any reader of this paper until we were exposed to the design by our instructors. Prior to exposure, if someone had said they had proved something using a multiple-baseline design, we would have likely responded with some variation of that succinctly harsh review, for example, “What the heck is a multiple-baseline design?” But once our instructors exposed us to it, we quickly saw its practicality, its epistemological power, and yes, even its beauty. What I say next is not necessarily an advice, although it certainly could be taken as such. Specifically, when attempting to publish outside the box, I rarely take “no” for an answer, at least not after the first round of reviews. Instead, I supply an exhaustive rebuttal, couched in gracious terms, and in it, I supply education (e.g., a thorough description of the multiple-baseline design), enhanced logic, and further details—all when and where needed. If memory serves me correctly, my perseverance has produced acceptance in more than 50 % of my attempts at publishing outside the box.

The Pleasant Domain

Thumb-Sucking In one of my first attempts, I collected data on thumb-sucking for a class at the University of Kansas. I chose thumb-sucking because it was easy to find, measure, and treat. I used contingent aversive taste to treat the chronic thumb sucking of seven participants. The treatment protocol included strict application and fading schedules. I used a multiple-baseline design to evaluate the treatment, and I submitted the results to the instructor who had requested the assignment. The data were strong. His opinion was that I should attempt to publish a paper describing them. I agreed and declared the *Journal of Applied Behavior Analysis (JABA)* my ideal outlet. *JABA* was (is) about as “in the box” as it gets, and that is why I wanted to publish there. I really wanted to be in the box. But my advisor, Ed Christophersen—a classic out-of-the-box kind of guy—wanted me to submit the paper to *Pediatrics*, the journal mentioned above. So, I went that route.

The reviews were back in 5 weeks; the decision was rejection. However, the editor invited me to shorten the paper so it would fit three journal pages and resubmit it for a section of the journal called “Experience and Reason.” This section of the journal often publishes nondata-based papers that include clinical lore and wisdom for practicing pediatricians. The editor felt that including data may strengthen our chances, and apparently, he was right. Four weeks later, the paper was accepted, and 5 months after, it was published (Friman et al. 1986). Very quickly, some powerfully pleasant outcomes occurred. I was contacted by more journalists than I could count, invited to contribute comments about the paper for virtually every child magazine I could think of, and asked to do multiple radio interviews and even taped a handful of television interviews. Nothing like this had ever happened to me before. Something similar has happened a few times since, but never as a result of publishing inside the box, only from publishing outside the box. In terms of one-trial learning, this experience was not orgasmic, but it was sufficiently powerful to produce a career-long tendency to submit research to pediatric medical journals.

Bedtime Problems Here is another example that drives this point home. Some years ago, while working with Connie Schnoes, a graduate student at the University of Nebraska at Lincoln, I oversaw an assignment similar to the one I mentioned above. Connie was instructed to

identify a problem behavior, conduct an intervention, track the results, and report the outcomes in a paper. She chose bedtime problems and used an intervention I call the bedtime pass, which is a combination of escape extinction (e.g., Cooper et al. 2010, pp. 459–460) and a pass that allows children one trip out of the bedroom after bedtime to have a reasonable request satisfied, at which point they surrender the pass and go back to bed. Abundant data now support the effects of this intervention (e.g., Freeman 2006; Friman et al. 1999; Moore et al. 2007), but at that time, there were none. I had only recently designed the intervention. Connie applied the intervention to two children, one age three and one age ten, and the results were positive. She evaluated them with reversal designs, submitted the paper to her class, and received a good grade. My opinion was that the data were strong enough to submit to a scientific journal. Because of my previous pleasant publishing experience and because primary care pediatricians encounter bedtime problems frequently, we decided on a pediatric journal. With the other members of my team, I helped Connie create a version of her paper that was consistent with submission standards for medical journals and submitted it to *The Archives of Pediatrics and Adolescent Medicine*, the American Medical Association (AMA) journal devoted to children and youth. Four weeks later, we received our reviews. The editor accepted the paper pending very minor revisions. Five months later, the paper appeared in the journal (Friman et al. 1999). The first page of the paper included a boxed message from the editor, Catherine DeAngelis: “You might wonder why we’d publish a study involving 2 patients, 6 authors, and the intervention of a 5”×7” card. The idea is so novel and easy, I hope our readers will try it and let us know if it works for their patients.” I have published many papers inside the box but have never had an editor append a message to them. Bear in mind, all the pediatric providers in the AMA receive this journal. They all may not have read the paper, but they almost certainly saw the boxed message.

Two weeks later, the real fun began. The AMA president phoned and asked me to come to a press conference in Manhattan. The purpose would be to discuss sleep and bedtime problems and present the bedtime pass study to the press. I readily said yes. Here is the gist of what followed. The AMA paid for a nice room in a luxury hotel. The night before the conference, I had dinner at the hotel with the AMA president and the Surgeon General of the United States, Dr. David

Satcher. The day of the conference, Dr. Satcher introduced me to the press. The conference was attended by more than a hundred reporters, columnists, and writers for media outlets whose subject matter included child and family issues. Following the hour-long conference, I did multiple radio interviews. That night, Connie demonstrated the use of the bedtime pass on the NBC Evening News. At the risk of belaboring this point, nothing like this or even close to it has ever happened when I published inside the box. Once again, the result was not orgasmic, but it was pretty darn pleasant. I have still other examples of what has happened when I have published outside the box, but limited space prohibits me from describing them (see Friman 1990; Friman and Rostain 1990; Sanger and Friman 1990).

Conclusion

I conclude by saying, again, that achieving mainstream prominence will require demonstrating mainstream relevance. Bear in mind, too, that problems that concern the mainstream are not necessarily exotic, challenging, or resistant to routine intervention. The problems in the two studies I discussed—thumb-sucking and bedtime problems—are common and mundane. Furthermore, the interventions used to treat them were pretty simple. Many similar problems concerning mainstream children are equally common and mundane. Examples include pooping, peeing, pouting, pushing, pestering, perturbing, procrastinating, picking, pestering, and dare I say it, puking. If we have the tools to produce miracles in one tail of the distribution for problems that have been

seen to be virtually intractable by professionals facing them since the dawn of time, surely we have the tools to address these simpler problems. Perhaps mainstream prominence could be achieved merely by working with such problems more frequently, documenting what was done, and publishing the document in a prominent pediatric journal. Doing so may not take behavior analysis all the way to mainstream prominence, but it would certainly move it a little closer.

References

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2010). *Applied behavior analysis* (2nd ed.). Upper Saddle River: Pearson.
- Freeman, K. A. (2006). Treating bedtime resistance with the bedtime pass: a systematic replication and component analysis with 3-year-olds. *Journal of Applied Behavior Analysis, 39*, 423–428.
- Friman, P. C. (1990). Concurrent habits: what would Linus do with his blanket if his thumb sucking was treated. *American Journal of Diseases of Children, 144*, 1316–1318.
- Friman, P. C., & Rostain, A. (1990). Trichotillomania in children: a caveat for primary care. *New England Journal of Medicine, 322*, 471.
- Friman, P. C., Barone, V. J., & Christophersen, E. R. (1986). Aversive taste treatment of finger and thumb sucking. *Pediatrics, 78*, 174–176.
- Friman, P. C., Hoff, K. E., Schnoes, C., Freeman, K., Woods, D., & Blum, N. (1999). The bedtime pass: an approach to bedtime crying and leaving the room. *Archives of Pediatrics and Adolescent Medicine, 153*, 1027–1029.
- Moore, B., Friman, P. C., Fruzzetti, A. E., & MacAleese, K. (2007). Brief Report: evaluating the bedtime pass program for child resistance to bedtime: randomized controlled trial. *Journal of Pediatric Psychology, 32*, 283–287.
- Sanger, W. G., & Friman, P. C. (1990). Fit of underwear and male spermatogenesis: a pilot investigation. *Reproductive Toxicology, 4*, 1–4.