

# My Heroes Have Always Been Cowboys

Patrick C. Friman<sup>1</sup>

Published online: 21 July 2015  
© Association for Behavior Analysis International 2015

**Keywords** Behavior analysis · Behavior analytic practice

My heroes have always been cowboys. This is true (and also the name of a song written by Willie Nelson). Now, however, my heroes are behavior analytic researchers. They have provided the conceptual and empirical floorboards for behavior analysis, my beloved and chosen field. They have inspired, motivated, and vitalized me throughout my career and still do so. I seek them out, strive to emulate them, and consult their astonishing treasure trove of findings with a regularity that sometimes seems obsessive. So, I find myself conflicted now because I am compelled to stand up for behavior analytic practice. The timely and well-conducted study of publication stats on faculty in Behavior Analyst Certification Board (BACB) programs motivated me to do so. In an insidiously oblique way, the study reflects the bias I perceive favoring research over practice in psychology programs across the country. That bias, implicit in most programs, and explicit in many, does not exist in medical school. Students go to medical school to learn to practice medicine, first and foremost. Some go on to research careers but the primary goal, encouraged strongly by the faculty, is the successful practice of medicine. It is quite the reverse in psychology programs, at least in top tier schools. Practice is not frowned upon; it is merely looked upon as a lesser endeavor. The tacit view seems to be that those who can, research and teach, and those who cannot, practice. Ironically, this is the reverse of the longstanding quote, sometimes used against teaching in the colloquial

world (“those who can, do, those who cannot, teach”). It may be the case that research faculty are merely trying to accomplish either or both of two goals: replicating themselves or furthering their lines of scientific investigation. Students pursuing research careers can contribute to both goals, students pursuing practice, not so much.

So, let me propose a thought experiment. Compose two training programs populated by an equal number of senior faculty—matched on every conceivable variable (e.g., age, gender, etc.) except the independent variables I have selected for the experiment—research and practice experience. Compose one group with senior practitioners who have never published and one with senior researchers who have never practiced. Give each group an equal number of students, also matched for every conceivable variable. Have the faculty train the students for a conventional amount of time (e.g., 3 years). Measure practice proficiency along the way and at the end. Which group of faculty would likely turn out better practitioners? I know from which group I would be more likely to hire staff for the clinics I run.

I am not trying to besmirch or disparage research. I am merely speaking up for practice. Consistent with the point I made above, if I was a physician, I would not have to do so. But as a psychologist and behavior analyst, I believe I must. As a case in point, a few years ago, Association for Behavior Analysis International (ABAI) hosted a highly contentious and controversial panel populated by 11 eminently influential basic scientists (my heroes, all) whose central message was that practice was a threat to the organization. The original title was “On resisting a hostile takeover: Why selling out to the BACB is a bad idea.” It was changed to “Dangerous liaisons: Why ABAI should steer clear of them” (Glenn et al. 2011) after I protested the first title rather publicly. The basic theme seemed to be that practice needed to be put in its proper (second tier) place or relegated to an entirely different organization

✉ Patrick C. Friman  
Patrick.friman@boystown.org

<sup>1</sup> Boys Town, Nebraska, USA

altogether. One member of the panel referred to practitioners as mere mechanics (and in so doing appeared to insult both mechanics and practitioners). The reason for the controversy was the perception that the role of practice and practitioners in ABAI had been diminished and demeaned by such senior members of the field. Consistent with my overarching point, no practitioners were represented on the panel. No counter arguments from practitioners were considered. No questions were taken from the audience, the majority of whom represented practice. It was as if the opinions of practitioners were insignificant.

Part of the problem is that there is an art and a science to practice, and the art part, although absolutely critical, has not been subjected to much empirical scrutiny. And researchers are skeptical of that which has not been studied. Obviously, published research is necessary to inform practice. But one limitation of research is that it tends to obscure all it does not make clear. It is like looking closely at a piece of the world through a magnifying glass. The objects in the center of the glass are quite clear (e.g., functional relations, statistical significance, etc.). But everything at the margins is foggy. For example, treatment sessions do not begin with the delivery of (empirically supported) interventions. They begin with the greeting in the waiting room and they end with a departure message usually delivered there too. But greeting and departure messages are at the margins of research, unmeasured and unclear in research studies. As another example, the medium of exchange in almost all therapy is verbal content. Although the content delivered can be 100 % consistent with the content described in empirically supported protocols, variables such

as the timing and delivery are what turns content into therapy or, if left unattended, gibberish. Some people are good at these kinds of things and some are not. I suspect longstanding practitioners are better at them than those who do little practice (e.g., researchers). Quite simply, those who are bad at the important stuff at the margins do not stay in practice very long. If a client is greeted very warmly in the waiting room, they might just tell a few people. If they are greeted coldly or rudely, they will likely tell anyone who will listen. There are many other non-studied but critical aspects of practice at the margins (e.g., posture, eye contact, return of phone calls, etc.). A master practitioner, regardless of whether he or she has published, is likely to be good at all of them. A non-practicing researcher may be good at few or none. To me, it is critical that practitioners in training be exposed to faculty with extant research programs. But to actually learn practice, students must have access to master practitioners, regardless of their publication records. With all due respect to my new heroes, they may be no better suited to teach practice than cowboys.

## Reference

- Glenn, S. S., Pilgrim, C., Branch, M. N., Thompson, T., Perone, M., Parrot, L. J., Lattal, K. A., Marr, M. J., Hinline, P., Hackenberg, T. D., & Moore, J. (2011). *Dangerous liaisons: why ABAI should steer clear of them*. Denver: Paper presented at the 37th annual convention of the Association for Behavior Analysis International.