CONTENT OUTLINE

A. Discussion of Skinner’s vision and some speculation on why it has been not been realized.
   a. Success in one tail of distribution  
   b. Need for work under the dome

B. Examples of mainstream areas where behavior analysis could make a contribution.
   a. Behavioral pediatrics in primary care
      i. Definition
         1. Emphasis
            a. Prevention
         2. Types of Intervention  
            a. Supportive health education
            b. Prescriptive treatment
         3. Domains of Care
            a. Behavior problems in primary care
            b. Behavior problems with significant medical dimensions
            c. Medical problems with significant behavioral dimensions
      ii. Non Gerber baby sequence
      iii. Domain 1—Behavior problems in primary care
           1. Examples of supportive health education
              a. Learning
              b. Crying
              c. Sleep
              d. Toilet training
           2. Examples of prescriptive treatment
              a. Toddler misbehavior
              b. Bedtime resistance
              c. Simple habits
              d. Defiance, noncompliance, and rule infractions in older children
              e. Simple phobia
           iv. Domain 2—Behavior problems with significant medical dimensions
            1. Enuresis
               a. To be discussed in a future course on incontinence
           v. Domain 3—Medical problems with significant behavioral dimension
              1. Enuresis
                 a. To be discussed in a future course on incontinence
b. Male fertility
   i. Case for importance and relevance
   ii. Environmental influences
   iii. Cardinal example
      1. Heat
      2. Fit of underwear
   iv. Representative study

c. Littering
   i. Intrinsic aspect of behavior
      1. Effort
   ii. Representative studies

d. Other mainstream possibilities

Learning Objectives

1. Participants will recognize that although behavior analysis has flourished in one tale of the distribution of human concerns, it has yet to have a mainstream role or relevance and that this is grossly inconsistent with Skinner's vision.

2. Participants will be able to define behavioral pediatrics in primary care.

3. Participants will be able to describe the primary emphasis in behavioral pediatrics in primary care.

4. Participants will be able to list the types of interventions used in behavioral pediatrics in primary care.

5. Participants will be able to describe the three domains of care in behavioral pediatrics in primary care.

6. Participants will be able to discuss the relevance of behavioral problems for behavioral pediatrics in primary care.

7. Participants will be able to discuss learning in colloquial terms, specifically how children learn.

8. Participants will be able to discuss the relevance of crying in behavioral pediatrics in primary care.

9. Participants will be able to discuss the relevance of sleep in behavioral pediatrics in primary care.
10. Participants will be able to discuss the relevance of toileting training in behavioral pediatrics in primary care.

11. Participants will be able to discuss at least five examples of targets for prescriptive treatment in behavioral pediatrics in primary care. These include toddler misbehavior, bedtime resistance, simple habits, defiance in older children, and simple phobia.

12. Participants will be able to describe at least one intervention for each of the above problems.

13. Participants will be able to make a case for the importance and relevance of male fertility for behavior analysis.

14. Participants will be able to describe at least one environmental influence on male fertility.

15. Participants will be able to describe at least one intervention for improving male fertility.

16. Participants will be able to describe at least one intrinsic aspect of behavior that influences littering.

17. Participants will be able to describe at least one intervention that could decrease littering.

Suggested Readings


