

## Still Lost in Translation

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### Abstract

Interdisciplinary dialogue can help progress and improve professional fields. Progress and improvement may be impeded by barriers within an interdisciplinary dialogue, two of which are false dichotomies and faulty generalizations. It is our opinion that this particular interdisciplinary dialogue will advance productively by avoiding: false dichotomies about the medical model and Disability Studies in Education (DSE) framework; false dichotomies about using a normality approach to establish goals; and faulty generalizations about practitioners within and outside the field in which we are trained. Most helping professionals care passionately about improving the quality of lives of the people with whom they work. Centering interdisciplinary conversations on this shared value can help avoid false dichotomies and faulty generalizations.

**Key Words:** *interdisciplinary communication; applied behavior analysis; behaviorism*

We value and recognize the importance of communication across disciplines and are grateful to continue an open discussion. In particular, we appreciate that Dr. Shyman clarified the contextual framework from which he wrote (Shyman, 2019). However, at the risk of continuing to talk past one another, we briefly highlight points we believe are still being misrepresented.

One recurring theme still present is a false dichotomy between the medical model and Disability Studies in Education (DSE) framework. False dichotomies occur when two alternatives are contrasted as “either/or” despite more than two alternatives existing or the two alternatives overlapping (i.e., not mutually exclusive). Dr. Shyman seems to claim that a scientific perspective is either in line with the medical model or the DSE framework. We have offered one alternative view. Autism spectrum disorder (ASD) can be considered a collection of behavioral patterns for navigating social and physical environments. Applied behavior analysis (ABA) practitioners arrange the environment to effect socially significant behavior change, defined by the person who seeks out ABA—not the ABA practitioner (Baer, Wolf, & Risley, 1968, 1987). As Shyman notes (2019), some people use a normality approach as their framework. But claiming that *all* ABA practitioners do so is a faulty generalization (i.e.,

when one or a few instances of a phenomenon are used to classify many or all instances of a phenomenon). Additionally, as a *science*, behavior analysis cannot take a stance on normality. As a science, behavior analysis aims to identify functional relations between behavior and the environment (Skinner, 1953).

We were disappointed that Dr. Shyman did not reply to our position that using a normality approach does not have to be all-or-none, but can be made on a behavior-by-behavior basis. Some individuals lack necessary skills to function independently in their environments (e.g., communication, toilet use), and/or engage in behaviors that may be seriously harmful to themselves or others (e.g., head-banging leading to detached retinas, severe aggression). Decisions regarding intervention can be made on an individual behavior basis. For example, although practitioners will likely intervene on harmful behaviors such as severe aggression, they might not intervene on idiosyncratic stereotypies (e.g., body rocking, noncontextual speech) as these may not bring harm or threaten the safety of the individual or others. Although total acceptance of neurodiverse individuals may be a noble societal goal, our current environments do not allow for universal success of individuals lacking certain basic communication and independent living skills. Teaching skills

aimed at independence and reducing harmful behavior seem to be important goals for all individuals, regardless of diagnosis.

Finally, we need to clarify that the behavioral concepts were not labeled as mischaracterizations because Dr. Shyman is a “non-behavior analyst.” Everyone has the right to disagree with a fairly and accurately presented point of view. The behavioral conceptions were labeled as mischaracterizations because they were not accurate descriptions of the principles and concepts of behavior analysis central to the current discussion. We hope that, if we were to misrepresent the subject matter of a scientific area, individuals in that community would correct our errors with the end goal of meaningful discussion. Science advances by grappling with the boundary conditions where assumptions, principles, methods, and theories begin to break down. These are the conversations that help move an understanding of science forward. We, and many other behaviorists, welcome these conversations (e.g., Baum, 2012; Branch, 2006; Gallistel, Craig, & Shahan, 2014; Killeen, 2013; Moore, 2008, 2013; Neuringer, 1991; Shahan, 2017; & Todorov, 2013).

## References

- Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1*, 91–97.
- Baer, D. M., Wolf, M. M., & Risley, T. R. (1987). Some still-current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 20*(4), 313–327. <http://dx.doi.org/10.1901/jaba.1987.20-313>
- Baum, W. M. (2012). Rethinking reinforcement: Allocation, induction, and contingency. *Journal of the Experimental Analysis of Behavior, 97*(1), 101–124. <http://dx.doi.org/10.1901/jeab.2012.97-101>
- Branch, M. N. (2006). How research in behavioral pharmacology informs behavioral science. *Journal of the Experimental Analysis of Behavior, 85*(3), 407–423. <http://dx.doi.org/10.1901/jeab.2006.130-04>
- Gallistel, C. R., Craig, A. R., & Shahan, T. A. (2014). Temporal contingency. *Behavioural Processes, 101*, 89–96. <http://dx.doi.org/10.1016/j.beproc.2013.08.012>
- Killeen, P. R. (2013). The structure of scientific evolution. *The Behavior Analyst, 36*(2), 325–344. <http://dx.doi.org/10.1007/BF03392318>
- Moore, J. (2008). A critical appraisal of contemporary approaches in the quantitative analysis of behavior. *The Psychological Record, 58*(4), 641–664. <http://dx.doi.org/10.1007/BF03395642>
- Moore, J. (2013). Three views of behaviorism. *The Psychological Record, 63*(3), 681–692. <http://dx.doi.org/10.11133/j.tpr.2013.63.3.020>
- Neuringer, A. (1991). Humble behaviorism. *The Behavior Analyst, 14*(1), 1–13. <http://dx.doi.org/10.1007/BF03392543>
- Shahan, T. A. (2017). Moving beyond reinforcement and response strength. *The Behavior Analyst, 40*(1), 107–121. <http://dx.doi.org/10.1007/s40614-017-0092-y>
- Shyman, E. (2019). A rose is a rose is a rose: A response to Cox et al. *Intellectual and Developmental Disabilities, 57*(4).
- Skinner, B. F. (1953). *Science and human behavior*. New York, NY: MacMillan.
- Todorov, J. C. (2013). Why I am not a radical behaviorist. *Behavior and Philosophy, 41*, 70–75.

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