



Go directly—see what she’s doing, and tell her she mustn’t. - Punch, vol. 63 (London, 1872).

Our children will not survive our habits of thinking, our failures of the spirit, our wreck of the universe into which we bring new life as blithely as we do. Mostly, our children will resemble our own misery and spite and anger, because we give them no choice about it. In the name of motherhood and fatherhood and education and good manners, we threaten and suffocate and bind and ensnare and bribe and trick children into wholesale emulation of our ways. - June Jordan

Compliance & Control: Do You Believe In Magic?

Up the Magician’s Sleeve ...

As a way of reflecting on the different developmental aspects of children versus adolescents (especially in light of the issues of discipline, compliance, & control), I would like to pass on some thoughts about the *1-2-3 Magic*¹ program for managing child behavior [see Appendix A for a thumbnail sketch of this program]. I have used this method of child discipline (or an adaptation of it) both personally and professionally, and there is no doubt in my mind that *under certain conditions and within certain limitations* it is extremely effective. The problem, of course, is identifying *exactly* what those conditions and limitations are.

In many ways, the philosophy of *1-2-3 Magic*® is mildly unconventional when seen in the context of traditional child discipline, and this makes some people uncomfortable with it (myself included). [On the other hand, many child care professionals are quite enthusiastic about it. Therapists in the preschool programs I used to manage actively promoted it. In fact, they invested considerable effort convincing me that it was an effective and worthwhile approach to child management. Despite my personal reservations, I have to concede that it worked with a broad array of special needs preschoolers, and it was easily transferable to the home context (because it was straightforward for parents to learn). Still, successful or not, I am only able to swallow parts of it. By the way, I believe that one of the limitations on it is that *it is not effective or appropriate for dealing with adolescents – especially adolescents in the youth justice sector*: it is far too focused on compliance and control for that age group.]

1-2-3 Magic® is premised on a variety of concepts. Some of these I agree with; some I partially agree with; and some I find either ridiculous or morally questionable. I will try to address the most important ones:

- ☛ *A child’s behavior can be divided into (1) STOP-behavior (i.e., behavior we want the child not to exhibit) and (2) START-behavior (i.e., behavior we would like to see the child exhibiting).*

Well, this basic distinction seems innocuous enough; however, *1-2-3 Magic*® suggests a number of techniques aimed at both of these types of behavior and, while I am almost comfortable with what it has to say about STOP-behavior [which is basically nothing more than the “*That’s 1 ... That’s 2 ... That’s 3, Time Out!*” tactic], I think it is off-

base in its approach to START-behavior. I, therefore, recommend that CYCs consider using it *only for behaviors that you want the kid to stop doing* (things like swearing, bugging, interrupting, whining, acting up, etc.). I believe it really has very little to teach us in the area of helping children behave differently or more positively - and some of the things it suggests are, in my mind, unacceptable Child & Youth Care practice.² I am but lukewarm about this concept [mostly because it is associated in my mind with a strict behaviorist approach to dealing with kids].

- ☛ *The path of a child’s development is from “dictatorship to democracy”.*

The idea here is that, as a baby, a child is completely under the control & direction (“dictatorship”) of the parent or caregiver. As they grow more capable, however, they can be granted more responsibility and more freedom to make their own choices until, as adolescents, they achieve complete independence and equality with the caregiver in the determination of their own lives (“democracy”). In this scheme, the younger the child, the more obliged the caregiver is to exercise control and make the child’s choices for him or her. I suppose I largely agree with this concept [although I probably take a very liberal interpretation of this value]. Certainly, it seems to be in accord with the fundamental perspective of the Child & Youth Care profession - for example, we would have no qualms about restraining a child to control behavior under certain circumstances³ or in running down a preadolescent trying to escape from our care. I guess I can give a wish-washy “thumbs up” to this concept.

- ☛ *A child is not a little adult.*

In a sense, this is a corollary of the preceding concept. However, Thomas Phelan [the psychologist who originated the *1-2-3 Magic*® program] draws an unwarranted distinction between children and adults - one that reveals a very ugly side to this theory. According to him, an adult has a “heart of gold” and is basically “reasonable” and

¹ Based on the book by clinical psychologist Thomas W. Phelan, *1-2-3 Magic: Effective Discipline For Children 2-12* (1996, 2nd Revised Edition).

² Which is not to say that I think these tactics are ineffective. Quite the contrary! They can be very effective, in the sense that they will compel the child’s compliance - but the gain may be short-term and bought at a great price. And, often, they resort to a very thinly disguised form of punishment. Phelan believes adults must be “wild animal trainers” – so children are often treated accordingly.

³ Although I expect that we only engage in this level of control when it is a matter of physical safety and not a matter of ensuring compliance with adult instructions.

"unselfish"; while a child is "selfish and unreasonable" (and it's our job to teach him/her to become the opposite).⁴ This radical distinction strikes me as both morally wrong and scientifically unjustifiable. Has Phelan never seen the kind of adult who can be abusive, neglectful, or exploitive? Has he never seen the ingenuity of a child, his determined curiosity, or his unconcerned generosity?⁵ I can agree that *there are many significant differences between a child and an adult*, but not that the former is a wretch and the latter redeemed. In fact, when it comes to trying to understand the "wild" behavior of a maltreated child, we are better off focusing on the single capacity that both child and adult share (rather than the differences) - and that is *the capacity, or rather the need, to make sense of the world*. In this respect, the adult and the child **are** more alike than Phelan imagines. With this in mind, we can understand the child's misbehavior as a *survival strategy* in a hostile world, rather than the undisciplined action of a natural-born demon. [Apparently, the old Hobbesian view of human nature (i.e., "man is born bad") is still alive! I was under the impression that both it and the Rousseauvian view (i.e., "man is born good") had been eclipsed by a more neutral, more scientific view (i.e., "man is born neither bad nor good but with the *capacity* for both"). In truth, scientific research has been weighing in on this question quite heavily over the past 20 years - and it looks like, if there is any direction at all, the Rousseauvian view is winning.⁶ Kids do indeed seem to have a natural inclination to altruism and a natural curiosity.⁷] I am inclined, given the characterization upon which it is premised, to give this concept a weary "thumbs down" ... while insisting that, in another sense, a child is indeed not a little adult (but he/she **is** a little **human**).

- ☛ *A child should not be disciplined by a caregiver who is emotionally agitated.*

⁴ If these characterizations are meant to be more *idealistic* than *descriptive*, I nonetheless question their usefulness, their accuracy, and their intent. Even Eric Berne, the founder of Transactional Analysis, who also strictly distinguished between certain developmental states (i.e., *Parent, Adult, and Child*) could identify *both* positive *and* negative aspects of each.

⁵ When an adult is being unreasonable or selfish, is she just being "childish"? When a child is being gracious and reasonable, is he just "acting like an adult"?

⁶ Of course, nothing is ever quite so simple. The research I am referring to applies to "normal" development. Given no unusual traumas, disease, or genetic abnormality, the human animal is by nature sociable, curious, & rational. Some kids, however, **are** physiologically or neurologically damaged in some way that interferes with the development of these fundamental human characteristics. The difficulty for us as CYCs is to be able to sort out when a kid's lack of development in these areas (sociability, curiosity, rationality) is caused by a physio-neurological condition (e.g., Tourette's, thyroid malfunction, etc.) and when it is caused by exposure to an environment of chronic abuse, neglect, or exploitation (manifesting in a psychological or emotional dysfunction). [The former requires medical intervention and support; the latter, therapeutic programming ranging from traditional individual counselling to residential "treatment".] To make matters worse, any given kid can be caught up in both of these situations. [In fact, there is reason to believe that kids suffering from physio-neurological problems end up being at greater risk for also being caught up in an abusive, neglectful, or exploitive environment - crudely put, their special needs are more likely to create dysfunction in fragile or "borderline" families than are the needs/demands of normal children.]

⁷ For more information on the scientific understanding of the moral capacity of humans see: Robert Wright, *The Moral Animal* (1995); Matt Ridley, *The Origins of Virtue* (1996); Alfie Kohn, *The Brighter Side of Human Nature* (1990); and Michael Shermer, *The Science of Good & Evil* (2004).

This seems so obvious to the Child & Youth Care profession that it is hardly worth pointing out. If the CYC is trained in anything, it is the importance of *emotional encapsulation*. We know that interaction with children is **not** personal - and we can never treat it as personal. No matter what happens.⁸ [Think of the difference our training makes when it comes to handling the emotional/physical attacks of a child in our care.] I only point it out because it is a fundamental point that *I-2-3 Magic*© tries to get across to caregivers - so the strategy has some credible things to say. [Of course, *I-2-3 Magic*© recommends against emotional reaction for very different reasons than does professional Child & Youth Care. For a parent, the behavior of a child **is** extremely personal. There's no getting around that. Instead, *I-2-3 Magic*© offers two reasons for this encapsulation, one "constructivist" and one "behaviorist": (1) There is no sense getting emotional (especially angry) in response to a child's misbehavior because misbehavior is rooted in a natural inclination to exercise **power**. Children are relatively and noticeably lacking in power (especially when compared to adults). But every human wants to feel he can make a difference in the world, that he can have an impact. This impact is a significant confirmation of our existence and our importance. If we lack the wherewithal to have this impact positively, we will find a way to have it negatively (which helps explain why destruction of property is so delightful to some people). So, when a child exercises misbehavior, he or she is simply involved in self-confirmation and feelings of mastery - unfortunately distorted by a status of powerlessness. (2) There is no sense in getting emotional in response to a child's misbehavior because one's emotional response is a powerful *reinforcer* for the misbehavior. The reaction will become the *purpose* of the misbehavior. [From a behaviorist's point of view, there is no better way to ensure that the child will repeat misbehavior than to reward it with an emotional reaction.] All in all, a terrific concept (even if the *I-2-3 Magic*© explanation for it is only half-right).

- ☛ *In general, a child is allowed three strikes before he is called "OUT!"*

This is just like in baseball - except it is a little more complicated process. Let me try to disentangle some of the things that are involved:

First, by giving a number of tries, the strategy is acknowledging that the child is engaged in a *learning* activity and not simply a disciplining or punishing activity. That's great!

Second, since no behavior is prescribed, it permits the child to exercise **choice** at two levels: (1) he/she can choose to persist with the misbehavior or to desist [persisting would gather information about the caregiver's intentions and consistency]; (2) since no specific behavior is demanded, the child can choose **any** form of other behavior rather than being specifically dictated to by the caregiver. In this latter sense, there is a theoretical range of acceptable behaviors from which the child picks (and this range can be expanded according to the child's developmental capacities). Sure, these are pretty low-level types of choice - and if this were all we allowed the child, we would be fooling nobody - but they are significantly better than prescriptions and specific demands for compliance. [Being told where you *can't go* is noticeably better than

⁸ Again, this is not to imply that emotions are not important. Certainly, we are expected to process our emotional responses to a child's behaviour (good or bad) as part of a learning activity. But this is a *cognitive* process. What we must do is refrain from transacting with the kid based on our emotional state or based on our emotional needs. Child Care 101, eh?

being told where you *have to go*. Real choice is just next door.] Although not actually great, this aspect is at least “fine”.

Third, there is the whole matter of what constitutes “OUT!” In most of the *I-2-3 Magic*® literature “OUT!” is described in very concrete terms: e.g., a time out on a chair, being held, or being sent to one’s room. For some kids these would be developmentally appropriate (so that judgement needs to be made by the CYC). But it would be wrong to confuse “OUT!” with just these simple punishments. To its credit, *I-2-3 Magic*® makes a point of insisting that any child sent to such a concrete “OUT!” must be done so in a very limited way - *not more than one minute for each year of their age*. “OUT!” is *not meant to be a punishment*, rather it is meant to be a very powerful message to the child ... in short, it is meant to be *information* (i.e., “what you are doing is not acceptable, think about this and change it!”). This information is delivered to the child through the powerful mechanism of “interrupting his activity”. Nobody likes to have his activity interrupted. It literally *gives one pause to think*. “OUT!” is really just another way of saying that the caregiver must interrupt the activity within which the child is engaged (i.e., suspend the way he or she is attempting to reach some specific goal - the goal can still be maintained if the child can achieve it in another manner).

In the beginning, it helps to specify (in a chat about how discipline will be handled - and **not** in the heat of the moment, as explained in the preceding concept) what “OUT!” will be for each individual child. Most children will probably test to see how serious one is about following through, and how consistent one will be in addressing misbehavior. Good for them! Testing is exactly a learning process - and it shows that learning is what these kids are all about in an important way. [As counsellors - especially residential counsellors - we are going to be tested no matter what discipline and what programming we decide to implement. So, *I-2-3 Magic*® presents no unusual problems for CYC staff to deal with in that regard.]

The concrete aspect of this concept is acceptable, but professionally the goal must be to understand that the “OUT!” is *information* not punishment.

- ✦ *When using the “That’s 1 ... That’s 2 ...” tactic, the caregiver must refrain from talking (i.e., explaining, reasoning, persuading, cajoling, nagging, arguing, etc.).*

This concept is really the genius of the *I-2-3 Magic*® system. On it’s surface, it is extremely difficult for anyone trained and committed to a constructivist approach to therapy to accept. No talking? Inconceivable! How can one construct new meanings, new interpretations, in a child’s life *without* words? [If I wasn’t convinced by the effectiveness of this type of discipline, I would never have tried to puzzle out what was going on. It would have been easier to remain blinded by my own prejudices. However, I persisted and I think I now partially understand what makes this “no talking” thing work.]

Phelan gives a variety of reasons about why it’s not a good idea to talk:

- (1) A lot of children lose sight of your intention (i.e., your real message of “Stop doing what you are doing and achieve your

⁹ The No Talking rule also applies to the few moments when the kid is in the “OUT!” situation. The only instructions given are that the time in “OUT!” starts when the child abides by its rules (e.g., goes to his room for five minutes quietly - no damage, no friends, no TV, no telephone, etc. - and returns). The caregiver will talk to the child about what happened **after** that if the child wishes to talk about it.

goal in a different way!”) when there are too many words to process. The seriousness of the warning is undermined and the situation gets interpreted by the child as an invitation to negotiate. With too many ideas to attend to in your verbal behavior, he will pick what is most advantageous from his point of view (and that is not often the “Stop!” instruction latent in “That’s I!”).

- (2) Offering explanations or reasons (etc.) shifts the responsibility for what will happen next from the child to you (the caregiver). The implicit message is no longer “Stop doing what you are doing and achieve your goal in a different way!” Instead, it has become “Here’s *why* you need to do something different.” Now **you** have to supply the reasons that can convince the child to behave differently. The game has become a no-win attempt on your part to supply acceptable reasons (all of which will be met with endless questioning¹⁰), rather than the child supplying acceptable behaviors.
- (3) From a practical perspective, disciplining too often devolves into a cycle that Phelan calls the Talk-Persuade-Argue-Yell-Hit Syndrome. By not engaging in the “trap play” at the beginning (i.e., Talk), the caregiver can avoid the more serious pitfalls later (i.e., Yell and Hit). Pretty good advice - with certain limits however.

Although I think there is some validity to these reasons for not talking in the context of this discipline strategy, what fascinates me more is the *psychological* manner in which this tactic works. I am attracted to this mechanism (for want of a better word) because it speaks directly to one of my major concerns about the effectiveness of residential therapy - i.e., the challenge this modality has when it comes to getting clients to “internalize” and “generalize” positive therapeutic gains.¹¹ Too often, we see a client not able to maintain positive behavior when he/she graduates home or to a less restrictive setting (and the result is a revolving door of residential placements). Too often, we hear the recommendation that the client continues to require a “structured environment” after months of therapeutic intervention (even in highly resourced treatment centers). It is this need to increase the internalization and generalization of therapeutic gain that is the current frontier of residential therapy (at least in my mind). Any inroads we can make are well worth the effort.

So, does the *I-2-3 Magic*® gimmick create a dependency on an external system? Or does it promote the internalization & generalization of change? Although my wife still occasionally uses it on me [and I am nothing if not dependent on her], I am inclined to believe the latter (based on my own professional experience). [I have to admit, however, that I am aware of *no research on this method*

¹⁰ As Phelan points out, how often is it that a child responds to our coaxing and reasonableness with “Gee! You’re right! I never looked at it that way before. What could I have been thinking?”

¹¹ Please note, I am **not** saying that residential therapy is ineffective. That would not be true. In fact, it can be quite effective, especially in producing short-term, controlled changes in behavioural & emotional functioning. However, it is no more effective in producing long-term change (i.e., *internalized* change - change that does not rely on external controlling elements like staff, teachers, support workers, etc.) or in producing non-contextual change (i.e., *generalized* change - change that carries from one setting to another, say from the residence to the school to the community to the family, etc.) than other forms of therapy (e.g., foster care placement, day treatment, family counselling, group counselling, multi-systemic therapy, etc.). [See the previous article entitled *Prisms, Pink Waistcoats, Praise & Punishment*.]

either confirming or denying its effectiveness, especially its effectiveness in promoting internalization & generalization. Phelan's own data is purely anecdotal/experiential.] The reality seems to be that, after an initial period requiring consistency and effort, the need for the gimmick goes away. If I didn't see this eventual disappearance of the tactic, then I would have no interest in or curiosity about what was going on: 1-2-3 Magic[®] would be nothing more than a highly artificial, external control system. But it does go away, and most kids do become better behaved - and that makes me wonder.

So, what could be going on? Well, here's what I think ...

In the first place, a "discipline" situation is a significantly different context for the interpersonal negotiation of meaning than, for example, a heart-to-heart talk about a child's feelings or about how to solve a problem. It is by definition an "adversarial" context - as Phelan would say, it is an exercise of power (and power in conflict with other power to boot). [It does not matter whether the adversarial context was established deliberately by the child (e.g., willfully acting out to cause trouble) or by the caregiver responding to unacceptable behavior (of which the child is not aware). All that matters is that it becomes a conflict of wills.] In a *non-adversarial* negotiation, the caregiver (counsellor, therapist, teacher, clinician, etc.) can process the child's issue on the basis of *neutrality*, even *positive support* (depending on the level of trust and the nature of the relationship between them). From this basis, the caregiver can help the child negotiate new meaning (and new possibilities for action/feeling, etc.). The hope is that - and I apologize for this metaphor - the child will "buy into" a different construction of the events & elements that are causing his/her anxieties, frustrations, misbehaviors, etc. In effect, the child and the caregiver are working together to create something that "makes sense" to the child. The child is "open" to the voice of the caregiver - and he or she is more likely to accept different interpretations that re-order his or her experiences. In this way, attitudes, values, feelings, and eventually behavior change. [Such, anyway, is the constructivist pipe dream!]

In an *adversarial* context, however, the child is precisely **not** open to the voice of the caregiver. As Phelan indicates, he or she is no longer listening to the caregiver in a "positive" or direct way. The purpose of the interaction (from the point of view of the child) is to refuse to see the reasonableness of the demand to stop misbehavior. The endless generation of "Why?" [probably followed at some point by the trump cards "Make me!" or "You can't make me!"] becomes not a search for sense & insight, but an exercise of power. [As if the child were saying to the caregiver, "Okay, if your weapon in this power play of discipline is "reasons", I'm going to show you that you can't come up with a reason big enough to make me do what you want me to do!"]

So, if the voice of the caregiver cannot participate in a constructive negotiation because the context has been marked off as *adversarial*, then the caregiver - as 1-2-3 Magic[®] suggests - is better off saying nothing at all. The situation has become a power play in which the tools of support (reasoning together, interpreting, reframing, exploring, etc.) have unwittingly been turned into weapons. In effect, the child is anything but receptive to these gestures - and they begin to work in exactly the opposite way the caregiver intends.

If the No Talking Rule only went that far, I suppose I would still see it as valuable. But I think something else is going on as well. When the caregiver is silent, there is still one voice the child *can* hear: *the one inside his/her own head*. If anybody can get us to change our minds, it is ourselves. [I hope that wasn't too confusing.] When we don't have someone helping us make sense of things (or when we are actively refusing to accept the sense somebody else is trying to push

on us), we have no alternative but to rely on our own ability to reason things out. This self-determined, self-reliant form of meaning is always the strongest¹² - it is, by definition, an *internalized* and *generalized* form of meaning (because it is owned by the *self* and attached to the self - which is what we carry constantly "inside" - i.e., *internalized* - and what we understand as constant across various contexts - i.e., *generalized*). It is in this respect that I see 1-2-3 Magic[®] contributing one small step toward our goal of increasing the internalizing and generalizing effect of residential therapy. [It may take the child several attempts to "get" what is going on in the demand to stop a misbehavior, but if we are consistent he will eventually get it - and he will do so in a powerfully internalized way (it will be his own conclusion, his own construction of meaning - i.e., he will "own" it).

Up the Other Sleeve ...

It is helpful to clarify this puzzling world of 1-2-3 Magic[®] by comparing it to another approach to disciplining younger children: *Collaborative Problem Solving*¹³ [CPS].

According to its proponents, CPS was developed because other approaches to child behavior management were not working with certain children. Called "explosive" by CPS's founding psychologist Ross Greene, these children exhibit a variety of persistent behavioural & cognitive features: low frustration threshold and inability to tolerate frustration; extremely limited flexibility & adaptability to changing social situations or behavioral demands; concrete, black & white cognitive processing; social impairment; overwhelming anxiety; unpredictable irritability; hyperactivity; obsessiveness; "meltdowns" - in other words, a range of symptoms often covered by diagnoses like ADD, ADHD, Conduct Disorder, OCD, ODD, Asperger's Syndrome, Bipolar Disorder, Sensory Integration Dysfunction, Tourette's, etc.¹⁴ Standard behavioural management programs (including those that work through behavioral reinforcement, rewards/consequences, timeouts, charts, etc.) are ineffective because they are premised on the mistaken assumption that the above-mentioned behaviors are caused by problems with *motivation*. By contrast, CPS contends that these children either *lack necessary skills* or suffer serious (brain-based) *learning disabilities*.

In effect, then, an approach like 1-2-3 Magic[®] does not work with these "explosive" kids because they lack the ability to engage in "normal" learning strategies. Instead, the caregiver must (a) *teach the child new coping skills*, while (b) *creating an environment conducive to learning them*. It is not enough to stand back and let the child

¹² Of course, just because it's the strongest that doesn't mean that it's also the smartest. When we generate our own meaning, we have nothing to rely upon except our own experiences and our own cognitive capabilities - and, for children especially, these are often very limited.

¹³ See: Ross W. Greene, *The Explosive Child* (2001, 2nd Edition); the various teaching materials and seminars presented by psychologist Stuart Ablon; Greene, R.W., Ablon, S.A., & Goring, J.C. (2002). "A transactional model of oppositional behavior: Underpinnings of the Collaborative Problem Solving approach". *Journal of Psychosomatic Research*, 1, 1-9; and Greene & Ablon, *The Collaborative Problem-Solving Approach: Cognitive-Behavioral Treatment of Oppositional Defiant Disorder* (in press). Note: These psychologists recommend CPS for intervention with adolescents as well as younger children.

¹⁴ Although I could find no specific reference, it would be relevant to our work in youth justice to know if CPS also works with Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorders (FASD), and Alcohol-Related Neurodevelopmental Disorder (ARND).

search out his own solutions and alternatives *because he simply doesn't have that ability*.¹⁵

Without getting into the specific techniques of CPS, we can highlight a couple of areas that stand in marked contrast with *I-2-3 Magic*®. First, though, I should point out the one important area in which there is at least tacit agreement between these two approaches – namely, control & compliance. CPS is *not* about “letting kids do whatever they want”. Like *I-2-3 Magic*®, it too acknowledges that children must behave within broad adult expectations. When the child’s behavior does not fall within these expectations, it must be stopped and addressed (by identifying the “pathway” blocks¹⁶ that are impeding acceptable performance and helping the child learn skills to overcome them). I think it’s reasonable to contend, then, that CPS agrees with the *I-2-3 Magic*® concept that the general developmental path of children is “from dictatorship to democracy”.

The difference, however, between *how* these two approaches exercise control & compliance is immense. For *I-2-3 Magic*®, as was pointed out earlier, control & compliance is an *adversarial* relationship: it pits the will of the adult against the will of the child – a natural consequence of the inevitable *power* differential between the two. Phelan sees no therapeutic advantage in sugar-coating this reality, or in indulging in negotiation strategies that only serve to weaken the parent’s position. In contrast, CPS – as the “collaborative” part of its name suggests – underplays the adversarial aspect of discipline. Instead, it promotes “working with” the child in order to achieve his or her goals in a more acceptable and appropriate manner. In this respect, CPS is a thoroughly traditional approach: it advocates forming a *therapeutic alliance* rather than reinforcing a *power differential*.

The second major difference between these two approaches involves the cognitive processing that happens in response to discipline. Where *I-2-3 Magic*® assumes a *laissez-faire* attitude (i.e., let the child figure out alternative solutions and behaviors without adult assistance¹⁷), CPS is very much hands-on. Because “explosive” children cannot process social, cognitive, or emotional situations normally or efficiently, they must be guided – in short, the adult must act like the child’s “frontal lobe” by generating alternative behaviors

and teaching needed skills; the adult must create a learning environment that supports the child’s positive functioning.

Of course, it is precisely *guiding* a child’s cognitive processing (or his behavioral or emotional responses) and *creating* a supportive environment that beg the question of internalization and generalization. How effective is CPS at ensuring that what the child learns is not bound to and dependent upon the external “frontal lobe” and the unique context of the supportive environment? Do the child’s acquired skills stick in a way that makes them transferable to other relationships and other environments?

Unfortunately, there is no research on CPS to answer these questions with any confidence. My personal guess is that CPS will not prove any more effective or any less effective at introducing internalized and generalized change than other therapeutic approaches.¹⁸ But this is not a huge concern when one considers the population that CPS is primarily recommended for – i.e., children with serious and probably permanent disabilities. Like children with diabetes or autism, these “explosive” children will require some degree of external and contextual help all their lives. The only realistic therapeutic strategy with these children, then, is to *minimize* their dependence on external assistance, not eliminate it altogether.

CPS really only becomes problematic – or perhaps a better phrase is “open to discussion” – when it recommends that its approach works equally well for non-explosive children – i.e., children without serious diagnosable brain-based learning disabilities or emotional disorders. If the therapeutic goal is immediate and contextual change of behavior, then CPS probably has a point – it seems indeed to be an effective way to change and control *any* child’s behavior. However, if the therapeutic goal is long-term internalization and generalization of change, then CPS needs to prove that its approach does not foster dependency on external structure or supportive environments.¹⁹

Abracadabra ...

The point of all this dithering (if, indeed, there *is* a point) is not to say that CPS should be used to discipline children and not *I-2-3 Magic*®, or vice versa. Both approaches have merits and problems. Both give us something substantive to think about in terms of our therapeutic objectives.

Reconciling the two might be an impossible challenge, given that they seem to come from opposite value sets (i.e., power relation versus therapeutic alliance, adversarial versus collaborative, etc.) – but maybe we can draw a few tentative conclusions nonetheless.

Let’s assume that all children can be distributed on a spectrum of capability that ranges from “functional” at one end to “disabled” at the other [see Diagram I]. At the “functional” end, a child has the full array of normal capabilities. Using CPS “pathway” categories,

¹⁵ CPS’s guiding philosophy is: *Children do well if they can!* - clearly signifying that “ability” is the issue, not goal or motivation.

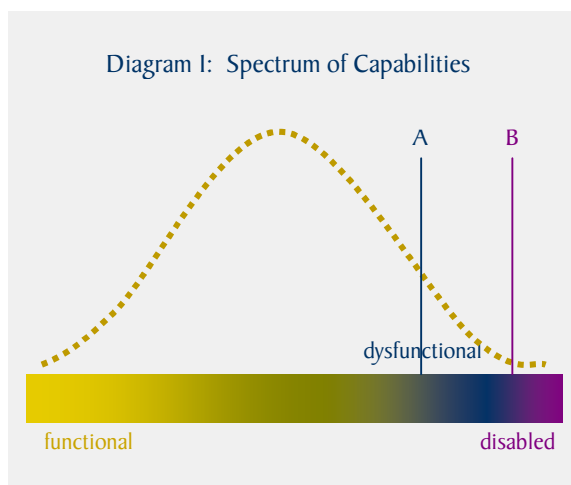
¹⁶ These “pathways” are identified by CPS as: (1) *executive skills* (impulsivity, non-reflective thinking, difficulty shifting cognitive set, poor working memory, poor separation of affect, difficulty with time sequencing, disorganized thinking); (2) *social skills* (difficulty attending to appropriate social cues/appreciation of social nuances, poor sense of how one’s behavior affects others, poor repertoire of social responses, inability to appreciate another perspective, inaccurate interpretation of social cues, inaccurate self-perception); (3) *language processing* (poor categorization & labeling of emotions, difficulty communicating needs & problems, poor language-based problem solving skills, inefficient expressiveness, inefficient linguistic comprehension); (4) *regulation of emotions* (irritability, moodiness, crankiness, anxiety, worry, obsessiveness, low energy); (5) *cognitive flexibility/adaptability* (concrete, black and white, literal thinking and problem solving, ignorance of situational factors, routinization, ritualization); (6) *sensory integration* (hypersensitivity to stimulation, hyposensitivity, impaired fine or gross motor functioning).

¹⁷ Actually, this characterization of *I-2-3 Magic*® is a little unfair. Phelan insists that No Talking applies only to the discipline procedure (specifically, identifying misbehavior and ensuring compliance with expectations). Should the child wish to talk *after* the discipline is complied with, that is acceptable – at this point, the child will not be negotiating or avoiding, and he will be naturally receptive to understanding the adult’s perspective.

¹⁸ There is no reason to believe that CPS will defy the Dodo Bird’s Verdict – see the previous article entitled *What Works [Who Works]*.

¹⁹ We know, for example, that programming based on behavioral reinforcement (such as rewards & consequences, level systems, praise & punishment, etc.) are wonderfully effective at controlling children and eliciting their compliance with adult expectations; however, they create a dependency on “structure” and “consistency” - and work against the child’s internalization and generalization of change. Is the same true for CPS? Is it an effective mechanism for control & compliance that ultimately works against internalization & generalization? If it doesn’t, then what exactly are the mechanisms it employs that are so different from other models of intervention? [Again, I believe there is overwhelming evidence in the research to show that it is the “common factors” that support effective change, not the “specific factors” that uniquely define each model.]

this would mean that the child would have: (1) good executive skills; (2) good social skills; (3) proper language processing; (4) an ability to regulate his emotions; (5) cognitive flexibility and adaptability; and (6) good sensory integration. At the “disabled” end, the child would have a serious, brain-based deficit in at least one of these areas (and often more than one area). Somewhere between these two categories, then, we could have a grouping called “dysfunctional”. A “dysfunctional” child is one that has a deficit in one or more of the above areas *to the extent that it interferes with the child’s ability to function normally but not so severe that the child can’t return to normal functioning with proper treatment*. A child may be dysfunctional (a) because he has a mild brain-based deficit that can be compensated for by learning alternative skills, or (b) because his environment has presented him with challenges beyond his current capacities (e.g., trauma, abuse, neglect, deprivation, etc.).



With this scheme, then, we have two thresholds: one (represented by line A) where normal functioning becomes dysfunctional; and one (represented by line B) where dysfunctional becomes serious enough to be considered a disability. Both of these thresholds depend upon some kind of evaluation or assessment mechanism that tells us that the child fits into one or the other category.²⁰

This admittedly simplistic visualization permits me to highlight a couple of points about *I-2-3 Magic*® and CPS:

- CPS is probably the treatment model of choice for any child qualifying as “disabled”. However, to be effective with

²⁰ I included the “Bell Curve” in the diagram of the capability spectrum because I am reasonably sure that children are not evenly distributed along it. Instead, I suspect – as is the case with most types of human variation – that the distribution is what statisticians call “normal”, meaning that far fewer children will be classified as either “disabled” or “gifted” (i.e., extremely high functioning) than the spectrum’s linear proportions would seem to indicate. [Surveys of child mental health seem to consistently put the rate of disorders (i.e., conditions that would fit into the categories I am calling “dysfunctional” and “disabled”) at around 20%, and even higher for an adolescent population. I am somewhat skeptical about such a high number: everything turns on the exact definition of “disorder”, but it seems that any population with one of every four or five persons needing therapy is in a lot of trouble. Either that or mental health professionals are looking to convince us that there is a large need (market?) for their services. Since only between 10% and 15% of people who need therapy actually seek it out or receive it, one wonders just exactly how dysfunctional the other 85% or 90% actually are!]

“dysfunctional” or “functional” children, it must ensure that it meets the challenge of *internalized* and *generalized* change – and that it does not foster a dependency on external support and artificial contexts.

- *I-2-3 Magic*® is undoubtedly an effective disciplinary approach with younger children (toddler to preadolescent) who qualify as “functional” or “dysfunctional” – but it is not appropriate for any child assessed as having a disability. Its prohibition of negotiation, bargaining, pleading, reasoning, etc. facilitates internalization and generalization of change. However, its basis in an adversarial or power-based definition of relationship can easily work against the benefits of the therapeutic alliance.
- Both CPS and *I-2-3 Magic*® must be grounded in the Common Factors²¹ (i.e., Extratherapeutic influences, Therapeutic Alliance, and Expectancy) that make therapeutic programming truly effective.

- Terry Henry

Appendix A: *I-2-3 Magic*® In A Nutshell

[Excerpt from *Dad’s Magazine* website
(www.dadsmagazine.com/I23magic.html)]

Dad’s Magazine: For the reader who isn’t familiar with it, can you give us a little thumbnail sketch of I23 MAGIC?

Dr. Phelan: It’s hard to describe. It takes about two hours to train parents to do it. But I can tell you, we do divide the problem behaviors into two things. Either the kids are doing something obnoxious that you want them to stop, or they’re not doing something positive that you want them to start. Those are your two basic kinds of problems. The nice thing about I23[delete comma] is when they are doing the obnoxious, like arguing, yelling, crying, fighting, teasing, sibling rivalry, [delete is] you have one tactic that you have to use. The tactic is called counting. Now counting is as old as the hills. The kids act up, and you say, “That’s one.” But I think we’ve perfected it in the I23. One of the things that we teach parents is that your silence can speak louder than words. One of the biggest problems that parents have is that they see their kids as little adults. Meaning, they are going to respond to words and reasons. Most parents talk way too much. When you talk too much, you actually provoke a child. Then you take away from a child their responsibility for their own behavior. It doesn’t work. The I23 is taking parenting in a different direction. Very gentle. No arguing, yelling, or spanking.

Dad’s Magazine: So what it is, is 1...2...3, and if you get to three, you’re going to your room or you’re going in the corner?

Dr. Phelan: That’s right. You hit three, it’s the old rest period or time-out. Now I’ve heard people say, “I’ve heard of timeout. Timeout doesn’t work”. People don’t understand timeout. They don’t understand it on television or on the radio. It works if you do it. The most important thing is what you don’t do. What you don’t do is you don’t talk too much and get too excited. If you want to get real excited with a kid, as in you yell, scream, and carry on, you absolutely ruin your discipline.

²¹ See the previous article entitled [What Works \[Who Works\]](#).