Kohlenberg, Boiling, Kanter & Parker (2002) and Hayes (2004) have argued that a third generation has occurred in behavior therapy. Hayes (2004) states the movement is characterized by several factors. These factors are: (a) is grounded in empirical principles; (b) has a contextual and experiential focus giving priority to function of behavior versus form; (c) emphasizes issues relevant to clinicians and clients; (d) synthesizes previous generations of behavior therapy into the present form; and (e) deals with the questions raised from other traditions. To this end, this article reviews the literature on the role of verbal conditioning in the counseling and consulting process. This literature holds the key to dealing with many challenges that currently face behavior therapists working from a constructional perspective in their attempts to construct a helping process. In a particular, verbal conditioning could hold a central role in reducing unfavorable outcomes in psychotherapy and in answering questions of recovered memories.

Key words: third generation behavior therapy, conditioning, therapeutic relationships

Behavior therapy is witnessing a small revolution in thinking as the second generation of behavior therapy slowly gives way to the third generation (Kohlenberg, Boiling, Kanter & Parker, 2002; Hayes, 2004)1. The third generation of behavior therapy is based more on contextual thinking and case conceptualizations. From the behavior analytic tradition, several approaches are central to the third generation of behavior therapy. These are (a) acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 1999) (b) behavioral activation (BA) (Martell, Addis, & Jacobson, 2001) (c) Functional Analytic Psychotherapy (FAP)(Kohlenberg & Tsai, 1991) and (d) Integrative Behavioral Couples Therapy (IBCT) (Jacobson & Christensen, 1996). Most will acknowledge that these new therapies have core differences; however, Hayes (2004) has presented five factors that critically define the third generation of behavior therapy. These are it is (a) grounded in empirical principles; (b) has a contextual and experiential focus, giving priority to function of behavior versus form; (c) emphasizes issues relevant to clinicians and clients; (d) synthesizes previous generations of behavior therapy into the present form; and (e) deals with the questions raised from other traditions. Many factors have given rise to the new wave in behavior therapy2.

The rise of these therapies may be in part due to the perceived equivalence in psychotherapies (see Gifford, 2002); however, the meta-analysis that originally hinted at equivalence is seriously flawed both statistically and procedurally (see Cautilli & Skinner 2001). Another reason for the third generation might be persistent failures in outpatient cognitive therapies to produce more lasting or intensive clinical gains (Kanter, Cautilli, Busch, & Baruch, 2005). It is more likely that behavior and cogni-

1 The first generation of behavior therapy was interested in the moving of behavior therapy techniques based on principles of classical and operant conditioning from the lab into the clinic. The second generation of behavior therapy is characterized as a move toward more cognitive models of therapy and more of a focus on rule governed behavior (Zettle, 2005).

2 Zettle (2005) describes these changes as they occurred in the evolution of Comprehensive Distancing -a second generation behavior therapy based on Skinner’s account of rule governed behavior to a third generation approach to behavior therapy - Acceptance and Commitment Therapy- based or relational frame theory.
tive therapies representing the two dominant empirical approaches to psychotherapy engage in a continuous dialectical dance, each solving problems, creating models, and in turn offering innovations. As time goes on, they integrate, depart, challenge each other’s models of phenomena, answer new questions, and reintegrate. Third generation behavior therapy is beginning to receive growing empirical support for both its models of psychopathology and its technologies for treatment (see Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004).

Behavior therapy is a dynamic and creative process. Each client presents a new challenge because clients differ in genetics, behavioral histories, current life situations, desires, goals, values, and needs. Each relationship between therapist and client calls for the use of flexible skills to create the helping relationship (Williams, 2002). Creation of or the building of skills and not simply the elimination of behavior problems is the central core value of behavior therapy (Goldiamond, 1974).

Hayes (2004) points out that the synthesizing of previous generations of behavior therapy into the present form is one of the primary goals of the third generation of behavior therapy. Interestingly, as second generation behavior therapies became increasingly cognitive, a vast body of research on verbal conditioning drifted from active use by behavior therapists. This paper attempts to review that literature and integrate it into third generation behavioral therapies.

THE GROUNDING IN EMPIRICAL PRINCIPLES

At the core of each of the behavioral models such as FAP, IBCT, and Behavioral Activation is the assumption that the consequences of a person’s verbal behavior influence what the person says. As we will argue, this model has substantial representation in the literature; however, as many behavior therapists began to seek cognitive explanations of behavior, this literature became less popular. This empirical base places the focus of therapy squarely on the therapeutic relationship—between the therapist and the client in therapy and the consultant and consultee in consultation.

Several early laboratory experiments suggested that conditioning could indeed control verbal behavior (Greenspoon, 1955; Verplank 1955). These studies found that various environmental stimuli could reinforce classes of verbal responses. The types of relational stimuli used varied from simple “encouragers” (Verplank, 1955) to nodding the head and saying “mmm” or “huh-uh” (Greenspoon, 1955; Hildum & Brown, 1956). Many researchers have replicated this effect (Cohen, Kalish, Thurston, & Cohen, 1954; Hildum & Brown, 1956; Rogers, 1960; Sapolsky, 1960; Salzinger & Pisoni, 1958, 1960; Wilson & Verplank, 1956). Verbal statements of memories also proved susceptible to conditioning (Quay, 1959). In addition, the more subtle influences in the relationship tempered the effect (Sapolsky, 1960), as did global experimenter characteristics (Binder, McConnell, & Sjoholm, 1957). Conditioning can control verbal behavior in the experimental laboratory. The next question to answer was “Can conditioning control verbal behavior in the therapeutic setting?”

In studies of therapeutic verbal behavior, Williams (1964) provided a bridging review of basic research on verbal conditioning and suggested at the end of his review that verbal conditioning had much to offer those interested in studying the counseling process. Murray (1956) analyzed a verbatim, “nondirective” case of Carl R. Rogers, and found that the categories of verbal behavior that were followed by brief statements of acknowledgement or approval by the therapist increased in frequency. Those categories in which Carl Rogers showed disapproval decreased in frequency. In a similar study, Truax (1966) analyzed audio recordings of psychotherapy sessions conducted by Rogers. He coded the relationship between the category areas that Rogers showed approval to disapproval. Traux (1966) found that the relationship between approval and disapproval was contingent. He also found that Rogers reinforced certain classes of verbal responses, but did not reinforce other classes of verbal responses. In particular when the client engaged in problem solving and decision making statements, he was more likely to receive an “uhm” and was relatively likely to ignore when he would engage in complaining. Analysis of subsequent sessions revealed that the client made a significantly greater number of statements in the reinforced classes and a significantly fewer number in those classes that received no counselor-therapist reinforcement.

In another study, Truax (1968) studied group counseling with patients primarily diagnosed with schizophrenia. Patients increased their amount of self-exploration if they received reinforcement in the form of accurate empathy for doing so. This created some interest for humanistic therapists who at the time were conducting psychotherapy research. Rogers (1960) found that he could increase negative self-reference statements by saying “mmm-hmmm” and nodding. In addition, Rogers (1960)

3 A contingency can be calculated by the probability that a behavior will result in consequence X compared to the probability that X will occur without the occurrence of the behavior.
showed the opposite (positive self-reference statements) could lead to client improvements. Studies like those just mentioned, led Wilson, Hannon, and Evans (1968) to caution therapists that their lack of awareness of the types of behavior that the therapist in session was reinforcing could lead to deterioration of the client’s condition. In a now well-recognized and common axiom in training counselors, Hildum and Brown (1956) cautioned, “the therapist who believes in the importance of the Oedipus complex could elicit Oedipal content by means of selective reinforcement” (p. 110).

Early attempts to capitalize on the use of reinforcement in the counseling session proved very successful. For example, Ryan and Krumboltz (1964) attempted to determine whether counselors could use verbal approval (expressions such as “fine” or “yep” or “good”) to increase clients’ statements of deliberations and decisions. They defined the deliberation response class of statements as those involving a tentatively weighing of possible alternatives. Next, they defined decision response class of statements as those that pertained to conclusions that were reached in the past, alternatives that were rejected, or decisions that were reached during the counseling interview. They assigned 60 male students to one of two counselors and one of three treatment intervention conditions: (a) decision responses reinforced, (b) deliberation responses reinforced, and (c) decision-deliberation responses not reinforced. The procedure called for each student to attend 20 minute individual counseling sessions. Finally, they divided the sessions into operant treatment and extinction periods.

The authors found that both response classes -deliberation and decision making statements declined when reinforcement was withdrawn (extinction phase). Thus a functional relationship was established between the presence of verbal approval and the occurrence of deliberation and/or decision making statements. Moreover, the counselors were differentially effective; that is, one of the counselors was clearly superior in terms of producing the desired changes with the study participants.

With respect to generalization, the study observed student performance on a projective measure. Using the projective measures, those clients whose decision making-responses were reinforced by verbal approval continued to do so at a higher rate than did those clients exposed to the other treatment protocols. The result was statistically significant (p.> .05). Finally, none of the clients indicated an awareness of the response-reinforcement relationship during their interviews.

In a separate study, which attempted to follow up on some of the questions from Ryan and Krumboltz (1964), Samaan and Parker (1973) compared the effects of verbal reinforcement counseling to advice-giving. They studied the effects of verbal reinforcement versus advice-giving.

Samaan and Parker (1973) had one basic response class – information seeking behavior. They defined the information-seeking responses class within the interview included expressions of past, present, active or intent for future seeking of relevant information. For the study, they defined information-seeking behaviors outside of the interview as consisting of writing, reading, talking, self-information, visiting, listening, and job exploration. In this study, Samaan and Parker (1973) assessed the latter through interview questionnaires. Interview questionnaire represents a limitation of the study since no direct measures were employed to determine if what was said occurred.
A CONTEXTUAL AND EXPERIENTIAL FOCUS GIVING PRIORITY TO THE FUNCTION OF BEHAVIOR VERSUS THE FORM

Many applications of verbal conditioning exist in the counseling literature. These applications provide the basis for a functional interpretation of verbal response classes that occur in session and indicated how the reinforcement of such classes can affect behavior outside the session. The goal of many of these studies was to target behaviors seen as critical to various populations. For example, with an extremely difficult clinical population such as “sociopaths” verbal conditioning was shown to be effective (Bryan & Kapsche, 1967). They worked with male “sociopaths” to condition first-person pronoun responses in an effort to increase personal accountability. This can be seen as an important outcome for sociopaths, who tend to blame others for their behavior rather than themselves. With a less severe population, Williams and Blanton (1968) studied the role of conditioning in male, nonpsychotic psychotherapy in-patients. In this study, they were able to increase “feeling response,” which was seen by the authors as a positive outcome.

Verbal conditioning has been shown to increase functional classes with relatively high functioning populations in the counseling relationship. For example, Dicken and Fordham (1967) conditioned positive self-reference and positive affective responses in female college students. This demonstration of a functional relationship can suggest that therapists attending to self-reference and affect can differentially increase or decrease such responses. This was replicated by Ince (1968), who also conditioned positive self-reference responses in female college students. Also with female college populations, Lanyon (1967) conditioned response relevant common to parent’s concerns in female college students. Kramer (1968) used conditioning to increase the questioning of appropriateness of past and present behaviors, responsibility, and positive responses in male and female college students.


Working out the best guidelines to suggest for conditioning became a central issue of parametric studies in the counseling literature during that time. To this end, Denner (1970) found that “crafty” therapists, those who could condition their clients without the client’s awareness, were more effective at conditioning verbal behavior. In addition, clients rated their verbal style as “less clear” and “less certain.” However, Denner (1970) also found that if the client was informed about the conditioning procedure, those clients learned more rapidly. The process of verbal conditioning proved powerful, even getting an individual with schizophrenia, who had not spoken in years, to speak (Issacs, Thomas, and Goldiamond, 1960). Parametric studies showed that all of these results could occur either with or without the awareness of the subject (Patterson, 1963). Ince (1968) stated:

“By using behavioral principles, such as those employed in this study, the counselor or psychotherapist will be able to quantifiably measure the behavior of the client or patient when the client first comes for assistance, measure his own responses to this, and finally to note the effects of his behavior upon the client. By refusing reinforcement, in specified amounts and at specified times, the counselor will be able to precisely determine which of his behaviors produced the desired effect upon the client’s behavior. And, by measuring the behavior of the client prior to, during, and following the reinforcement procedure, the counselor will be able to state the degree and direction of change in the client’s behavior.” (p. 144)
Hosford (1969) followed with a comprehensive review in the behavioral counseling research with a strong emphasis on verbal conditioning. He concluded that verbal conditioning was a significant factor in the counseling process whether counselors were aware of its use or not. Erthal (1980) investigated the similarities and differences between verbal conditioning and psychotherapy. She found many therapies, who purportedly rejected verbal conditioning, actually employed verbal conditioning with clients.

The above factors can tell us much about the possible functions of verbal behavior within the counseling and therapy session. They suggest that a major function of verbal statements within the therapy setting might be to get the counselor or therapist’s attention. In addition, these statements could generalize as either contingency-shaped behavior or rule-governed codes of conduct from the session. Thus social reinforcement may hold more power than previously thought and could create problems for the client.

DEALING WITH THE QUESTIONS RAISED FROM OTHER TRADITIONS

Verbal Conditioning and False Memory

One current controversy in the psychotherapy literature is the concept of false memory. Rosenwasser, Cautilli, & Reynolds, (1997) demonstrated that verbal conditioning combined with instructions could produce distortions in memory leading clients to judge pictures of bruises as more severe than the participants initially perceived them to be. However, they failed to find durability in the phenomena. Loftus (1993) successfully implanted memories of nonexistent events in various subjects most notably a 14-year old, who she encouraged to falsely believe that he was lost in a mall at five years old. The initial reaction from the therapeutic community was that false memory represented a form of societal backlash and social denial of child maltreatment (Zerbe-Enns, 1996).

Evidence continued to mount and one famous case of false accusations of preschool personnel known as the McMartin preschool case brought the issue to national attention. Garven, Wood, Malpass, and Shaw (1998) found that the interviewing techniques in the McMartin preschool case induced children to make false allegations against a classroom visitor. When reviewing the videos of the interviews, they found that the interviewers extensively used verbal reinforcement along with “co-witnessed” information in the process. Garven, Wood, and Malpass (2000) more closely examined the information in the interviewing process. Children who received the verbal reinforcement process made 35% of the allegations against the visitor, while only 12% of the control children did. For events that the authors defined as “fantastic,” the differences were even more striking: 52% of the group receiving reinforcement for allegations made the claim, while only 5% of the control children did. These children repeated the allegations even after reinforcement was discontinued in the second interview. These allegations later were proven false. The authors concluded that children can “swiftly be induced to make persistent false allegations of wrong doings”

SYNTHESIZING OF PREVIOUS GENERATIONS OF BEHAVIOR THERAPY INTO THE PRESENT FORM: VERBAL BEHAVIOR AND CONDITIONING

Integration into Therapies

Kohlenberg and Tsai’s (1991) functional analysis of the therapeutic relationship is an example of a third generation behavioral therapy that uses verbal conditioning. It attempts to capitalize on the use of verbal conditioning in therapy but enhances the process by two factors. The first is that it uses Skinner’s (1957) concept of supplementation. This is a process by which critical elements are identified as clinically relevant and targeted for intervention. The second is that it uses a behavior development model of “self” based on Skinner’s (1957) analysis of verbal behavior.

Supplementation is a process used to enhance therapist awareness of clinically relevant behavior. The process makes therapists more aware of multiply controlled speech statements of the client, by identifying relevant historical variables in the client’s life that may establish conditioning histories. Through this awareness, therapists can recognize “clinically relevant behavior” as it arises in the therapeutic session and condition improvement or redirect continued problematic behavior.

In addition, Skinner’s (1957) functional analysis of verbal behavior is used to build a developmental model of self. This model is then used to identify and treat various problems of self through verbal conditioning such as dissimilative identity disorder. (See Kohlenberg & Tsai, 1991, as well as Phelps, 2001 for a related conceptualization.) FAP has a number of case reports of

5 An example of co-witnessed information would be to say to a child who said that he did not see something happened a statement like “That’s funny, [insert child name] said that he saw it.”
success even with severely impaired populations (e.g., Holmes, Dykstra, Williamns, Diwan, & River, 2003).

Behavioral activation attempts to provide idiographic functional assessment of clients’ problem behavior (Kanter, Callaghan, Landes, Busch, and Brown, 2004; Martell, Addis, & Jacobson, 2001). Conditioning of verbal behavior in the therapeutic session represents another way for therapists to help increase environmental reinforcement for clients. If problem-solving behavior, can be shaped in session as Krumbolz and Ryan (1964) suggest, and will generalize outside of session, then this can have a powerful impact on a client’s ability to lessen punishment and increase reinforcement outside of session.

Integrative behavioral couple’s therapy attempts to build acceptance between partners (Cordova, 2003; Chapman & Compton, 2003). Studies of verbal conditioning in both the individual setting and the group setting show conditioning are effective in increasing the number of self-acceptance statements (Hansen, Niland, & Zani, 1969). Therapist use of verbal conditioning could enhance the acceptance of couples of one another’s differences, while the misuse of conditioning could lead to a decline in the couple’s acceptance of themselves and their partners.

Integration into Consultation

Third generation behavioral technologies have had little impact on the consultation process to date. Conditioning of verbal behavior can be a good starting point for this technology to affect consultation. Behavioral consultation is defined as a problem solving process (Bergan & Kratchowill, 1990). If consultants can strategically use verbal conditioning to help consultees to increase decision making, develop plan strategies and tactics and improve problem solving, this can result in improved behavior in students.

Indirect evidence suggests that conditioning can affect consultee’s “perception” (or seeing behavior to the radical behaviorist) in the consulting relationship. For example, Wickstrom (1991) found that consultant supportive statements, following emissions of difficulties the client was having, had a positive correlation on the overall rating of teacher satisfaction. Researchers should be cautious with the findings from this study because Wickstrom’s study (1991) was hampered by a small problem improvement and sample size of only 9 participants.

In addition to the above, Huges and DeForest (1993) found a significant positive correlation (r = .46, p < .05) between the consultant’s use of positive validation statements to the teachers and the overall rating by the teachers as to the consultant’s overall effectiveness. Interest-

ingly, Huges and DeForest (1993) found no correlation between problem improvement and this category. Finally, Marten, Lewandowski, and Houk (1987) found a correlation of .54 between the teachers’ perception of satisfaction and consultant’s validation statements (no p values given). Using sequential analysis, Martens and colleagues (1987) found that the sequence where the teacher gradually specifies the child’s behavior and the consultant makes a statement validating the teacher’s statement accounted for 42% of the variance in teacher satisfaction. They found no effect on child improvement for this sequence. The question of course is open as to whether the consultee’s behavior can effect the perception that the consultant has of the consultee.

EMPHASIS ON ISSUES RELEVANT TO CLINICIANS AND CLIENTS

Another issue of particular interest to third generation behavior therapies is focusing on issues that affect clinicians. Two areas that verbal conditioning might be well suited to clinician interest are (a) the effects of such processes on the behavior of the therapist and (b) a more productive dialogue on the old debate of the negative effects of psychotherapy.

The Effects of Such Processes on the Behavior of the Therapist

Reinforcement of verbal behavior and its opposite, the punishment of verbal behavior, can have profound effects of the therapeutic relationship. Cautilli and Santilli-Connor (2000) argued that many functional factors within the therapeutic relationship can create resistance from clients in therapy and consultees in consultation. Clients’ failures to do what they are supposed to do, can create frustration for the therapist. Recent research has found that consultee’s resistance can punish consultant therapeutic behavior and that this can decrease consultant therapeutic statements and consultants’ perception of their own effectiveness (Cautilli, 2005). More research needs to be done in this area, but it may be that this problem could lead consultant burnout.

A More Productive Dialogue on the Old Debate of the Negative Effects of Psychotherapy

In the late 1970’s and through the mid 1980’s, psychology was riveted on the discussion of negative outcomes in psychotherapy. The discussion seemed to disappear from the journals without adequate follow up. One possible reason was that many authors were convinced that research designs needed to be improved to distinguish casualties from “spontaneous deterioration” in
which the client’s condition declined as a result of life events or their own biological factors (Mays & Franks, 1980; Rachman & Wilson, 1980). Rachman and Wilson (1980) offered a logical argument for spontaneous deterioration “If spontaneous deterioration did not take place, mental health workers would join the ranks of the unemployed.”(p. 99).

Another possible reason was that the process had just begun at the time for psychotherapy to be accepted as more than just support but as a viable clinical treatment. During this time, a national debate was occurring over whether psychotherapy should be paid for under insurance plans. Many in the field were concerned that deterioration effects attributable to psychotherapy would lead to rejection of psychotherapy being an intervention paid for by insurance carriers. Mays and Franks (1980) claimed:

“The negative effects in psychotherapy is raised at a critical juncture in the history of mental health professionals. The increase in third party payments for psychotherapy services has resulted in greater concern for evidence that psychotherapy is safe and effective….” (p. 78)

From a historical perspective, it seems apparent that the aforementioned condition combined with the poor methodological vigor of the day, led many to conclude as did Strupp, Hadley & Gomez-Schwartz (1971) “After critically reviewing psychotherapy outcome… nearly all of the studies are marred with multiple flaws.” (p.28).

While others more open to the possibility of deterioration, but not wanting to attribute it to therapy, such as Mays and Franks (1980) stated “our estimate of deterioration rates, …are 1% for behavior therapy, 3% for insight therapy, and 7% for controls.”(p. 88)

It is always difficult to have a productive discussion over matters that might increase professional liability; however, since the publication of American Psychological Association establishing efficacious practices in psychotherapy (American Psychological Association (APA), Division 12, 1995), now is probably the time to have a more productive discussion over the factors linked to therapists that might cause client deterioration in therapy. Since the phenomena did not appear to be limited to any one particular form of therapy, a process that is subtle enough to occur in all psychotherapy relationships could be at the base. This common factor suggests a possible role for verbal conditioning within the therapeutic relationship. Kaul and Bednar (1986) reviewed extensively the literature on group casualties and discovered a casualty rate of approximately three percent. In his review of the literature, Bergin (1981) suggested that calculation of global rates for individual therapy would be impossible, given the large variations in studies. Some studies have linked therapist behavior to such client deterioration (sometimes referred in the literature to as therapy casualties) in group therapy (Liberman, Yalom, & Miles, 1973) and in individual therapy (Lambert, et. al. 1986; Ricks, 1974; Sachs, 1983; Truax & Mitchell, 1971). The role of verbal conditioning in casualty outcomes need to be assessed.

While it is easy to see that an overly punishing or cold therapist could produce unfavorable outcomes (Lambert, Bergin, & Collins, 1977), a verbal conditioning approach would suggest the opposite behaviors to those reviewed in the section on verbal conditioning could also be reinforced by well intentioned therapists. Such factors may lower a sense of self worth and/or build dependency on the therapist. For example, as previously stated, Ince (1968) conditioned positive self-reference responses in female college students. A less than skilled therapist could accidentally reinforce negative self-reference responses. In another example, a therapist quick to “help” and give clients answers when they try to develop them, may inadvertently reinforce client indecisiveness and reinforce client dependency. A third generation behavior therapy like FAP would suggest that reinforcing clinically relevant problem behaviors in a session would increase those behaviors. Thus, clients who continually go to therapy and talk about how poorly they see themselves, after many sessions might increasingly see themselves as less and less competent.

Some therapists, because of lack of knowledge of conditioning and various prompting strategies, engage in incompetent or well-meaning but misguided behaviors, sometimes with disastrous consequences for patients (Loftus, 1993; Pope, Simpson, & Weiner, 1978). In addition, specific therapist behaviors, such as instructions on the therapist’s part encouraging clients to speculate (Loftus, 1993; Schreiber, Wentura, and Bilsky, 2001) and reinforcement for engaging in accusatory behavior (Garven, Wood, & Malpass, 2000) at least in children, can create false memories and accusations. These facts create a much more complex view of the therapy process. In this view an empathetic, caring, and warm therapist, who contingently reinforces the wrong behaviors could have negative effects on clients. This process is doubly problematic given that therapist may have little training on verbal conditioning and shaping of responses. To the last, we believe that third generation behavior therapist have much to add to the debate.

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Erratum:

Ommision from Cautilli et al. BAT 6.2 (2005) on Verbal conditioning - The following reference was missing:
ERRATA