Temperament- from research to practice
Necessities for useful clinical research

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1. Objectives- to increase knowledge of: clinical presentations of temperament in parents' behavioral complaints; techniques of assessment of it and of determining abrasive interactions of it (poor fits) with caregivers; effective intervention strategies; and limitations of this approach. Result should be greater clinical effectiveness and professional accomplishment and satisfaction.
Theory building and methodological investigations are also interesting but do little to enhance the practical use of temperament data to improve current parent-child relations and children's adjustments. Predictions of subsequent behavior and factor structures are of little clinical value.
2. Appropriate measurement techniques. Temperament traits assessed should be those documented to be clinically significant, observable, and ratable by parents and professionals, such as those elaborated by Chess and Thomas (low adaptability, negative mood, intensity, etc.). Interviewing usually an acceptable method of inquiry.
Clusters of items put together by the computer, but not identified and verified by clinical observation, should be avoided, such as "surgency." The computer is not a clinician.
Goodness or poorness of fit should be determined by simply asking the caregivers as to which traits they find hard to understand, tolerate, and manage. Parents differ in their response to such aversive traits or difficulty. It is inappropriate to rate the goodness of fit by calculating differences between the child's and the parents' temperament profiles or to produce a difficulty rating by adding the numerical scores of certain traits on a questionnaire without considering the parent-child interaction.
3. Appropriate outcome measures. The DSM is generally not useful because it is too adult, pathological and categorical in its orientation and not sufficiently contextual and developmental. DSM has oversold abnormal chemical CNS basis of behavioral variation. DSM-PC unfortunately a failure. Big 5 little clinical value for children. Positive outcomes not covered. Critiques of Angell, Whitaker, Francis, et.al.
Scales like the BBAS more suitable. (See www.b-di.com) It covers a full range of normal function and increasing amounts of concern about malfunction: BASICS: Behavior in social competence, Achievements, Self-relations, Internal status, Coping skills, Symptoms of physiological function. This system includes behaviors currently regarded by some as aspects of temperament but more likely elements of adjustment outcome: executive functions, self-regulation, resilience, etc. Differentiating the two matters to the clinician because temperament is largely inborn, is less changeable, and generally needs to be accommodated, while adjustment with its largely environmental input is later appearing and more amenable to change. Low adaptability is temperament; social alienation is a possible behavioral outcome resulting from inadequate management of it.
4. Areas needing clinical research- for clarity in understanding and management.
ADHD the phenomenon in greatest need of clarification. The epidemic is growing.
Physical- eating problems, obesity, colic, sleep disorders, elimination, sensory integration, failure to thrive, recurrent pains.

Behavioral- Socialization, bullying, school performance, self-esteem, self-control, self-care, depression, anxiety, coping,
Causative factors- prematurity, pregnancy complications like hypertension, diet, toxins, and personal, social, and natural stressors.
5. Settings for research. The real world, not just university labs. Pediatric practices, daycare centers, schools.
Consider the Carey-McDevitt model. Talented, motivated psychology graduate student with interested, cooperative, experienced pediatric practitioner with captive population.
6. Intervention techniques- education, identification, intervention, Objective to decrease stress and reactive behaviors resulting from parents' reactions to aversive temperament. Purpose not to get rid of temperament. Both the parent and child can learn to live better with challenging traits. Use parents' ideas and strengths as much as possible.