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Harvey L. Gochros
University of Hawaii

Joel Fischer
University of Hawaii

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SOCIAL AGENCIES: THE CASE OF BEHAVIOR MODIFICATION

by

Harvey L. Gochros, D.S.W.
University of Hawaii

Joel Fischer, D.S.W.
University of Hawaii

ABSTRACT

This paper explores the issues involved in introducing behavior
modification procedures into social work agencies, some of the
common problems encountered in using this approach, and suggestions
for dealing with these problems.

There seems to be a pattern in the introduction of new practice
concepts into social work practice (Carter and Stuart, 1970). First,
a few social workers introduce the ideas into practice and the social
work literature. As the ideas spread, others in the field may inspect
the ideas, often with a negative bias, and achieve consensus in re-
jecting the new and restating their allegiance to the established. As
the number of people who experiment with the approach increase, some
in the field begin to rephrase their evaluation in terms of the ideas
having some, but limited, applications (Bruck, 1968). Or sometimes,
the ideas may be viewed as all right, but nothing really new. Sub-
sequently, the field may bifurcate (as it did in the functional-
diagnostic schism) or--as seems to be happening in the case of the
introduction of behavior modification--the concepts slowly begin to
be infused into the mainstream of social work practice.

The introduction of behavior modification approaches into
agencies is not a simple matter, but is often accompanied by a
diversity of problems. Such problems can contribute to the failures
of attempts to help clients through the use of behavior modification.

It is a paradox that the more effective and widely applicable
behavior modification appears to be, even the client groups often
considered untreatable (Atthowe and Krasner, 1968; Franks, 1969;

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Ayllon and Azrin, 1968; Bandura, 1969; Schafer and Martin, 1969; Rimm and Masters, 1974; O'Leary and Wilson, 1975), the more hesitant practitioners are to use it. Such resistance can be understood, in part at least, as a reaction from those who balk at any new approaches. But understanding of the problem, by itself, may be insufficient to produce change. The practitioner who believes that the use of behavior modification can make a substantial contribution to effective practice must go beyond mere understanding of this possibility to assessing what behavior modification might have to offer for the problems he deals with, what specific aspects of behavior modification might be applied and what strategies can be used to shape the acceptance of these approaches into social work organization (Guyett, 1972).

The introduction into agency practice of behavior modification procedures by the social worker should be compatible with and support the objectives of his organization--as long as these objectives are professionally defensible. Such objectives may include not only the immediate goals of improved services to the client, but such long range goals as maintaining community support and improving staff morale. The effective social worker studies his organization as he would any other target system, to understand the goals, response patterns, and reinforcements which effect those who are significant to his organization's functioning. The assessment of the variables which might influence the way behavior modification approaches are introduced--or whether they should be introduced at all--includes a review of the resources and the priorities of the organization and the probabilities that behavior modification will be effective in view of such variables as the manpower, physical resources, and sources of agency power; the problems to which the organization gives priority; and to the social worker's own skills, and that of his colleagues (Guyett, 1972).

This paper will survey the issues involved in introducing behavioral modification in social work settings; some of the common problems encountered in using this approach, and suggestions for over-coming such problems.

Demands of the Delivery System

The use of behavior modification, like any other method of practice, makes certain demands on the service delivery system which utilizes it. At the same time, social workers are well aware of the influence the delivery system has in controlling the professional decisions and choices made within the system. Behavioral approaches

shape and are shaped by the organizations in which they are used.
Their departure from some traditional approaches often exaggerates
these problems. The effectiveness of behavior modification is there-
fore dependent to a large extent on how well the social worker
resolves the various potential conflicts between the demands of the
behavioral procedures and the demands of the delivery system.

The potential conflicts in the reciprocal relationship of delivery
system demands and a system of practice concepts are varied and appear
in many forms (Tharp and Wetzel, 1968; Sarri and Vinter, 1967). Many
failures of behavior modification can be traced to such conflicts.
Some of the more common problems will be discussed here along with
some possible ways of overcoming them.

Informal Agency Obstacles

Social work agencies must be viewed as social systems as well as
bureaucracies (Sarri and Vinter, 1967, p. 88). They are bureaucracies
in the sense that they are established and maintained to accomplish
specified goals, and are organized and structured in such a way as to
insure that these goals are attained at a high level of productivity
with the most efficient means available. If clear and rational presen-
tations of the effectiveness of behavior modification are made, there
can be little rational resistance by the agency bureaucracy.

But the agency is also a group of professionals in a social
system which often reacts in subtle, unwritten and informal ways to
pressures both from within and outside of the agency which often
conflict with the goals established by the bureaucratic aspects of
the organization (Sarri and Vinter, 1967). The patterns by which the
social system operates change over time as outside events influence the
agency, and as there is personnel turnover within the agency or as
staff members modify their perceptions. It is the informal, sometimes
irrational factors within the social system of the agency which may
have the most profound effects on the introduction of new approaches
into the agency's program.

Often, organizations tend to resist change. There is comfort and
safety in established procedures and policies. Inertia in organiza-
tional change is often the product of the distribution of power within
the organization itself. The administrator and senior supervisors may
represent a "gerontocracy" having considerable power over the intro-
duction of new policies and procedures in their agency. They may also
be individuals in the agency who are furthest away from practice as
well as from their formal social work education. As a result, if they

were educated as caseworkers, they were reinforced for learning and accepting a psychodynamic approach to human behavior and case management. In fact, if their graduate education followed the common pattern of much of the first half of this century, their challenges to this conceptualization may have been met with accusations of resistance and implicit psychological deficits.

Commitment to the psychodynamic model has traditionally received considerable reinforcement. It was almost universally accepted by peers and provided a fairly reinforcing technology for the practitioner—reinforcement by clients who stated that they were benefitted by the social worker's help, and protection from the aversive consequences of those clients who withdrew or refused to improve with the rationalization that they were probably "untreatable" in the first place. Furthermore, "talk" therapies based on the psychodynamic model provided fairly easy (you don't have to leave your office), enjoyable experiences (long talks with many clients are very reinforcing) for the worker. It also provided social workers with an opportunity to model their behavior after that of the much admired psychiatric treatment of the day. Indeed, the high priority placed on "insight" therapy as the apex of a large proportion of social work intervention typologies clearly emulated the psychiatric model.

Executives and supervisors who have been reinforced for many years for such an orientation may resist giving up this approach, except through token acceptance of some procedures in some situations. It is painful to question the patterns of a professional lifetime. While practitioners' questions and arguments may have considerable thought behind them, it is important for them—in trying to convince administrators and supervisors of the desirability of change—to be aware of the potential threat which a new approach may engender.

Administrators, supervisors and line workers all operate according to the same laws of learning which influence our clients', and our own behavior. They tend to engage in behaviors which are reinforced and avoid those which are aversive. In this light, it may be useful to consider some of the potentially reinforcing and aversive properties of psychodynamic and behavior modification models for the practitioner, supervisor, and administrator, a delineation described in Table 1.

TABLE 1:   Qualities of Traditional Approaches and
           Behavior Modification That May Be
           Reinforcing and Aversive for Administrators,
           Supervisors, and Practitioners

	Reinforcing	Aversive
Traditional Approaches	Extended relationships with respecting and admiring people Frequent reports (from those who continue) of being helped in general terms Fascinating and intricate diagnostic procedures Doesn't require leaving own convenient and comfortable office Is generally expected by large percentage of clients and colleagues Similar to what other prestigious professions do	Time consuming Research indicates often unsuccessful and frequently leads to deterioration for clients Tends to treat clients as "sick" Verbalized changes in office may not affect behavior in outside world In consultation, approach is largely limited to understanding psycho-dynamics with unclear implications for interventions

	Reinforcing	Aversive
Behavior Modification	Data seem to support effectiveness in a wide range of settings Provides clear evidence of success when there is success Provides clear guidelines for practice (e.g., specific techniques)	New, requires changes There may be little direct contact with the target Weekly reinforcement, through clients' gratitude, may not be forthcoming Technology may be considered strange by clients; concerns over "bribery", etc.

	Reinforcing	Aversive
Behavior Modification (continued)	Facilitates egalitatian relationships with clients and mediators	Often requires working effectively and closely with mediators, e.g., house-parents, teachers, etc.
	For consultation, provides a clear, easily trans-missable, action-oriented approach	Does not build on common knowledge base
	Client improvement, which clearly relates to the intervention	Takes more precise, clear cut planning rather than depending on more global definitions of core of problem (e.g., "unresolved goal").
	Greater range of tools for range of problems	
	Learning something new and revitalizing. Being in on 'ground floor" of new developments	Seems to be what "psycho-logist's do"
		Is talked against by many social work educators and leaders
	Efficient-generally demanding less time expended by social worker per case. More rapid turnover of cases	Are not enough experts to provide the consultation needed to practitioners as they first learn to use it
	Makes effective use of paraprofessionals, geometrially increasing potential for reaching people in need	May be challenged, carefully scrutinized and depreciated by colleagues
	Makes direct link between assessment and intervention	

Influencing Staff Attitudes

Hopefully behavior modification will be considered by staff through an open evaluation of its merits. Acceptance of demonstrations of behavior modification can be facilitated by finding means of showing

what the introduction of this technology (i.e., applied body of know-
ledge) into the agency can do not only for the clients but for the
staff and agency as well. This requires the staff person advocating
these procedures to understand what is reinforcing to staff and what
aspects of the approach are aversive. All too often, the mistake is
made of using logical debate as the only means of influencing staff
attitudes. As noted earlier, the agency--when seen as a social
system--is often controlled by non-rational factors.

It is necessary, then, for the social worker to assess the
agency's attitudes, conceptions and experiences with the practice of
behavior modification--as well as to honestly explore his own attitudes
about the agency. What do the various staff members anticipate to be
the consequences of the use of behavior modification? What dangers or
negative consequences do they expect? There often may be realistic
bases for staff concern. Descriptions of professionals using behavior
modification strategies as "arrogant, patronizing and brusque" are
frequent enough to raise questions as to their validity (Guyett, 1972).
The development of civility and friendliness on the part of those
introducing new approaches into a social agency is not just a nicety
but a necessity for making new ideas more acceptable and less threaten-
ing and creating an atmosphere in which there is willingness for all
staff to share each other's experiences.

There are many procedures which can facilitate the use of behavior
modification procedures in an agency which is mildly to strongly
opposed to their use. Many approaches other than open and logical
discussion of the issue may seem devious and in conflict with the open-
ness ideally characteristic of the use of behavior modification. Some
of the ways in which practitioners have been able to create more
responsive attitudes toward behavior modification among fellow staff
members, supervisors, and administrators are:

1. The practitioner first using this approach, tries it out in a
limited scope, such as with a particular set of problems in an agency
special project, on one ward, in one cottage, etc. Objective records
are kept and shared with those who have been involved with the project.

2. Suggestions can be made by the social worker to model after
other local agencies, or similar agencies in other communities, which
face the same problems and have successfully used behavior modification.

3. Through informal relations with a select group of parapro-
fessionals affiliated with the agency (e.g., foster parents, cottage
personnel, outreach workers), the social worker can discuss the approach

and explore ways in which they and the social worker might attempt to apply the technology with a particularly difficult situation. The procedures are explained in simple language and progress shared with the participants.

4. The social worker volunteers to work collaboratively on a case with one of the more skeptical but concerned members of the staff. If allowed to do so, he should then be open with the co-worker and offer him appropriate reinforcement for joint participation.

5. The social worker should analyze his own behavior from a behavioral point of view to maximize his use of positive reinforcement and minimize his use of punishment or aversive behavior. For instance, any implications that the technologies used by colleagues are "bad" or "unethical" should be avoided. A low key approach is likely to create less resistance. Share ideas with colleagues, avoiding "lectures." Again, the principles of reinforcement apply to the worker's own behavior and that of his colleagues. It is not effective to attempt to influence people by making them feel stupid. Praise, positive criticism, the pleasure of successful problem-solving can much more effectively change behavior. Rather than saying, "Your approaches clearly don't work, are outmoded, and behavior modification is the only intelligent approach," it may be more effective and honest to say, "There are many ways of approaching this kind of case. I (or others) have found it useful to use this approach."

6. The social worker should avoid jargon. While it may be conceptually useful to name approaches, it may be more acceptable to colleagues, supervisors and mediators to functionally describe an approach than to label it. For instance, saying that, "I want to teach Tom how to be more comfortable with the things that make him up-tight," may find a more responsive reception than saying, "I am going to apply systematic desensitization to Tom." Indeed the term "Behavior Modification" itself has generated a constellation of myths in the field (Morrow and Gochros, 1970) and to some, it has become associated with a cold, computer-like, laboratory-oriented image. These images are understandably aversive to people in the helping profession. They can be avoided by offering functional descriptions of recommended procedures rather than abstract labels.

7. Before offering consultation or recommendations for procedures, the social worker should establish his credibility for being successful in these approaches. For example, a school social worker offered to help a teacher work with some of the particularly difficult behaviors of one of her students. After some progress was made, the teacher

mentioned her "project: to other teachers who began to approach the social worker for help with some of their problems. Later some of the teachers suggested the worker offer a seminar on "strategies of classroom management."

8. The social worker can offer praise and encouragement for those who begin to apply behavior modification in their own practice, but should not "oversell." There are many factors which may lead to failures in the approach. These can be anticipated. It is also facilitating to take the tack: "Let's try this and see if it works a little bit better."

9. The social worker should start introducing concepts of behavior modification with those who have the most immediate contact with clients rather than trying to influence those who are further removed. For example, a rural child welfare worker sent letters home with all the children identified as "retarded" in the county inviting parents to an evening session on "child management." In the sessions, she offered "some things that seem to work with common problems experienced by parents of 'retarded' children." The parents asked for additional sessions and ultimately organized a county wide association of parents of retarded children which focused on helping parents teach their children necessary skills and deal with common behavioral problems.

Bureaucratic Obstacles

The social system aspects of the agency are not the only source of problems in developing behavior modification programs. The bureaucratic demands of organizations may create obstacles for the social worker (Tharp and Wetzel, 1969, p. 141). Some agencies cannot--or will not-- provide the flexibility for allowing individualized plans for individual cases. Some agencies (particularly schools and institutions) are oriented to the convenience of staff through their policies and schedules, and offer little tolerance for individualized programs for particular clients. There is also pressure in bureaucracies to treat all consumers alike. "Non-discrimination" is a basic social work value; but its inappropriate, inflexible application can impede individualized intervention programs.

An example of the complex problems introduced by such bureaucratic rigidity is provided by Tharp and Wetzel (1969, p. 141). A plan was developed in which a child was allowed to play in after-school football games as a reinforcement for good behavior at school in the morning. The school principal objected to the plan for two

reasons: (1) He didn't believe the school could restrict this child from the after-school football program when it was the right of all other children (bureaucracies are oriented to treating all individuals alike); and, more important, (2) There was no communication channel in the school for sending information from the student's morning teacher to the afternoon football coach. Both the teacher and the coach felt it would be inappropriate for their respective roles to have them report to each other.

Since most social work practice is carried out in bureaucratic settings, the friction between bureaucratic demands and the delivery of individualized services remains a major concern. Certainly this friction can create a major problem in the utilization of behavior modification. In describing problems in casework practice, Briar (1973, p. 24-25) suggests:

> Every attempt by the agency to routinize some condition or aspect of professional practice amounts to a restriction of professional discretion, and for that reason probably should be resisted, in most instances, by practitioners. But it will not be enough to resist bureaucratic restriction. We will need to roll back the restrictions that already constrain practice in order to gain the freedom essential to experiment, to discover new and better ways of helping the clients to whom we are primarily responsible.

Agency practice, and along with it basic administrative demands, are probably essential to the equitable and widespread distribution of social services. But the agency should remain the servant of these services, not their master. The extent to which administrative procedures can be stretched or relaxed to meet individual case needs requires constant exploration and reevaluation.

In cases such as the above, for example, if an adequate plan can not be devised within the existing bureaucratic arrangements, the social worker may have to assume the role of advocate or broker for his client for getting the various individuals in the clients' natural environment to bend their bureaucratic roles to meet the demands of the intervention plan. This may require finding ways of obtaining and developing extrinsic reinforcement systems that do not frighten those who are concerned with limited agency budgets. This problem is, of course, compounded when the worker operates in a separate bureaucracy from the one influencing the client, and thus has less access to the individuals involved (for example, a family agency worker dealing with a child in an

institution). But even in such situations the basic formula remains: removing aversive consequences and finding reinforcement for those in the client's environment for participating in change efforts. At any rate, a variety of strategies may be necessary for removing bureaucratic obstacles to efficient and effective services. Such strategies are articulated in the social work literature (see, e.g., Patti and Resnick, 1972; Pruger, 1973).

Summary

This paper considered some of the impediments to the acceptance of behavior modification programs in social work organizations. Sources of resistance to accepting these approaches can be lodged in both the formal bureaucratic structures and the informal, sometimes non-rational reactions of staff. Another source of resistance can be related to the approach used by the social worker in introducing behavior modification, if he fails to apply an understanding of the factors influencing the attitudes and behaviors of staff and administration in their reactions to the approach. Some procedures for understanding, and overcoming inappropriate resistance are suggested.

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