

# UNIVERSITY *of* MISSOURI

MU LIBRARIES  
ACCESS SERVICES

The document below may be protected by U.S. Copyright Law.

## Copyright Compliance Notice

The copyright law of the United States (Title 17, United States Code) governs the reproduction and distribution of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to reproduce materials. One of these conditions is that the reproduction not be "used for any purpose other than private study, scholarship, or research." Any person who copies or re-distributes this material in any way inconsistent with Title 17 and its "fair use" provisions may be liable for copyright infringement.

This institution reserves the right to refuse to accept a copying order if, in its judgment, fulfillment of the order would involve violation of copyright law.

Learn about Copyright at <http://libraryguides.missouri.edu/copyright>

If you have any questions or concerns,  
please contact

## Interlibrary Loan

[ellisi@missouri.edu](mailto:ellisi@missouri.edu) | (573) 882.1101 | <http://library.missouri.edu/services/requestill/>

Submit another Interlibrary Loan request at <https://ill.mul.missouri.edu>

Browse our FAQ <http://library.missouri.edu/services/requestill/faq/>



# THE UNDERLIFE OF BEHAVIOR MODIFICATION

David R. Buckholdt, Ph.D., and Jaber F. Gubrium, Ph.D.

Department of Sociology, Marquette University, Milwaukee

---

*The practice of behavior modification in a residential treatment center for emotionally disturbed children is described, based on the authors' observations over 18 months. Particular attention is given to the influence of context and situation as staff members count units of behavior, report their findings, and meet with colleagues to evaluate their data. It is suggested that these data reflect a mixture of client behavior and tacit staff practices, although they are presented officially as being only about clients.*

---

This paper will examine the tacit practices of those engaged in behavior modification in a residential treatment center for emotionally disturbed children. Tacit practices are those that are "hidden," in the sense of being taken for granted or seen but not formally noticed. Such practices constitute an underlife of the center's work, in that they are part of the work of doing therapy but are not recognized in formal models or official accounts.

Behavior modification has no more of an underlife than other types of treatment.<sup>8</sup> However, its advocates stress, perhaps more than any other therapists, a tight correspondence between rules for doing therapy, the work of practitioners, and outcomes. There is an emphasis on standardized procedures, valid and reliable measure-

ment, strict accountability, and, ideally, an implicit denial of an underlife or related practices not specified in the model.<sup>7, 10, 12, 13</sup>

## SETTINGS AND PROCEDURE

Behavior modification is a prime therapeutic strategy of professional therapists and care providers in a residential treatment center for emotionally disturbed children, called "Cedarview."<sup>2</sup> Cedarview is considered to be one of the better treatment facilities of its kind. It provides both residential and day care for about 60 children, ages six to 14. Cedarview offers what is described as "total" treatment for children. The program includes special education with individualized study material, supervised group living in a structured environment, recreation, and

---

Submitted to the Journal in July 1979.

specialized services in areas such as social work, psychology, psychiatry, nutrition, health, and speech therapy.

Most of the children at Cedarview come from lower-income families. It is not unusual for parents to be divorced, separated, deceased, or for a child to have been adopted or be placed in a foster home. Most children are admitted under the aegis of one or another county welfare department. The intake files suggest that the route to the facility begins with families, school teachers, or juvenile authorities. Parents may file a complaint with a social worker in the employ of a county welfare department, in which they describe problems with the child that may be related to divorce proceedings, unemployment, lack of support payments, or feelings of extreme nervousness and depression. Teacher complaints are addressed to counselors, the principal, or school psychologists. Whatever the nature and source of the complaint, the child is pictured as "troublesome" or a chronic "troublemaker," one who violates accepted routines and makes life difficult for others.

Tacit practices are not captured in official or public accounts such as standard interviews, questionnaires, or self-reports. This is not because people intentionally conceal them but because tacit practices are not part of the conventional wisdom of what is being done in the name of therapy. One needs to be on the scene, recording what people say and do as they accomplish what they see as their professional work, as well as the more mundane tasks surrounding institutional life.<sup>1, 5, 9</sup> Accordingly, we participated in and observed the everyday affairs of people

at Cedarview. While we were not full participants, in that we did not engage in professional therapeutic work ourselves, we were constantly present in the settings in which this work was accomplished over an extended period of time, about 18 months. These settings included classrooms, cottages (residential quarters), field trips, therapy and testing situations, and various forms of staff sessions at which professionals met to decide on diagnostic and treatment matters.

#### GOAL ATTAINMENT IN THEORY AND PRACTICE

Several reasons are offered for adopting so-called "behavior mod" as a form of treatment for emotional disturbance. It is thought to provide thoroughly tested guidelines or procedures for diagnosing, treating, and managing the behavior of disruptive and disturbed children. It also is said to allow for better accountability to funding agencies and other interested parties by providing precise data on behavioral change.

The current practice of behavior modification at Cedarview revolves around the Goal Attainment Treatment Guide, or GATG. A GATG is prepared on each child. The Guide indicates the nine scales or categories that the staff sees as the most important general areas of difficulty for emotionally disturbed children: *peer relationships, adult relationships, family relationships, academics, intrapsychic problems, relationship to property, attending skills, self-care, and communication skills*. Within each category are listed examples of behavior that could be included there; for example, out-of-seat behavior under *attending skills* and

bedwetting under *self-care*. The Guide also contains forms for recording the initial or baseline levels of problem behavior, a strategy to be followed in modifying the behavior, a procedure and form for recording periodic follow-up measures, and a format for specifying outcome goals in quantitative terms, from least favorable through most favorable.

The staff is expected to be working on at least nine behavioral projects on each child. Three are the responsibility of classroom personnel, three are completed in the cottage, and the remainder involve the child's social worker. These projects, while carried out individually by staff members, are discussed at monthly team meetings where the teacher, social worker, and cottage worker for each child meet to discuss objectives and problems, and to review one another's work. Behavioral data are also presented and discussed in the staff meetings held every six months for each child. In addition to the professional staff members described above, those who attend semiannual sessions include a consulting psychologist or psychiatrist; the supervisors of cottage living, education, and social work; others from Cedarview who work with a particular child; and a representative from the county welfare department. The purpose of both the team and semiannual meetings is to review recent progress in treatment and to reach decisions about the continuation or modification of treatment strategies. The areas of problem behavior specified in the GATG and the baseline and follow-up measures on these problems are seen as providing vital information in the decision-making process, as it af-

fects both the planning within Cedarview and the ability of the staff to provide evaluative information to funding agencies and families.<sup>3</sup>

The application of behavior modification is described, both in the literature and at Cedarview, as requiring technical skill and precision. One pinpoints important behavioral problems of clients in precise categories, counts them, develops and implements a program to counteract the behavioral problems and thus modify them, and counts again to assess change. The therapists at Cedarview could undoubtedly be accused of making mistakes, many of which might be corrected through better training and supervision. Yet many so-called mistakes involve more than technical shortcomings. They arise from the fact that, in practice, therapists do not respond to units of behavior as if they were events isolated in time and place—as if they occurred in a social vacuum. Other considerations enter into the decision-making, considerations that influence the interpretation of and reaction to a unit of behavior. In fact, there is no such thing in practice as a unit of behavior that has constant meaning across time and place, for meaning is not an inherent property of an act but a product of interpretation. The observer comes to see units of behavior as the same or different, not only by more or less accurate inspection but also by way of other considerations such as past events, future prospects, and organizational constraints. It is the interpretation of behavior in the light of other considerations that produces an underlife in behavior modification. It is an *inevitable* underlife, in that insofar as behavior

modification is practiced at some time in some place—in some circumstance—there are always “other considerations” in interpreting behavior.<sup>2</sup> We will describe how these “other considerations” constitute integral, tacit features of behavior modification in practice.

#### BASELINES AND FOLLOW-UPS

Baseline measures are taken soon after “target behaviors” are selected for the GATG. Usually completed over a period of three to five days, the baselines are used for judging the effectiveness of the staff in modifying problem behavior. Another use, freely admitted to by staff, is to demonstrate to the welfare department, parents, and others that the children do in fact have severe behavioral problems that require treatment. Several teachers and cottage workers told us that they considered more than the needs of the individual child when selecting target behavior. For example, they might choose a unit of behavior because it is relatively easy to measure (a common complaint was that it is very difficult to both teach and baseline at the same time), or because they had selected one or two other problems that might be difficult to modify quickly and seek at least one that is somewhat easier to change.

The supervisors were aware of these concerns and they continually admonished the staff to select only “real” problems. They also knew of the difficulties in working with children while measuring, so they often asked the social workers or social work students who had field work placements at Cedarview, and who had learned to use behavioral measurement techniques in graduate school, to assist with the

baselines and follow-ups. Other problems in behavior modification assessment, however, were constantly faced by staff and supervisors but went officially unnoticed. Personnel would talk about them, even agonize over them, but rarely allow them completely to impede assessment work or to call into question the very meaning of the data generated.

#### PRODUCING VALID MEASURES

The GATG contains information on how behavioral measures are to be taken, often including time of day and type of activity during which to do the assessment, such as during reading or mealtime. Staff members know they must be consistent in following the same format and must make their assessments in very similar contexts if the measures are to be reliable and valid. Yet even rather precise guidelines for measuring are not sufficient for guiding practice.<sup>4</sup> Staff members find that one activity session is never identical to another, even though the same label may be given to both. And they feel that they must attend to these differences in context as they affect children's behavior if the measures are to be meaningful. Consider the problem faced by a teacher who had decided to modify a boy's “hitting-other-children” behavior:

The teacher claimed that this was a serious problem and felt little need to justify it with baseline measures. She estimated that it occurred between 20 and 25 times per day. The supervisor, however, insisted that she do an actual count before the monthly staff meeting. So she began to count all instances of hitting during the morning reading session, one week before the meeting. During the first morning, she counted 29 instances of hitting. On the

second morning, however, her count was only two. She asked one of us who had been in the room that morning if he had observed more than this. She felt that she had probably been so busy teaching that she had missed most of them and claimed that, “after all, he is pretty sneaky” in hitting other children. The observer told her that he had been looking at something else and had not noticed this particular behavior. The next day the teacher counted four instances of hitting. She informed the observer that, while she had been more vigilant and counted every instance, the greater amount of time devoted to group rather than individual activities during the morning explained the low incidence of hitting. She also mentioned that she planned individual activities for the next two days so that the count would be more accurate (*i.e.*, higher). At the staff meeting on Friday, she reported three days of observation, with counts of 29, 22, and 25. Her colleagues congratulated her on the accuracy of her initial prediction and the reliability of her baseline measures, since a social work student had also counted instances of hitting on the final day of baselining and reported a total of 24, one less than the teacher's final count.

On another occasion, one of us sat in an observation room with a one-way mirror and watched a student social worker “baseline” a child in the classroom for “teasing” behavior:

Teasing was defined as hitting, touching, making faces or derogatory comments, or name-calling. After about seven minutes without any teasing, the social work student began making derogatory comments about the boy to the observer. He told the observer that he baselined the child last week for “off task fantasizing” (staring into space) but got a very low count. Instead, the boy had been constantly teasing. Now he was fantasizing but not teasing. The student referred to the child as a “little shit” who is very clever. According to the social work student, the child seemed to know he was being observed and for what type of behavior. More time passed and there was still no teasing. Finally, near the end of the period, the child stood up from his chair, peered over the head of the child in front of

him, and ruffled his hair. The social work student became excited about the possibility of getting “a lot” of teasing in the few minutes remaining. The child, however, sat back down in his chair and continued to work quietly as the period came to a close. The social work student decided that any further attempt to baseline on that day would be hopeless. He called the teacher to the observation booth, and the following brief conversation terminated the baselining session. STUDENT: “No good. He didn't do it. I'll have to come back again, maybe tomorrow. Better yet, why don't you call me when he starts teasing again.” TEACHER: “That's a good idea. You won't have to waste much time that way.”

We observed numerous other incidents of a similar nature. Staff members did not hide the fact that they did such things as extend the baseline period in order to compensate for a low incidence of the behavior on one or more days, suspend measurement until they were certain that the behavior was occurring at a reasonable rate, and structure conditions that they felt were likely to produce the behavior of interest. They argued that, after all, such practices were necessary in order to get valid data, given such problems as the cleverness of children who knew when and why they were being observed, the variability of behavior in differing circumstances, and other practical features of their work with these children which required they go beyond the guidelines of the GATG in doing baselines and follow-ups. While they admitted to these practices, they continued to view the data, once collected, as data about children and their behavior. The practices of staff in generating the data were glossed over as they attended to the more serious business of behavioral problems and changes in behavior, as revealed in their data.

### PRODUCING COUNTS

A second problem in doing baseline measurements and follow-ups has to do with the assumption of behavior modification that human behavior can be segregated into discrete units and counted as instances of one category of behavior or another. Some examples of such categories are hitting, being on the run, being out of one's seat, and talking during quiet time (a form of "talk-out"). Each of the categories is described in the GATG, with instructions on how to measure and modify it (as target behavior). It is assumed that precise definitions of each category can be constructed, adequate for the differentiation of instances from noninstances of the particular category of behavior.

In doing baselines and follow-ups, however, there is considerable discretion in deciding whether a particular type of behavior occurred and whether it is to be counted as an instance of a general class of behavior. In concrete circumstances of whatever kind, general rules for counting and illustration of sample behavior, no matter how detailed or precise, do not seem to be adequate guides to the task of completing behavioral counts. Deciding whether a particular instance should be counted involves more than merely matching the behavior displayed, by means of a counting rule, to a category of behavior. In addition to the counting rules specified in the GATG, staff members consider a complex flow of relevant past, present, and future events and possibilities. As an example of the contextual discretion involved in doing baselines and follow-ups, consider the case of a teacher who was baselining a child for "hitting." According to the

counting rule specified by the teacher, hitting could include slapping, punching, or throwing objects at another child:

On the morning when instances of hitting were to be counted, the child, Reginald, was sitting at his desk, working on spelling exercises. He got up and went to the back of the room to sharpen his pencil. On his way, he swatted several boys lightly on the shoulder with the back of his hand. There were mild complaints, which were quickly forgotten. The teacher counted three instances of hitting. Several similar scenes followed and the teacher's count rose to seven. Later in the morning, a boy passed Reginald's desk on his way to get supplies. Words were exchanged and, when Reginald called the boy a "fat pig," Reginald received a slap in the face. Reginald swung back but the altercation was quickly broken up by the teacher. The teacher, however, did not count this as an instance of hitting because, as she explained, the other boy had "started it" and Reginald was only "defending himself." A few minutes later, the fight erupted again. After the second episode, the teacher confirmed that she was somewhat puzzled over how many instances of hitting to count, since numerous blows had been thrown. She decided to count only one since it was "all part of the same incident." When the fight erupted a third time, hitting was not tallied since the teacher saw this as merely a "continuation" of what had preceded.

Even a seemingly straightforward act like being out of one's seat requires judgmental work. In one of the cottages, a study period of 45 minutes is scheduled every weekday evening. The boys are required to be quiet and seated at the study tables, and are not to leave their seats without permission. One of us was observing during a study period while a cottage worker was conducting a follow-up measure on a boy named Eric:

Baseline measures had revealed that Eric was out of his seat an average of ten times during

each study period. For the past three weeks, Eric had been on a special program whereby he could earn privileges in the cottage if he was not out of his seat more than two times in a study period. The day's period began with the cottage worker warning the boys that they could not talk or leave their seats without first asking permission. Requests for permission should be signaled by a raised hand. Eric worked quietly in his seat for about five minutes before his pencil rolled across the table and onto the floor. Another boy picked it up and put it in his pocket. Eric got out of his seat to get his pencil. The cottage worker quickly ordered him back to his seat and recorded one instance of "out-of-seat" behavior as he told the boy to return Eric's pencil. Eric went back to work. Soon his hand was raised because, as he explained later, he had encountered a word that he did not know and needed to use a dictionary. The cottage worker was busy working with another child and had his back to Eric. After sitting with his hand raised for several minutes, Eric got out of his seat and walked toward the dictionary. When the cottage worker ordered Eric back to his seat, Eric explained that he had raised his hand for some time but was not recognized. Several other boys confirmed his story. The cottage worker gave Eric permission to use the dictionary and did not count an out-of-seat behavior. Near the end of the study period, Eric's pencil again rolled across the table and was picked up by another boy. This time Eric stayed in his seat but slid his chair around the table in pursuit of the pencil. The cottage worker counted a second instance of out-of-seat behavior. He explained to the observer and to Eric that Eric had violated the "spirit of the rule." As the period came to a close, Eric and most of the other boys were in and out of their seats several more times. The cottage worker explained to the observer that he would not count these later instances because Eric had been "pretty good tonight" and after all it was "near the end of the period." He also explained that Eric had already reached his limit of two out-of-seat instances and one more would mean the loss of his special privilege, which that night was playing pool. If that happened, the cottage worker predicted, "there would be hell to pay for the rest of the night."

One of the major benefits of behavior modification, according to its advocates, is measurement precision. Of course, experts are well aware of problems of observer bias and other threats to reliability and it may be that the staff at Cedarview could have benefited from better training and supervision. Our concern lies elsewhere, however—with the issue of whether observers, however well trained and supervised, can be technicians who straightforwardly apply counting rules to discrete units of behavior that appear before them, or are necessarily active participants in the scenes they observe in that they must determine what is countable. The resources used in the determination include the formal specifications contained in the guidelines for measurement and the observers' circumstantial knowledge about the varying complexities surrounding the behavior.<sup>2,4</sup> The latter inform the observer how to apply formal counting rules. Thus, given circumstances not specifiable *a priori*, hitting is not really hitting when another boy strikes first and in-seat behavior is really the same as out-of-seat behavior. Circumstantial judgments cannot be eliminated by ever more precise behavioral definitions and rules of counting, since the activity of counting itself is circumstantial. They can, however, be well-concealed in presentations of baseline and follow-up data.

### REINFORCING BEHAVIOR

We looked closely at what staff members do as they attempt to implement programs based on behavior modification. A program includes a target behavior, a way of measuring it, and a procedure to be followed in modifying the behavior. When the data show im-

provement, staff attributes this in large part to the program. When there is failure, staff blames the problem. Other factors, such as the type of child and the cooperation of parents, also are believed to be reasons for success or failure of programs.

The practices of staff are important if we are to know how seriously to take the assertion that behavioral change in children can be attributed to therapeutic programs. This interest in staff practice in behavior modification is related to a rather recent development in the field of evaluation research concerning the quality or degree of program implementation. Evaluators have realized that a large amount of program variation can flow from program guidelines to objectives. Our concern here is not so much in assessing the degree or quality of implementation, given some standard, but rather in identifying sources of variation due to inherent circumstantial considerations taken into account by staff in practicing behavioral therapy.

One of the Cedarview cottages was using a system modeled after "Achievement Place," a complete program in group living based on behavioral principles.<sup>12</sup> A cottage worker had read most of the training materials on this model program and had reviewed the evaluative data. He had also attended a local workshop to learn to use the system, and was now teaching his co-workers. He was sold on the program by both the "strong data" in support of its effectiveness and the "clear guidelines" for measuring behavior and providing reinforcement, which, according to him, eliminated the "ambiguity and pininess" in reinforcement that had

existed previously in the cottage. The substance of the program was summarized in chart form and stapled to the cottage bulletin board. The chart listed the names of each child in a column on the left side. Across the top of the chart were the categories of target behavior, for which points were awarded. The categories included specific GATG-related target behavior for each child as well as general decorum behavior for specified periods such as during breakfast or study period. Points were usually recorded immediately after designated periods of daily activity—after the boys had gone to school in the morning for example, or after study time in the evening. We will consider one point-giving occasion as an example of the general process:

Points were first given after breakfast, following the boys' departure for school. The cottage worker, Lou, and his assistant, Steve, stood in front of the point chart. The assistant had been on overnight duty and Lou asked him about the behavior of the boys during the night. Steve claimed they were all "okay," so Lou recorded one point for each boy in the appropriate box. Then Lou asked about the bed-desk-locker check in the morning, for which there were specific guidelines describing expected appearance. Steve again claimed they were all "okay," but Lou suggested giving no points since none of the boys had specifically requested a check and this was one of the rules. Steve agreed. Lou noted that they had been forgetting about this, and felt the loss of points would serve as a reminder. Lou then asked about general behavior during breakfast, while dressing for school, and in completing a morning job to which each child was assigned. Steve suggested that several boys not get points for various reasons like "acting up" or "horsing around." Lou usually agreed but made some of his own suggestions for why points should or should not be given. As they concluded the awarding of points, Steve asked that they reconsider the points one boy had received for

his job. While the job was completed satisfactorily, Steve felt that the boy's attitude was "lousy." Lou erased the point.

Now they began considering so-called personal points, given for GATG items of target behavior designated for each child in the cottage. They couldn't remember exactly what these individualized units of behavior were for each child, so Lou went to the cottage office to get the complete list. They discussed the personal points for each child and often negotiated whether or not he had earned them. One boy was denied a point even though they agreed that he had technically met the standard, because he had complained too much in carrying out his task and that annoyed Steve. Another boy earned a point even though he fell far short of his performance goal because he was denied several other points and any further reduction in point total would likely result in a "real explosion" in the afternoon when the boy returned to the cottage. The last boy on the list was denied his personal point because both Steve and Lou thought they had heard him whispering and his goal was to "speak only to other people and not make noises or talk to myself." As they concluded, Steve and Lou reviewed their work. Each one suggested a few changes, either to give or take away a point because of some circumstances that they had not previously considered. They briefly negotiated each case and quickly came to a final decision. At this point, one of us asked whether the boys would want an explanation for why points were not given. Lou replied that, indeed, they do ask, and it often is hard to recall how the decision was made. According to Lou, there were always good reasons for withholding points. If he couldn't remember the precise reason, he simply "made up something" that sounded reasonable. He then chuckled and admitted that the boys "accept it pretty good."

Reinforcement is not fully accounted for by any contingency rule that specifies the relationship between the behavior of a child and the response of a staff member. When staff members explain the success or failure of their behavioral programming, they tacitly overlook a

host of situational considerations that enter the practice of behavior modification—such as giving a point in order to avoid trouble later in the day, or withholding a point because of a boy's attitude even though his job had admittedly been completed satisfactorily.

Official accounts of behavior modification, which tie rules of procedure to data on behavioral change, are procedurally incomplete. When the process of behavior modification is observed, it is clear that exclusive attention to standard procedures and resulting data obscures the practical work of staff in attempting to come to grips with a complex variety of background assumptions and immediate practicalities, only some of which formally involve the specified behavior of the child. When this practical work is recognized, it is evident that there is much more going on in behavior modification than the current behavior of the child, isolated from other events, and the rule-guided observations of the therapist.

#### REVIEWING DATA

In the preceding two sections, we discussed the staff's work in producing, not merely collecting, data on children and in reinforcing behavior. Now, we shall examine an additional aspect of staff practice in a behavior modification program, their collective efforts to discover the meaning of the data they have produced.

At the monthly team meetings and the semiannual staff sessions, the children's behavioral programs and the baseline and follow-up data are reviewed. Each staff member who works with a particular child reports to the group about the child's target behav-

ior, describing any changes based on the data on hand. The data are presented as information about the child and his progress, not about isolated staff practices in data production. Debate may ensue over the accuracy or meaning of the data. Some may argue, for example, that, contrary to what was reported, they have not seen any change in the child's behavior; or that, while he has changed, it is superficial, a temporary response to external reinforcement, and that he is basically the same nasty child. The debate, however, is focused on the child and his real problems. The process through which staff comes to know about and deal with problems which it believes to exist apart from staff efforts to understand the child and treat him is not given serious consideration:

At one staff meeting, a teacher claimed a large decrease in "hitting" after she introduced a special program to modify a child's behavior in that area. A cottage worker, however, questioned the claim. He had not seen improvement in this type of behavior in the cottage; in fact, he felt that it had worsened. He was not accusing the teacher of lying about what she had observed but was suggesting rather that the data were of limited value. He argued that the improvement that the teacher had noticed and recorded was temporary and highly circumscribed. The assistant teacher supported this point of view when she added that hitting had not really changed much at other times of the day when they were not so attentive to the behavior. Upon reflection, the teacher agreed that this was probably so and accepted a suggestion that she add a footnote to the data explaining the reasons why they appeared to show improvement when in fact there had been little change.

We witnessed numerous instances of data being revised upward or downward after staff reviewed them. Even when the data themselves were not ad-

justed, there was still likely to be some debate over their meaning. What one saw as a positive change, another interpreted as really very little or no change given what other children had accomplished or what the child seemed capable of doing. In other cases, there was agreement on the progress apparently shown in the data but disagreement about whether the change was related to the behavioral programming or to events in the family, friendship groups, or other aspects of a child's life. Some staff members were concerned that when they agreed that behavior modification techniques had produced a dramatic positive change, it was still too superficial. They argued, for example, that the children were either too "tangible," meaning too responsive to external reinforcement, or were consciously manipulating the staff by temporarily changing their behavior in response to external reinforcement. They argued that underlying problems were being ignored and that they should not take much satisfaction in or be deluded by the data, for the effects would be of short duration and the old problems would return.

Some disagreement among staff members may be attributed to differences in training and theoretical preference. While behavior modification is the official treatment modality at Cedarview, individual staff commitments to it varied. Yet this variation in perspective cannot fully account for the debate among staff members over the nature of real problems and the meaning of data, for individual staff members themselves constantly switched back and forth between one mode of explanation and another. At one point in a staff session, for example, a social worker attributed

a boy's continuing problem with "foul language" to "inconsistent and weak" reinforcement on the part of the staff and, at a later point, suggested that the problem was due to "intense sibling rivalry" with his brother and his "need to demonstrate his masculinity." Even the consulting psychologists, who claimed to be well-trained in and strong advocates of behavior modification, made frequent interpretive shifts. They often admonished the staff to give up "fruitless" searches for the origin of problems in hidden and mysterious areas such as psychological traits, needs, personality disorders, or inner states of feeling. They emphasized instead the importance of observable behavior and its relationship to concrete reinforcers and punishers in the immediate environment. Yet they also resorted to what they had warned others against and used nonbehavioral explanations. For example, in the following excerpt from a staff meeting, the consulting psychologist warns staff against "getting into the kid's head," a standard admonition, yet soon unwittingly does the same himself:

SOCIAL WORKER: He's still having real problems. I don't really think there has been much improvement. Those early scars of rejection won't go away very easily. I think he's punishing us for what his parents did.

PSYCHOLOGIST: Now let's not get into his head. We don't really know that. Could we talk a little about his scales and what sort of procedures you're using with him. We'll do a lot better if we stay on the behavioral level.

The social worker and several other staff members now discuss the scales and what success they are having with them. One staff member comments on his impression that they seem to be working on the same problem now as they were a year ago. The psychologist picks up on this.

PSYCHOLOGIST: I think you're right. This kid sounds like a real manipulator. We often see this kind of kid when the parents have been rejecting or inconsistent. Let's think about what we might do at home. Is anyone working with the parents?

SOCIAL WORKER: His mother hasn't really cooperated. She won't come here. We go there and she won't stick to the topic.

PSYCHOLOGIST: Sounds like denial. Is she really an impulsive sort?

SOCIAL WORKER: She sure is. It's hard to teach a person like that to set behavioral limits and behave consistently.

PSYCHOLOGIST: You're right. Maybe we're starting to get at the root of this problem. His lack of trust and manipulation are probably reasonable given what his mother is like.

#### CONCLUSION

Our discussion of tacit practices in doing behavior modification offers a critique, although an unusual one, of this mode of treatment. Conventional debate over behavior modification focuses almost exclusively on treatment issues such as long-range efficacy, on whether one is ignoring significant internal conflicts by concentrating exclusively on overt behavior, or the extent to which new types of behavior generalize across time and settings. We have been concerned instead with the practical correspondence between the guidelines or rules that officially describe what behavior modification is, on the one hand, and their application, on the other.

Data on staff practice indicate that the formal model of behavior modification is incomplete and misleading. As staff members baseline, reinforce, and review data, they engage in a host of circumstantial practices that are not formally articulated. This is not to say that staff members are unaware of the

practices. In fact, on occasion, they openly talk about them. For example, they sometimes joked about how many times they had to baseline in order to get several "good days," meaning high rates of behavior, how the same data were used at one point to argue that a child was vastly improved and then later to show that he was still quite disturbed, or how they gave points in order to avoid trouble later. In some instances, they even likened their work to that of a jury and jokingly suggested polling the group to determine whether or not a child was really "crazy." Such insights were well-contained, however, in asides or breaks from the serious business at hand. When staff returned to their professional obligations, their own tacit contributions to the production of data were put aside. This was evident in the summary reports prepared after each staff session. The reports describe children and their continuing problems, progress, and diagnostic and evaluative data. There is no hint of the staff's contribution in constituting troubles. Rather, as described, troubles have an "out there" quality, difficulties that exist within and for the child, independent of staff concern about them.

We chose to look closely at behavior modification because of its ideal of being able to eliminate a tacit practical underlife. While we focused on behavior modification in this particular study, there remains a more general issue of tacit practices in all types of professional care. Since all modes of therapy should, at some point, be "ap-

plied" there is good reason to believe that behavior modification is not unique in this regard.<sup>8</sup> All personal troubles are in practice truly social troubles, for their identification and continuing assessment are as much a product of the practical work of caring, professional or not, as they are the real problems of individual clients.

#### REFERENCES

1. BOGDAN, R. AND TAYLOR, S. 1975. *Introduction to Qualitative Research Methods*. John Wiley, New York.
2. BUCKHOLDT, D. AND GUBRIUM, J. 1979. *Caretakers: Treating Emotionally Disturbed Children*. Sage, Beverly Hills, Calif.
3. BUCKHOLDT, D. AND GUBRIUM, J. 1979. *Doing Staffings*. *Hum. Organization* 38:255-264.
4. CICOUREL, A. 1964. *Method and Measurement in Sociology*. Free Press, New York.
5. DOUGLAS, J. 1976. *Investigative Social Research*. Sage, Beverly Hills, Calif.
6. FIXEN, D., PHILLIPS, E. AND WOLF, M. 1976. The teaching family model of group home treatment. *In Behavior Modification: Principles, Issues, and Applications*, A. Kazdin and M. Mahoney, eds. Houghton Mifflin, Boston.
7. GAMBRILL, E. 1977. *Behavior Modification: Handbook of Assessment, Intervention, and Evaluation*. Jossey-Bass, San Francisco.
8. GUBRIUM, J. AND BUCKHOLDT, D. 1977. *Toward Maturity: The Social Processing of Human Development*. Jossey-Bass, San Francisco.
9. JOHNSON, J. 1976. *Doing Field Research*. Free Press, New York.
10. KAZDEN, A. 1975. *Behavior Modification in Applied Settings*. Dorsey Press, Homewood, Ill.
11. MEHAN, H. AND WOOD, H. 1975. *The Reality of Ethnomethodology*. John Wiley, New York.
12. O'LEARY, D. AND WILSON, G. 1975. *Behavior Therapy Applications and Outcomes*. Prentice-Hall, Englewood Cliffs, N.J.
13. WODARSKI, J. AND BAGAROZZI, D. 1979. *Behavioral Social Work*. Human Sciences Press, New York.