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THE UNDERLIFE OF BEHAVIOR MODIFICATION

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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. 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 measurement, strict accountability, and, ideally, an implicit denial of an underlife or related practices not specified in the model.

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." 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...
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. Teachers complain of addressed to counselors, the principal, or school psychologists. Whatever the nature and source of the complaint, the child is pictured as "troublemaker" or a chronic "troublemaker," one who violates accepted routines and makes life difficult for others.

Table 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. 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 diagnosis, 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, intrapersonal 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. These 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 psychiatric; 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 affects both the planning within Cedarview and the ability of the staff to provide evaluative information to funding agencies and families.

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 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 underlying behavior modification. It is an invisible underlife, in that it is seen only through behavior.
modification is practiced at some time in some place—in some circumstance—there are always "other considerations" in interpreting behavior. 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 gauging 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. 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 boy claimed that this was a serious problem and felt little need to justify it with baseline measures. He estimated that it occurred between 20 and 25 times per day. The supervisor, however, insisted that he do an actual count before the monthly staff meeting. So he began to count all instances of hitting during the morning reading session, one week before the meeting. During the first morning, he counted 22 instances of hitting. On the second morning, however, his count was only two. He 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 for 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 exploited 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 5, 22, and 5. 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 baseline 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 “eating” behavior.

Tearing was defined as hitting, touching, making faces or derogatory comments, or any other behavior requiring attention. After about seven minutes without any tearing, the social work student began making derogatory comments about the boy to the observer. He told the observer that he baseline the child last week for “off task fantasies” (looking into space) but got a very low count; instead, the boy had been constantly tearing. Now he was fantasizing but not tearing. 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 tearing. 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 pulled his hair. The social work student became excited about the possibility of getting “a lot” of tearing in the 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 baseline 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 tearing again.” Teacher: “That’s a good idea. You won’t have to waste much time this 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 clarity 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 those children which required them to 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 instruc-
tions 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 differ-
entiation of instances from nonev-
ences of the particular category of
behavior.

In doing baselines and follow-ups, however, there is considerable discre-
tion 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, gen-
eral rules for counting and illustration of sample behavior, no matter how de-
tailed or precise, do not seem to be adequate guides to the task of com-
pleting 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 count-
ing 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, punch-
ing, 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 exer-
cises. 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 teach-
ec's count rose to seven. Later in the morn-
ing, 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 be-
cause, as she explained, the other boy had
"taunted him" 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
talled 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 con-
ducting 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 where
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 min-
utes 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 re-
ceived 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 encoun-
tered 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 this story. The cottage
worker had asked him to use the dicion-
tary to the end of the study period, Eric's fourth study period. The cottage worker kept a
list of the boy's counts 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 cot-
tage 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 "not 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 privi-
lege, 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."

BEHAVIOR MODIFICATION

BUCKHOLD AND GUBRUM

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 reli-
ability 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 tech-
nicians who straightforwardly apply
counting rules to discrete units of
behavior that appear before them, or are
necessarily active participants in the
sciences they observe in that they must
determine what is countable. The re-
sources used in the determination in-
clude the formal specifications con-
tained in the guidelines for measure-
ment and the observers' circumstantial
knowledge about the varying complex-
itites surrounding the behavior. The
latter inform the observer how to apply
formal counting rules. Thus, given cir-
cumstances not specified a priori, hit-
ting 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 behav-
ioral definitions and rules of counting,
since the activity of counting itself is
circumstantial. They can, however, be
well-concealed in presentations of base-
line and follow-up data.

REINFORCING BEHAVIOR

We looked closely at what staff mem-
bers do as they attempt to implement
programs based on behavior modifica-
tion. A program includes a target be-
havior, a way of measuring it, and a
procedure to be followed in modifying
the behavior. When the data show...
BEHAVIOR MODIFICATION

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

Now they begin considering so-called personal points. "Personal points," one 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 he had been helping in the kitchen. Lou thought that he had technologically 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 walked into a door and his performance goal because he had earned 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 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, 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 certainly been completed satisfactorily.

Official accounts of behavior modification, which tie rules of procedure to data on behavioral changes, 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 practicality, only some of which formally involve the specific 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.

BUCKHOLDT AND GLEIBER

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-
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-

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