Key Lessons from the Teaching-Family Model for Organizational Behavior Management: A Commentary on Fixsen and Blasé

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Abstract

Organizational Behavior Management (OBM) has widely demonstrated its utility for improving performance in organizations. Yet, OBM researchers and practitioners have called for developing more comprehensive and systemic approaches for creating long-term improvements and improving marketability. A successful program in ABA, called the Teaching-Family Model, may provide useful ideas for OBM. Lessons from the development of the Teaching-Family Model suggest that OBM may benefit from further research on the components of OBM programs to clarify those that are essential, identifying strategies to engage and coach leaders and sustain the program, and creating a supportive system to establish and maintain high fidelity use of the programs as they are scaled and disseminated. Ideas for next steps and future research are discussed.

Keywords Organizational behavior management · OBM · teaching-family model · dissemination · BBS · Consultant Workshop Model

Fixsen and Blasé's (2019) overview of the past 50 years of the Teaching-Family Model allowed us to reflect on the challenges and opportunities within Organizational Behavior Management (OBM) and consider future avenues for research and practice. OBM, a subdiscipline of behavior science and behavior analysis, takes a behavioral approach to promote employee performance and organizational success. Over the years, OBM researchers and practitioners have created many useful procedures and tools. For example, Behavioral Systems Analysis (BSA; e.g., Diener, McGee, & Miguel, 2009; Rummeler & Brache, 2012) is a procedure that involves the application of behavior analysis and systems analysis to improve overall organizational performance. The

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Performance Diagnostic Checklist (PDC; Lebbon, Austin, Rost, & Stanley, 2011) is a tool that helps practitioners to identify the variables contributing to a particular performance problem and select the most appropriate solutions. Further, the Performance Matrix (Daniels & Bailey, 2014) aids in the measurement of key behaviors and results for individuals and groups. Forty years of OBM research on these and other procedures and tools have repeatedly demonstrated that behavioral approaches to improving performance and results in organizations are effective (Hyten, 2009; VanStelle et al., 2012).

Despite the many developments and successes in OBM, there continue to be calls within the discipline to develop more comprehensive programs that would increase replicability, scalability, and maintenance of outcomes, as well as improve dissemination and marketability (e.g., Geller, 2002; Sulzer-Azaroff, 2000), and we agree with these calls. Furthermore, OBM needs more data-based examples of long-term, large-scale successes in organizations (McSween & Matthews, 2005). Thus, we argue that the next step for OBM should be a focus on comprehensive programs that improve performance and business results while being flexible as the organizational needs change. Lessons from the Teaching-Family Model, described by Fixsen and Blasé, can be applied to OBM to inspire useful ideas for developing, improving, and disseminating OBM programs.

Fixsen and Blasé referred to a formula for successful evidence-based programs in human service settings: “effective innovations X effective implementation X enabling contexts = socially significant outcomes” (National Implementation Research Network, 2016). In other words, for meaningful outcomes to be achieved, essential components of the program must be empirically demonstrated to be functionally related to the outcomes they are designed to affect (effective innovations), the entire program must be implemented as intended (effective implementation), and the context must support the ongoing use of the program (enabling contexts). Precise implementation of an ineffective program won’t produce meaningful outcomes, and neither will deficient implementation of an effective program. With these criteria as context, we now turn our attention to two of the most established programs in OBM are Behavior-Based Safety (BBS; Sulzer-Azaroff & Austin, 2000) and a Consultant Workshop Model (Gravina & Austin, 2018). Despite the successes of these programs, both could benefit from the lessons learned from the Teaching-Family Model.

Behavior-Based Safety

A typical BBS program strives to improve safety performance and reducing injuries on the job and includes the following elements: 1) an assessment to determine change targets, 2) a measurement system usually involving peer or supervisor observations, 3) feedback and reinforcement processes, often involving immediate as well as aggregate feedback and group goals and rewards, and 4) continuous improvement with the help of employees directly engaged in the process (Geller & Robinson, 2016; McSween, 1995). Many mainstream manufacturing organizations use some variation of BBS, and research demonstrates long-term success in a variety of applied settings including construction, mining, farming, and manufacturing (Kaila, 2014; Li, Lu, Hsu, Gray, & Huang, 2015; Tuncel, Lotlikar, Salem, & Daraiseh, 2006; Yeow & Goomas, 2014).

When comparing BBS to the Teaching Family Model, it is clear that many elements for success are already in place including clearly defined essential components and measurement of relevant behaviors. Despite this, BBS also has some difficulties that need addressing to achieve even more meaningful improvements in organizational safety.

In our opinion, some of the biggest challenges facing BBS include the following. First, BBS processes may focus too much on individual worker safety issues while not doing enough to involve management and address larger-scale and process safety issues (Gravina, Cummins, & Austin, 2017). Second, BBS processes may fail when managed by people who are familiar with BBS procedures but untrained in behavioral science concepts that can aid in design and implementation (Pounds, 2000). Third, BBS processes may encounter resistance from unions and a sector of employees who believe that BBS blames the worker (United Steelworkers, 2010).

The first issue, failure of BBS to include managers and leaders, is related to the *innovations* aspect of the formula for successful implementation of evidence-based programs (National Implementation Research Network, 2016). At present, BBS is well-designed to influence individual front-line employee behaviors. But limited research has sought to create and test intervention components that formally engage leaders and target leader behaviors that drive safety (e.g., Cooper, 2006; Zohar & Luria, 2003). Leaders perform daily activities that affect safety such as budgeting, hiring, responding to safety incidents, and coaching. BBS studies have, at best, focused on interactions between leaders and front-line workers (e.g., Cooper, 2006) and have not addressed the full range of organizational factors that leaders influence.

In their article, Fixsen and Blasé explained that thinking about the Teaching-Family Model as a complete program rather than a set of discrete procedures and tools was an essential first step in successfully replicating it across settings. Furthermore, they began to view every interaction as an opportunity to influence behavior rather than limiting instruction about the program to discrete teaching periods. This perspective caused the developers to consider replicating not only the specific procedures but also the setting conditions and infrastructure needed to support the model's implementation and ongoing use. Leaders control the setting conditions and infrastructure in business; therefore researchers should work to identify innovations that can be coupled with current BBS practices to strengthen daily leader behaviors associated with activities that support BBS and safety more generally.

The second issue, poor implementation by people who are untrained in behavioral science, deals with the *implementation* and *enabling contexts* aspects of the formula for successful implementation of evidence-based programs (National Implementation Research Network, 2016). Implementation of program components in BBS can be challenging (e.g., peer observations and feedback) and a solid foundation in behavioral science increases the chances that those components will be implemented in a way that produces desired results in a sustainable way. For example, people who are not well-trained in behavior science may resort to coercive techniques to encourage participation in peer observations, issue punishment for at-risk behaviors, or fail to recognize the causes of at-risk behaviors, and that can undermine the entire program (Smith, 2007).

Engaging leaders within BBS may reduce these challenges because they can infuse insight and support when the process needs it. Fixsen and Blasé described adding layers of systems over time (the opposite of peeling the onion) so that each layer could

support the one underneath. If leaders have a better understanding of behavioral science concepts and tools, and their behaviors to promote safety are clearly defined and measured, they may avoid setting unrealistic goals and using coercive strategies to achieve them. Instead, they can support problem-solving and continuous improvement. It is time for BBS to add another layer to the onion.

Another path for improving implementation and site support is through accreditation, which was employed by the Teaching-Family Model. Once the individual components of the Teaching-Family Model were researched, and the essential components were operationally defined, the program developers created a Teaching-Parent Certification assessment of fidelity. This allowed for standardized evaluation of the presence and use of the essential components in any group home and community. Measuring the fidelity of the program allowed the team to identify and address deviations to ensure accurate implementation of the program. The program developers created a skill-based training program to ensure that Teaching-Parents were properly trained in the skills related to the essential components, and performance was evaluated annually with the Teaching-Parent Certification criteria.

BBS has a site accreditation program through the Cambridge Center for Behavioral Studies (CCBS), that asks sites to submit data and documentation demonstrating adherence to high standards of BBS to earn a time-limited accreditation (Cambridge Center for Behavioral Studies, 2018). This program also results in comprehensive feedback for the site provided by experts. It works well but only a small percentage of organizations using BBS request accreditation. Strategies to increase engagement with the accreditation process could be derived from the Teaching-Family Model. For example, the Teaching-Family Model created an association and full membership required certification. Service settings could not use the term Teaching-Family Model without certification. Further incentives for certification included providing resources for approved sites (e.g., training materials) and offering benefits such as a conference that facilitated information sharing and support. BBS may be too established to restrict the use of the term, but accredited sites could be encouraged to use the term “accredited BBS program” in all documentation to differentiate from sites without accreditation and create recognition for the accreditation process. CCBS could also provide exclusive resources for accredited sites. As an alternative, researchers could develop treatment fidelity assessment tools that could be implemented by BBS consultants and sites to self-evaluate adherence to the program. In particular, the fidelity assessment could help determine if BBS failures are due to a problem with the program or with its implementation and provide resources for addressing fidelity issues. Lastly, adding accreditation for individuals may be another avenue to encourage fidelity and could be more popular than site accreditations because it would require fewer resources to obtain and could be included on resumes, like other certifications. High-quality implementation and program success should help mitigate the third concern, that BBS blames workers for injuries.

BBS consultants often say that BBS fails when the program is implemented at sites or organizations that are not “ready” for it. This issue refers to the third component of the formula for successful implementation of evidence-based programs, *enabling contexts* (National Implementation Research Network, 2016). If there is no enabling context, practitioners are pressured to mold the program to fit the current system, which may cause inaccurate or discontinued use of some essential components. An enabling

context is one that does the opposite: it pressures the system to adapt in whatever ways needed for accurate implementation of the program. To date, there are no assessments available to help practitioners determine if a site is “ready” for BBS and no standard approach for improving the work context if it is not. This is an area ripe for exploration by OBM and BBS researchers.

For example, an assessment might evaluate whether the organization has basic safety structures in place such as clear and accessible policies and procedures and an incident investigation process. An assessment might also evaluate the incident reporting process to determine if there is evidence of considerable underreporting of injuries. Because the safety checklist in BBS is based on historical data from incident reports, it is essential that the injury reports be representative of the injuries at the site. The assessment would also need to determine if the maintenance process for fixing safety concerns highlighted through the BBS observations process is functioning effectively and efficiently (i.e., delays are not significant, issues that get reported, get addressed). Finally, the assessment would determine if the organization has management support and the employee resources to devote to the BBS process. Developing a readiness assessment could provide meaningful feedback to sites and help consultants better predict whether BBS will be successful.

Consultant Workshop Model

Another program used in OBM that can have a meaningful impact in organizations is the Consultant Workshop Model. In a Consultant Workshop Model, small groups of supervisors, managers, and/or leaders are taught OBM concepts and tools such as pinpointing, measurement, assessment, feedback, and consequences through a series of workshops (Gravina & Austin, 2018). Then, attendees are coached by an OBM expert to apply those tools to positively affect a selected workplace behavior or result. In essence, this model helps move OBM from a “bag of tricks” into a program that can be implemented to solve a wide variety of performance issues. This strategy parallels one of the goals of the Teaching Family Model to include evidence-based practices in every interaction with youth in the group homes (Fixsen & Blasé, 2019). Consultant Workshop Model has gained popularity among OBM consultants, and studies provide evidence that it leads to successful performance improvement projects in the workplace (e.g., Gravina & Austin, 2018; Norstrom, Lorenzi, & Hall, 1990). For example, the program has been used with employees (at all levels) to strengthen self-management skills (Godat & Brigham, 1999), upper-level school administrators to improve school district performance (Maher, 1984), chemical manufacturing leaders to reduce worker injuries (Gravina, King, & Austin, 2019), and college students to teach OBM skills (Ackley & Bailey, 1995).

Despite the success of the Consultant Workshop Model program, two significant challenges still need to be addressed. First, the essential components and details of the program are not readily available for OBM researchers and practitioners to study and iterate. Second, although research has repeatedly demonstrated a successful first set of projects completed by leaders in the program, there is little research guiding strategies to encourage the ongoing application of the concepts and tools.

The first issue regarding the details of the program not being readily available relates to the *innovations* aspect of the formula for successful implementation of evidence-based programs (National Implementation Research Network, 2016). Consultants typically develop the workshops to fit local contexts and treat its results as proprietary organizational secrets; thus, the fine details of programs, including essential components for training leaders, are generally not shared. The exception is train-the-trainer programs, when organizations pay consultants to train employees within the organization to deliver ongoing workshops and coach projects. Therefore, because the fine details of Consultant Workshop Model programs are not available, the ability to iteratively research and improve the program over time is limited, except within consulting companies. BBS became widely disseminated after the publication of books describing the details of the process, such as McSweeney's (1995) *Values-Based Safety Process*. University researchers disseminated the Teaching-Family Model through the *Teaching-Family Handbook* and training workshops (Phillips, Phillips, Fixsen, & Wolf, 1974). Fixsen and Blasé explained that documentation helps “create memory” and facilitates continuous improvement. Therefore, the next step for further developing innovations related to a Consultant Workshop Model may be to describe the details of the program in a book or manual supported by a train-the-trainer program for OBM researchers and practitioners.

The second challenge mentioned was that the research on Consultant Workshop Model provides limited guidance for embedding the program into organizations long term, which pertains to the *implementation* and *enabling contexts* aspects of the Teaching-Family Model formula for success. A case study demonstrated lasting effects of safety performance in a chemical manufacturing organization, but ongoing support from OBM consultants was required to sustain injury reduction (Gravina et al., 2019). Another study examined the impact of the Consultant Workshop Model 2.5 years after it was conducted and the consultant engagement concluded. Participants reported only using some aspects of the skills trained, and just about half of the projects and interventions were still in place (Gravina & Austin, 2018). The reasons for these results are unclear. Did participants stop using some of the skills because they were ineffective at producing the targeted outcomes (i.e., ineffective components of the program)? Did participants use those components inaccurately (i.e., ineffective implementation)? Or did participants stop using those components because their use was not supported (i.e., no enabling context)? Research is desperately needed to answer these questions and identify program components that contribute to effectiveness and support ongoing use of the tools.

Implementation may also be improved by embedding OBM practitioners, who could support this and other OBM programs, into organizations (Crowell & Anderson, 1982). In our experience, some organizations request this type of support after exposure to BBS or a Consultant Workshop Model, but OBM has not yet created a sufficient pool of potential experts prepared to take those positions. Most large organizations have departments that would be well suited for master's-level OBM experts, such as human resources, continuous improvement, organizational development, safety or even operations. The idea of an on-site master's-level OBM practitioners would be like the concept of the “Teaching-Family Site” in the Teaching-Family Model support system. These OBM practitioners could be teamed up with others trained in process improvement, systems engineering, and operations. They could assume the role of an

implementation team, like those used in the Teaching-Family Model, charged with training and coaching leaders on-site to use OBM skills, developing and iterating systems, measuring treatment fidelity, reviewing implementation data, and addressing barriers. As awareness of OBM within ABA grows, and the number of training programs that offer OBM increases, embedding OBM practitioners into organizations should become more practical and commonplace.

Conclusion

OBM programs are making a meaningful difference in organizations but perhaps not yet at the level of the Teaching-Family Model. BBS has demonstrated the greatest impact in organizations through years of applications and proven results (Kaila, 2014; Li et al., 2015; Yeow & Goomas, 2014), yet more challenges exist related to implementation fidelity and lack of system components to engage leaders. The Consultant Workshop Model shows excellent promise, but more research is required to outline the necessary components and establish strategies for maintenance. Lessons from the Teaching-Family Model provide insights for continuing to refine and strengthen OBM programs through the formula for successful implementation of evidence-based programs (National Implementation Research Network, 2016). More research on OBM programs will help identify and define the intervention components necessary, improve implementation fidelity, and assess and prepare the contexts where they are to be applied. Collaborations between researchers and practitioners, similar to those established with the Teaching-Family Model, could accelerate this process. Once the research provides more guidance for the design and implementation of these programs, they can be better marketed and scaled, making an even more meaningful impact in organizations. The first 40 years of OBM research and practice have resulted in programs and tools to address performance concerns in organizations; the next 40 years of research and practice should seek to enhance OBM's effectiveness, replicability, and dissemination in organizations. Examining OBM programs through the lens of the Teaching-Family Model will elucidate the next steps.

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