What's in a Name?
Task-centered, Empirical, and Behavioral Practice

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Williams Reid's recent book Task Strategies provides an opportunity to review the relationship among task-centered, behavioral, and empirical practice. As noted in this book, task-centered practice has drawn ever more heavily on behavioral methods. Similarities and differences between task-centered and behavioral practice are discussed. It is suggested that the kind of empirical practice described in this book may decrease potential success, for example, by encouraging reliance on assessment methods of questionable validity and obscuring the conceptual underpinnings of practice. The relationship among technology, theory, and diffusion is discussed, and concerns about minimalist intervention (brief service offered for challenging problems) raised. The need for research about related questions is highlighted.

Task-centered practice (TCP) has made a contribution to social work practice in its focus on problems of concern to clients, its call for planned actions (tasks), its emphasis on mutual responsibilities of both clients and social workers, its interest in evaluation, and its call for reliance on empirically based practice methods. The task-centered model is a short-term problem-solving approach in which the focus is on tasks that clients and practitioners carry out to resolve problems clients have agreed to work on. In Task Strategies, William Reid claims that TCP "has been used successfully with most types of clients and problems treated by social workers" (p. 43).¹

Purposes of Reid's book include developing applications of task-centered models for a range of problems frequently encountered by clinical social workers, articulating a relationship between TCP and

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empirical practice, demonstrating how TCP can be used as an exemplar of that mode of practice, and strengthening the "empirical practice movement in clinical social work. Its [the book's] major contribution . . . is to provide . . . example[s] of such practice[s] that integrate treatment and evaluation methodologies and that differentiate these methodologies according to problem[s]" (p. 1). It is claimed that "most empirically oriented texts have not dealt systematically with adaptations for specific problems" (p. 14). If judged by this volume, the domain of clinical social work encompasses emotional distress, family problems, problem drinking, health-related problems, problems of clients with chronic mental illness, and inadequate resources. These topics are singled out for attention in chapters 6–11. Depression and anxiety are the subject of the chapter on emotional distress. Contributors to this book are Julie Abramson (chapter on health problems), Anne Fortune (chapter on inadequate resources), and Norma Wasko (contributor to chapters on emotional distress and problem drinking). Reid stresses that the methods developed "are designed for use within any practice framework" (p. vii). Another purpose of this book is to incorporate and extend formulations of the task-centered model and to include some recent advances in task-centered work with families.

Questions that should be asked of Reid's book include the following: To what extent are the purposes achieved and the claims accurate? Are applications of task-centered models for a range of problems encountered frequently by social workers developed and described in detail? Does this book describe extended formulations of task-centered practice in work with families, and are recent advances described? Is the relationship between a task-centered practice model and empirical practice described, and does the book demonstrate how the model can be used as an exemplar of TCP? Is the task-centered model an exemplar of empirical practice? Does this book describe a far broader range of empirically based task strategies related to many different problem areas compared to other books already available? Can the methods described be used with any practice framework?

Before addressing these questions, it is useful to review basic hallmarks of the task-centered model as described by Reid. Eight basic characteristics and principles are viewed as central. One is a focus on client-acknowledged problems: the "focus of service is on specific problems clients explicitly acknowledge as being of concern to them" (p. 3). Structure is a second basic characteristic. It is claimed that treatment sessions are structured into a well-defined sequence of activities. A third hallmark is the central one of problem-solving actions (tasks): "Tasks are planned problem-solving actions" (p. 36). They include actions during meetings between clients and social workers (e.g., role playing), as well as agreed-on actions outside of these exchanges. Treatment sessions lay the groundwork for actions in the
client's real-life environments. Practitioners also have tasks through which environmental changes that benefit clients are sought. Fourth, the task-centered model is viewed as a systems model: "Problems occur in a context of multiple systems; contextual change may be needed for problem resolution" (p. 3). Planned brevity is a fifth characteristic; service is short-term (six to 12 weekly sessions within a 4-month period). An integrative stance is a sixth characteristic: "The model draws selectively on empirically based theories and methods from compatible approaches—e.g., problem-solving, cognitive-behavioral, cognitive, and structural" (p. 3). "The task-centered model is designed to be eclectic and integrative. It draws not only quite heavily on behavioral methods but also on a range of other intervention approaches and related theories" (p. 13). A seventh characteristic is a collaborative relationship: "Relationships with clients emphasize a caring but collaborative effort; the practitioner shares assessment information [and] avoids hidden goals and agendas; extensive use is made of [the] client's input in developing treatment strategies" (p. 3). The eighth characteristic is an "empirical orientation": "Preference is given to methods and theories tested and supported by empirical research; hypotheses and concepts about the client's system need to be grounded in case data; speculative theorizing about the client's problems and behavior is avoided; assessment, processing, and outcome data are systematically collected in each case; a sustained program of developmental research is used to improve the model" (p. 3). The task-centered model has had a strong research orientation. This is to be commended and serves as a model for the many practice approaches where this has not been the case. Reid asserts that this body of research as well as the characteristics described above suggest that the task-centered model conforms to general criteria for empirical practice.

Are Applications of Task-centered Models Developed, or Are Behavioral Methods Rechristened as Task Strategies?

Would an apt title for this book be "Selected Behavioral Strategies Related to Selected Problems in Social Work Practice"? My answer is yes, in relation to most of the methods described, and no, in relation to what is missing regarding empirical and conceptual underpinnings of these practice methods. Reid notes in his preface that task-centered casework is becoming more similar to behavioral practice. Of all the references that are directly practice focused, about half are behavioral and many others (e.g., references to TCP applications and some practice texts) draw on behavioral methods. Much of chapters 6–9, dealing with family problems, emotional distress, problem drinking, and problems with chronic mental illness, describe the application of behavioral methods with these problems. Each chapter contains a section entitled
"Task Strategies." Presented under "task strategies" are scores of behavioral procedures. Behavioral language is often used without indicating its conceptual source. Essentially, behavioral methods are rechristened task strategies. There are many other texts that provide detailed descriptions of the application of empirically based assessment, intervention, and evaluation methods in relation to a variety of problems. Many provide more detail than is offered in this book and cover a wider variety of problem areas. As the behavioral literature has grown, so has the number of books describing the use of behavioral methods with a range of problems.8

An Underlying Cognitive Theory

Reid argues that "the task-centered model is designed to be eclectic and integrative. It draws not only quite heavily on behavioral methods, but also on a range of other intervention approaches and related theories" (p. 13). A reading of this text suggests otherwise. Although the importance of attending to environmental variables is emphasized at a number of points (especially in the chapter by Fortune on inadequate resources), and one of the characteristics of TCP is said to be a systems approach, many statements together with the absence of certain content (see below) suggest acceptance of a cognitive theory of behavior. Consider some illustrative statements from Task Strategies.

In the task-centered approach, it is assumed that [anxiety, fear of loss, feelings of being overwhelmed, and so on] are controlled by beliefs in accordance with cognitive theories of emotions. That is, it is assumed that feelings can be most effectively changed by identifying and modifying controlling beliefs. [Pp. 76-77]

Whatever its origins, anxiety is likely to be maintained by feedback cycles involving negative appraisals of life events. [P. 162]

Precipitants of anxiety reactions, especially cognitive processes, should be clarified. [P. 164]

A key ingredient in one's willingness to do a task initially, or to persist, is one's belief that success is eventually possible. [P. 59]

Albert Bandura's theory of self-perceived efficacy is highlighted. Beliefs and stressors receive central attention in the discussion of problems and their contexts. "Belief systems comprise, or at least determine, a person's knowledge, appraisals, perceptions, expectations, attitudes, attributions, and values" (p. 17). "Wants are informed by beliefs" (p. 17). Reid goes on to say that "the outer side of psychosocial problems consists of environmental conditions or events. . . . Environments precipitate problems through the creation of stressors—conditions or
events that people find stressful" (p. 17). This is all very vague. Key terms such as "stress" are not defined, and it is not clear that the concept of "stress" can bear the heavy weight placed on it either in accounting for problems or in suggesting assessment and intervention guidelines. Nor is it obvious that this conceptual account matches the behavioral methods so heavily relied on in this book or is compatible with what is known about behavior. There is no mention of the heated controversy concerning the causal role of thoughts (i.e., some argue that environmental contingencies are primary). The description of "environmental conditions or events" (including stressors) would be enriched by a multilevel analysis of related factors. We are told that "in the task-centered theory of motivation, a person's task behavior occurs in response to those unsatisfied wants that make up the problem" (p. 58). Decades of research in psychology provide a sounder basis and more detailed guidelines for understanding motivation.

The Relationship between TCP and Behavioral Practice

Reid argues that, compared to behavioral practice, the task-centered model is eclectic and integrative: "It draws not only quite heavily on behavioral methods but also on a range of other intervention approaches and related theories. In particular, the task-centered model does not accord the same primacy to learning theory as behavioral approaches do. While I see learning theory as useful in explaining the completion of some tasks, a broader theoretical perspective is needed, I think, to account for the many factors that motivate problem-solving actions" (p. 13). (Whether a "broader" perspective is indeed used is questionable. See the earlier discussion of an underlying cognitive theory.) It is hard to see how a conceptual system for understanding and changing behavior could get much broader than behavior analysis and its related philosophy, radical behaviorism. Essentially, this represents a scientific approach to understanding behavior. (This is not to say it is the only one.) It has served as the framework for understanding and pursuing valued outcomes not only at the individual, family, and group levels, but at the organizational, community, and societal levels as well.

Reid makes use of the language of learning theory throughout the book, usually without noting its unique meanings. I have found that concepts such as antecedents and contingencies are rather difficult ones for students to grasp. Students bring their lay understanding, which usually differs from the conceptual meanings of these terms in applied behavior analysis and related behavioral theory. Terms describing principles of behavior are used (e.g., "positive reinforcement") but are not defined.

Reid does not clarify what he means by learning theory. We do not know if he refers to empirically derived principles of behavior
Task Strategies

describing relationships between behavior and the environment or to one or more various learning theories that could be used to account for these relationships as well as other aspects of behavior. The term "learning theory" encompasses many varieties including social learning theory and radical behaviorism, both of which include a focus on a range of environmental variables but which differ in nontrivial ways in theory, methodology, and practice. Cognitive-behavioral methods draw on social learning theory, whereas applied behavior analysis draws on radical behaviorism. Thoughts and feelings are given a causal role in social learning theory but not in radical behaviorism, where they are viewed as collateral effects of contingencies. Systematic study of the variations in the behavior of individuals is emphasized in applied behavior analysis via use of single-case studies, in contrast to cognitive behavioral models in which group designs are often used. These differences may result in selection of quite different tasks in all phases of helping (assessment, intervention, and evaluation) with quite different consequences in relation to outcome.

Reid implies that because behavioral methods did not emerge out of a social work practice context (unlike the task-centered practice that was more oriented to the field of social work from the very beginning), they have limitations that are not present in task-centered practice (p. 12). He argues that "certain aspects of the behavioral paradigm have been difficult to adapt to many forms of social work practice. I can cite its focus on behavior as the unit of attention, its reliance on learning theory, and its use of rigorous, costly, single-case research procedures, such as direct observation and coding of specific behaviors over time, and delaying or interrupting intervention in order to obtain baseline data." (p. 12). It is true that these characteristics would clash with forms of social work practice based on cognitive and psychodynamic practice models. To the extent to which practice methods based on these models have not been as successful in removing certain complaints compared to behavioral methods, this does not seem to be a disadvantage.

Behavior is not the unit of attention in behavioral practice. Contingencies are the unit of concern (the relationship between behaviors of interest and related setting events, antecedents, and consequences). Behavioral practice is a contextual approach in which the interrelationships between behavior and the environment (i.e., the role of contingencies) is highlighted. Empirically derived principles of behavior as well as related theory and the implications of these principles and theory for assessment, intervention, and evaluation are relied on, not theory alone. Reid seems to confuse research and practice aims in his claim that behavioral methods have unique limitations. Clinical concerns come first in behavioral practice. Unless practice takes place in a research context, practice needs dictate the selection of single-case
designs. Ongoing tracking of progress using valid progress indicators is integrally related to making timely practice decisions. Collecting data in an AB single-case design (baseline and intervention) provides valuable case management data. In the everyday world of practice, the tracking methods that are used are not particularly rigorous or particularly costly. Observation is not only a "research procedure." It is a key source of valuable assessment data. Observation is often required to clearly define problems and to discover related contingencies. Failure to observe in real-life circumstances may lead to overlooking contingencies related to behaviors of concern, which may result in selection of ineffective or harmful intervention methods requiring more intrusive and costly intervention in the future.

Reid states that "compared to behavioral approaches, it [task-centered practice] encompasses a wider range of problems, including especially distinctive social work concerns involving the client's relationships to diverse environmental systems. For example, problems involving homelessness, inadequate financial resources, discharge planning, and conflicts between clients and organizations have always been among the targets of the task-centered intervention, whereas they fall outside the usual range of behavioral approaches" (p. 12). This is not so. Behavioral practice is extremely diverse. For example, applied behavior analysis has been in the forefront of developing empirically based interventions with a wide range of concerns directly related to social work, some of which are mentioned in this book, and many of which are not. Organizational behavioral management is a rich and active area. Job-finding programs have been developed that are referenced in this very book. Ecobehavioral programs developed for families in which abuse and neglect are a concern address a wide range of problems in families.

If the focus on behavior, the origins of behavioral practice outside the field of social work, and the reliance on learning theory have impeded behavioral theory and methods from being of value in social work, why do we find such a heavy reliance on behavioral methods in this very book? The fact that a practice method was not developed within social work does not necessarily mean that it is not applicable to social work. The extensive applications of behavioral practice methods in social work and the heavy reliance on them in this book suggest otherwise. Reid claims that the task-centered model "trades rigor for relevance" (p. 13). There is a suggestion that reliance on behavioral methods provides rigor but not relevance. One only has to turn to the extensive literature on applied behavioral analysis to see that rigor and relevance are not mutually exclusive. Central to applied behavior analysis is a concern for social validity (attaining outcomes of value to clients, significant others, and society and using methods that are acceptable to participants). Perhaps Reid means that off-the-cuff
a theoretical use of borrowed technology is just as good as careful implementation of these methods based on compatible theory. Is this so? Can we have relevance without rigor? Should we not find out?

The relationship between task-centered and behavioral practice has been clouded rather than clarified because of the failure on the part of task-centered writers to give due recognition to overlaps with and direct borrowings from behavioral methods and because of misrepresentations and incomplete descriptions of behavioral practice. The call for many identical practice components is underplayed, and artificial differences are created partly by a confusion between behavioral practice and behavioral research. Moreover, key differences are overlooked (e.g., amount of attention given to assessment, the role of theory in guiding assessment, and the close link between assessment and intervention). Consider the following quote:

Because clients are collaboratively involved in the planning process and their input utilized, the task plan may depart considerably from standard protocols in using a behavioral technique. Moreover, elements from a behavioral method may be combined with client-generated ideas for tasks. In other words, both practitioner and client make collaborative use of behavioral methods in a problem-solving process. In fact, certain behavioral tenets may be subordinated to basic formulations of the model. For example, children may be given a rationale rather than a tangible reward for doing behavioral tasks, on grounds that taking constructive action because it is in the child's interest to do so—for example, doing homework to pass a course—is more likely to nurture problem-solving capacities and be self-maintained than action motivated by the tangible reward.

The implication that clients are not collaboratively involved in behavioral practice is not true. Rationales for acting in new ways are presented in behavioral practice. Collaborative relationships are pursued. Tangible rewards are not used when these are unnecessary to encourage or maintain valued behaviors. Misrepresentations of behavioral theory and practice may be due to lack of knowledge. Or they may be made to give TCP a distinction it does not have, at least in the ways described in this book.

How Do Task-centered and Behavioral Practice Differ?

The answer to this question depends partly on which behavioral approach is considered (e.g., cognitive-behavioral or applied behavior analysis). Task-centered practice differs far more from applied behavior analysis than from cognitive-behavioral methods. Because problems involve behaviors-in-situations (unique reinforcement contingencies), behavior analysts believe practitioners should be knowledgeable about basic behavioral principles that describe empirical relationships between behavior and the environment. Knowledge of these principles is not stressed in
TCP. In all behavioral approaches, there is a concern to inform professionals about related theory and empirical data and assessment guidelines. There is a concern that eclecticism encourages not a data-based practice but an intuitive one that is not responsive to advances in knowledge. There is a call for selection of practice methods based on what has been found to be useful in helping clients and what is compatible with what is known about behavior based on scientific investigation. Although the integration of diverse practice perspectives is emphasized in TCP, difficulties of achieving this are highlighted by many behavioral writers because of irreconcilable differences between perspectives.

A second key difference concerns the attention given to assessment and the interrelationship between assessment and intervention. Most of the content in many chapters in Task Strategies concerns intervention. (It is not clear why the sections on assessment are not also called task strategies.) In the chapter on clients with mental illness, about one page is devoted to assessment and 16 pages to task strategies that involve intervention. Problems that are viewed in behavioral practice as complex to assess are viewed in this book as easy. For example, Reid and Wasko state that "when depression is one of the client's primary complaints, problem exploration and assessment are straightforward" (p. 147). This statement surprised me, and I suspect it would surprise many others as well who view a presenting problem of depression as anything but straightforward in identifying related factors. Much more attention is devoted to assessment in behavioral practice. The relationship between behavioral principles, related theory, assessment considerations, and selection of intervention methods is emphasized. Intervention plans are based on what is discovered during assessment, and assessment is guided by behavioral theory and principles as well as other related knowledge (e.g., about developmental norms).

In applied behavior analysis, basing selection of intervention methods on a descriptive or functional analysis of problem-related behaviors is viewed as a practical as well as an ethical requirement. Reid suggests, "A commonsense understanding, perhaps guided by the client's own ideas of what is wrong and why may provide the basis for problem definition and initial tasks." Although the client's view of what is wrong and his or her ideas about what to do would be sought in behavioral practice, this would be supplemented by a descriptive multilevel analysis guided by what is known about behavior. Unless problems and related circumstances are clearly described, ineffective or harmful intervention methods may be used or false hopes may be raised about what can be accomplished.

A third difference concerns selection of assessment data. Rather than relying on standardized self-report measures that are emphasized in many descriptions of empirical practice including task-centered
practice, observation in real-life environments is emphasized in applied behavior analysis. The limitations of self-report data are highlighted in the behavioral literature and a call made to use both subjective and objective sources including observation in real-life settings when feasible and as needed to identify required competencies (i.e., to complete task analyses) and contingencies. Although observation of interaction among family members is given attention in the chapter on family problems, little attention is devoted to observation in other chapters and no information provided about coding methods. Standardized self-report measures, by contrast, receive considerable attention in *Task Strategies*.

Other differences include degree of concern for treatment fidelity and generalization. More detailed procedural guidelines are offered in behavioral sources. It is questionable whether the brief descriptions in this book of many complex procedures would be sufficient to allow practitioners to implement them correctly. Treatment fidelity has been increasingly highlighted as a concern. Research in many areas shows that lack of generalization is a key problem. In behavioral practice, methods to encourage generalization are built into the helping process from the very beginning (e.g., by working in real-life rather than artificial settings such as the office).

**Empirical, Task-centered, and Behavioral Practice**

Srinika Jayaratne and Rona Levy suggest that empirical practice is "conducted by clinicians who strive to measure and demonstrate the effects of their clinical practice by adapting traditional experimental research techniques to clinical practice." Reid describes the empirical practice movement as a complex combination of a practice model and a research agenda that defines how practice is to be done (measurable goals and use of research-based interventions). Social workers are to function as both researchers and practitioners. Reid attributes the increased interest in empirical practice partially to the behavioral movement. Behavioral approaches are described as the dominant form of empirical practice in social work today. He describes three reasons why empirically based practice developed along its own course: (1) an interest in designing an approach that was distinct from its behavioral parents, (2) evidence that empirical practice could be something other than behavior modification, and (3) an increasing concern with effectiveness. "The empirical practice movement became a distinct approach to practice, one that absorbed the measurement technology of behavior modification without adopting all of its technology for effecting change." Not only did it not adopt its technology, it did not adopt its conceptual or ethical underpinnings and related knowledge about behavior. On the basis of the content in this book, "empirical
practice" seems to be a technique-focused form of practice that differs from behavioral practice in which assessment and intervention are closely related and both are informed by behavioral principles, related theory, and domain-specific knowledge including data describing the validity of practice methods.

Reid argues for reliance on empirical criteria to select practice methods and theory and is faithful to this in his heavy reliance on behavioral methods in this book. Behavioral methods are "state-of-the-art" in relation to many problems discussed in this book (e.g., anxiety, depression). One of the eight characteristics of task-centered practice is an "integrative stance": "The model draws selectively on empirically based theories and methods from compatible approaches" (p. 3). The model does draw selectively on practice theories, but not on those that are closely related to many of the methods described in this book. On the one hand, readers are urged to select the practice theory with the greatest empirical support. On the other hand, the role of theory is ignored. Consider Reid's statement on page 9: "The [behavioral] movement brought to social work not only an array of techniques based on research but also the technology for testing and evaluating interventions through single system designs." Little attention is given to the theory so closely connected with the "array of techniques" and the implications of this theory for assessment and intervention. Reid is not faithful to his call to use empirical criteria to select practice theory, otherwise there would not be such a heavy reliance on cognitive theories and a disregard of theory and empirical data (behavioral principles) that provides the underpinning for many of the methods described in this book. Although social learning theory is highlighted, there is no mention of radical behaviorism, the theory and philosophy that underly some of the practice methods described. If behavioral practice methods are those of choice, as indicated by the content in this book, is related behavioral theory not the theory of choice? Reid claims that TCP differs from behavioral practice in not drawing so heavily on learning theory. This difference seems to be accomplished simply by ignoring the conceptual origin and empirical underpinnings of the methods described.

Reid states that "in the task-centered model, problems are derived empirically from the clients' views of their difficulties as these are clarified in dialogs with the practitioner." He claims that "practitioners do not use theory to formulate problems, as in 'Mr. Henry's difficulty lies in his unconscious, self-defeating tendencies'" (p. 24). I think the word "empirical" is misused here. It seems to imply that TCP practitioners select and formulate problems based on what clients say. What clients say is influenced by what professionals do and say. Research concerning the helping process shows that it is an active social influence process. The statement that "practitioners attempt to frame the problem in a way that is most likely to foster constructive problem-
solving actions on the client's part while still reflecting the client's own concerns" (p. 27) highlights this active role of the practitioner in problem framing. Studies of helping show that theory, implicit or explicit, is used in formulating problems. Rarely do practitioners have all the data they need to fully understand problems. Understanding is partial even under the best of circumstances. Decisions are guided by theory (whether implicit or explicit) and other background knowledge that is used to fill in the gaps.

The form of empirical practice illustrated in this book may have ill served us by (1) encouraging reliance on assessment methods of questionable validity; (2) obscuring the contribution of political, social, and economic conditions related to personal troubles; (3) obscuring the conceptual underpinnings of practice; and (4) confusing research and clinical aims and related methods. In so doing, it diminishes the degree of success possible in helping clients. Readers will learn to call behavioral practice methods task strategies. They will be encouraged to use an eclectic approach to practice that obscures the relationship between methods used and their conceptual underpinnings as well as contradictions among different approaches. They will be encouraged to accept a cognitive theory of behavior and to focus on addressing problems via actions of clients.

Does it make sense from ethical and practical viewpoints to say that social workers should be free to use any theory they wish when most practice methods described are behavioral and when use of other theories may be incompatible? Does calling behavioral practice methods task strategies serve a valuable purpose? One function may be to encourage social workers who would otherwise not do so to use empirically based methods. Applied behavioral analysis, and its related philosophy and theory radical behaviorism, is often misunderstood and misrepresented, resulting in depriving clients of its valuable contributions. But the downside of relabeling behavioral methods as task strategies is confusion about their conceptual and historical origins. Historical mystification may not make any difference to clients or helpers. But conceptual mystification results in lack of conceptual knowledge and related procedural skills, which compromises assessment, intervention, and evaluation. The connectivity principle, the relationship between current findings and views to what has gone before, is lost. This hallmark of science emphasizes the cumulative nature of knowledge and decreases the likelihood of the spread of misinformation that is created by presenting new data out of context.

The Recurring Question of What Criteria Should Be Used to Select Knowledge

Controversies about what criteria should be used to select knowledge are rife in social work. Only when terms are clearly defined can these
controversies be understood. What are empirical criteria? The form of empirical practice described in this book differs from one in which key terms are clearly defined, practice beliefs and actions are related to compatible theory and take account of what is known about behavior, practice recommendations are based on supporting documentation, up-to-date sources are used, and controversies are noted. In Task Strategies, claims are often made without recognizing the disputes surrounding them. Consider the attention given to the role of craving and urges in the chapter on problem drinking. Data have been available for some time questioning the central role of craving as a causal variable. The book makes many prescriptions with no accompanying supporting data. For example, we are told that “use of an eco-map . . . can assist social workers in developing a comprehensive overview of the client's situation, as can the Developmental Assessment Wheel that integrates psychological and social information” (pp. 233–34). Neither reference cited includes supporting data.

The book contains a piecemeal selection of empirically based methods and related theory that is puzzling. For example, readers will not learn about the rich empirically based literature (mostly behavioral) related to children and adults with developmental disabilities or more recent work by Gerald Patterson and his colleagues. The empirical literature describing the use of group methods with clients such as men who batter is not mentioned in this book. The chapter on health problems omits any mention of practice-related research addressing many health-related problems such as pain management, preparation of children and adults for medical intervention, and encouraging safe sex behaviors, to name but a few. Little attention is given to prevention. No mention is made of schedules of reinforcement and their influence on the rate and pattern of behavior and resistance to extinction. There is little discussion of helper relationship skills of value.

Theory, Technology, and Diffusion

Task-centered casework highlights the importance of considering the relationship between technology, theory, and diffusion of new methods. As the task-centered model draws ever more heavily on behavioral practice methods, questions concerning the relationship between conceptual understanding and practical action (e.g., selection of “tasks”) looms larger. Given that behavioral methods are so heavily relied on in this book, it may not be true that task-centered practice can be used with any practice framework, as Reid claims. As I have argued, there are nontrivial differences between practice theories (e.g., cognitive and radical behavioral theory) that would result in the selection of quite different “tasks.” Whether overlooking differences is harmful or helpful depends in part on one's purpose (e.g., to help
clients, to act quickly, to deal with impossible jobs, or to maximize personal discretion). The diffusion of behavioral innovations into TCP has occurred in a way that separates technology from its source. Possible relationships between technology and theory range from none (actions are discovered in a trial-and-error fashion with no drawing on theory and empirical data) to a great deal (actions are based on theory and empirical findings). In the latter case, the user of technology may or may not understand the fundamental principles on which the technology is based. Here, too, the answer as to what is best depends on the purpose. If the purpose is to get clients off the caseload within 12 sessions, then the answer would be "whatever it takes to do so." If the purpose is to help clients remove complaints or to prevent them from occurring in the first place, quite different methods may be required.

In a chapter describing TCP in the *Handbook of the Brief Psychotherapies*, Reid states that "task ideas are drawn from various approaches that use tasks. . . . The borrowed technology is not simply transferred but rather is converted to fit the principles of the model."\(^{44}\) The conversion process seems to consist of relabeling behavioral methods as task strategies, ignoring related behavioral principles and theory, and giving relatively little attention to assessment. What relationships between technology and conceptual understanding result in diffusion of innovations in a way that offers clients maximal benefits? The answer is, When practical success requires conceptual as well as technological knowledge. Success (removing client complaints) may require compatibility between personal views about behavior and empirical knowledge about behavior. "Recipe knowledge" may be sufficient in some instances. Then it may be adequate to have knowledge of the way to use something without knowledge of the fundamental principles governing its functioning.\(^{45}\) Most people do not understand the principles related to the use of technology in their daily activities, such as using the telephone, driving a car, or watching television, yet they can function effectively. When is this true for social workers? Perhaps it is not necessary for practitioners to understand the principles of behavior and related theory that underlie the development of the methods Reid so heavily draws on. Some, for example, argue that physicians do not have to understand basic physiology.\(^{46}\) Are social workers who have an accurate understanding of the conceptual and empirical underpinnings of contingency assessment and management more or less successful in helping clients compared to social workers who do not, or is there no differential effectiveness? If differences in success are found, to what clients or problems does this apply? Are there situations in which a deep knowledge of a practice theory is useful? Without this, what will be used to fill in the gaps when there are few empirical guidelines to go by? Can an empirically based broad practice theory be useful here? These questions require systematic investigation. With-
out a contextual understanding of problems and possible resolutions, technical fixes, short-term Band-Aid efforts may be offered rather than technological approaches in which social, organizational, political, and economic factors related to problems are considered as well as the purely technical aspect.47

One of the major benefits of a broad-based theory is its use in many different situations. A strong theory is one that can be successfully applied to a range of problems. Rarely, if ever, does a social worker have all the information that is required to help a client. Even in areas in which a great deal is known about a problem, each client’s situation is unique. Theory can help practitioners to identify helpful places to look, ask questions that have a high payoff value, and select actions that resolve complaints or determine that they are not solvable. A contextual understanding can help social workers to detect the relationship between personal troubles and structural factors. Without such understanding, oppression and discrimination that influence opportunities (e.g., for women) are more likely to continue. It would save effort, money, and time if social workers could be effective without understanding theory related to problems and practice methods. But can they? If so, in what situations?

**Minimalist Intervention**

Task-centered practice encourages practitioners to be focused, to address problems of most concern to clients, to build on what clients can offer to the helping process, and to do so in a time-limited manner. Like other forms of brief intervention, including many behavioral approaches, TCP presumably offers social workers a way to reconcile the gulf between what is needed to enhance the quality of clients’ lives and what can be offered. By what is needed I mean what would have to be offered to best address problems of prime concern to clients both now and in the long run. Research in a number of areas shows that long-term efforts will be required to address problems.48 Clients may be offered a rationale for being miserable without altering the conditions responsible for their misery. Technical fixes (partial and temporary resolutions of a Band-Aid nature) may be offered rather than providing technological applications (prevention and long-term maintenance as well as resolution of current problems).49 Except in the chapter on inadequate resources by Fortune, little attention is given to the relationship of structural factors (political, economic, and social conditions) to personal and social problems. Although the role of social workers as advocates, brokers, and mediators is highlighted in this chapter, these roles receive little attention in most other chapters. Little attention is given to sexism, racism, classism, ageism, or homophobia, as these relate to problems such as depression, suicide,
anxiety, poverty, and unemployment or to unjust patterns of resource distribution.\textsuperscript{50} No attention is given to enhancing the service user's influence on agency practices through forming coalitions and social action. There is no critique of the DSM-IV, which emphasizes psychological deficiencies of individuals.\textsuperscript{51}

The emphasis on the individual and the family as the locus of change efforts obscures structural causes of problems and encourages victim blaming. It encourages a focus on helping people to feel better about miserable living situations.\textsuperscript{52} This may be a reasonable goal, if nothing can be done to help clients to alter the conditions creating their misery. Brief intervention models promise the allure of having your cake and eating it too (solving problems quickly, relying mainly on indirect assessment methods such as self-report measures). Social workers struggle daily with allocating scarce resources. This struggle encourages a search for "a way out" of the gap between what is needed and what can be offered. Feeling helpless in the face of need is unpleasant. A way out is to kid oneself (and the client) that things are better than they are.

Task-centered practice, like many forms of brief intervention, including some behavioral methods, encourages an approach that leaves untouched the conditions that contribute to many problems clients confront. Certainly, whatever services can be offered should be offered as long as these benefit clients. But should social workers do more? A focus on brief intervention obscures changes needed in communities and in the social, political, and economic conditions related to client problems (e.g., scarce low-cost housing, jobs, and health care) that may require long-term synchronized efforts along quite different lines. The relationship of structural factors to personal and social problems has been emphasized by many writers, including feminists and structural and radical social workers.\textsuperscript{53} Consider, for example, the effects of valuing competitiveness over caring in encouraging gender scripts that foster male violence.\textsuperscript{54} John Morowsky and Catherine Ross make a persuasive argument that personal problems such as depression are related to larger structural factors including discrimination and oppression based on race, class, or gender.\textsuperscript{55} Robert Mullaly argues that steps should be taken whenever feasible to address community and structural conditions related to problems including (but not limited to) redefining problems (raising the consciousness of clients about structural factors related to their problems), normalizing problems ("you are not the only one out of work"), and collectivizing problems (encouraging mutual help and self-help groups).\textsuperscript{56} Even if no such efforts are currently possible, keeping structural factors in view will increase the likelihood that opportunities to address them will be recognized and acted on when they do arise. And this offers clients the benefit of a contextual understanding of personal troubles. Is this view not more "empowering" than simply helping a depressed woman to
label herself a victim (e.g., of abuse) with the benefits of validation this may provide but without hope for achieving more?

An essential feature of empirically based practice is whether a method is helpful in achieving a given outcome. If task-centered practice differs from behavioral practice, then we can clearly describe these differences and explore their relative degree of effectiveness in achieving given outcomes via appropriate scientific investigation. We can find out what definition of empirical practice is most likely to help clients enhance the quality of their lives. We can test out whether knowledge of theory and behavioral principles related to practice methods used increases (or decreases) the success of social workers in helping clients to remove complaints or makes no difference at all. We can find out if integration of different practice theories is possible, and, if so, what kind, under what conditions. We can find out whether eclecticism is the best approach, and, if so, what kind, in what situations. In some instances, deep knowledge of a practice theory may be unnecessary to help clients. In other instances, it may contribute to success. In some instances, treatment fidelity may not matter. In others, it may. Let us find out. And, let us accurately describe the origins of practice methods, theories related to practice methods, and differences between practice approaches that seem irreconcilable. Let us not create artificial differences. There are plenty of real ones. Doing so is a disservice to professionals in making the task of keeping up with practice-related literature more difficult. Let us clearly describe controversies related to topics addressed so readers can understand these and weigh the arguments for different views themselves.

Notes

2. Some have been written by social workers. See, e.g., E. D. Gambrill, Behavior Modification: Handbook of Assessment, Intervention and Evaluation (San Francisco: Jossey-Bass, 1977); J. S. Wodarski and D. A. Bagarozzi, Behavioral Social Work (New York: Human Sciences Press, 1979); B. Sheldon, Behavior Modification: Theory, Practice and Philosophy (London: Tavistock, 1982); B. L. Hudson and G. M. MacDonald, Behavioral Social Work (London: Macmillan, 1986); B. A. Thyer, "Textbooks in Behavioral Social Work: A Bibliography," Behavior Therapist 8 (1985): 161–62. If one just counts the pages devoted to a specific problem in some books (e.g., J. Fischer and H. L. Gochros, Planned Behavior Change: Behavior Modification in Social Work [New York: Free Press, 1975]; Hudson and MacDonald [above]), fewer pages may appear in these sections compared to Task Strategies. However, these are often preceded by a large section describing related theory, behavioral principles, and assessment guidelines relevant to all problems. For example, in Fischer and Gochros, 242 pages appear prior to the discussion of specific problem areas. This different organization of material reflects the emphasis in the behavioral approach on the connection between theory, behavioral principles, assessment, and intervention. There are also many other texts that are not written by social workers but that have direct relevance for social workers. See, e.g., M. D. Spiegler and D. C. Guevremont, Contemporary Behavior Therapy, 2d ed. (Pacific Grove, Calif.: Brooks/Cole, 1993); F. H. Kanfer and B. K. Scheff, Guiding the Process


as a guide for the design of communities (see, e.g., B. F. Skinner, *Walden II* [New York: Macmillan, 1976]).

7. See e.g., D. M. Baer, M. M. Wolf, and J. R. Risley, "Some Still Current Dimensions of Applied Behavior Analysis," *Journal of Applied Behavior Analysis* 20 (1987): 311–27; E. D. Gambrill, "Concepts and Methods of Behavioral Treatment," in *Cognitive and Behavioral Treatments: Methods and Applications*, ed. D. K. Granvold (Belmont, Calif.: Wadsworth, 1994); A. E. Kazdin, *History of Behavior Modification: Experimental Foundations of Contemporary Research* (Baltimore: University Park Press, 1978); A. Staats, "Why Do We Need Another Behaviorism Such as Paradigmatic Behaviorism?" *Behavior Therapist* 16 (1993): 64–68. In a radical behavioral view, the focus is on understanding the function of behaviors via a descriptive and functional analysis of behavior. This often requires methods that are very different from those relied on in cognitive-behavioral practice. For example, observation in real-life environments is emphasized by behavior analysts to discover the functions of behaviors (their effects on the environment, their maintaining conditions). The differences between radical behaviorism and its applied field (applied behavior analysis) and social learning theory and its applied field (cognitive-behavioral methods) are illustrated by the existence of different organizations (i.e., the Association for Behavior Analysis and the Association for Advancement of Behavior Therapy) that sponsor different journals (e.g., *Journal of Applied Behavior Analysis* and *Behavior Therapy*). See also n. 3 above.


9. See n. 6 above.


11. Azrin, Flores, and Kaplan (n. 4 above).


15. For example, no mention is made of PAMBOS (procedure for the assessment and modification of behavior in open settings), developed by Edwin Thomas and his colleagues, which contains many similar components of task-centered work (such as reaching an agreement with the client about the nature of work to be done, focusing on problems of concern to clients, ranking problems, and so on). See E. D. Gambrill, E. J. Thomas, and R. D. Carter, "Procedure for Socio-behavioral Practice in Open Settings," *Social Work* 16 (1971): 51–62; E. J. Thomas and E. L. Walters, "Guidelines for Behavioral Practice in the Open Community Agency: Procedure and Evaluation," *Behavior Research and Therapy* 11 (1973): 193–205.

17. See, e.g., N. S. Jacobson and G. Margolin, Marital Therapy: Strategies Based on Social Learning and Behavior Exchange Principles (New York: Brunner/Mazel, 1979); Van Houten and Axelrod, eds. (n. 14 above).


22. Reid, "An Integrative Model for Short-Term Treatment" (n. 16 above), p. 61.


24. See references in n. 7 above; see also Horner, Dunlap, and Koegel (n. 20 above).


27. Ibid., p. 169.

28. For example, the behavioral perspective most closely related to Lutz's work on maltreated children and Azrin's job club is applied behavior analysis. The theory related to this is radical behaviorism. See also references in nn. 3 and 4 above.


30. Snyder and Thomsen (n. 29 above).


32. For a description of science, see, e.g., K. E. Stanovich, How to Think Straight about Psychology, 2d ed. (Glenview, Ill.: Scott Foresman, 1989); J. Burnham, How Superstition


42. Diffusion of new knowledge is of concern in all professions. See, e.g., E. M. Rogers, "Diffusion of Innovations: An Overview," in Use and Impact of Computers in Clinical Medicine, ed. J. G. Anderson and S. J. Jay (New York: Springer-Verlag, 1987). Research shows that many factors in addition to the demonstrated effectiveness of a method influence its adoption, including informal communication methods, routine habits, fads, and fashions. See, e.g., Gordon (n. 18 above); H. D. Banta, "Embracing or Rejecting Innovations: Clinical Diffusion of Health Care Technology," in Anderson and Jay, eds. (above).

43. See earlier discussion, as well as n. 7 above.

44. Reid, "An Integrative Model for Short-Term Treatment" (n. 16 above), p. 64.

45. Stanovich (n. 32 above), p. 132.


49. See Pacey (n. 47 above).
52. See Tavris (n. 20 above).
55. Mirowsky and Ross (n. 50 above).
56. Mullaly (n. 50 above).