natural reinforcement in a psychiatric rehabilitation program*

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The short article that follows is a report on an ongoing rehabilitation program. Other clinicians and researchers who are involved in what they consider innovative and promising treatment approaches are encouraged to submit brief descriptions (from 5 to 10 pages) of their therapeutic activities.—The Editors.

In this paper we shall describe the Club, a psychiatric rehabilitation program developed by the second author. The club's program is modeled after the program at Fountain House in New York City (Beard and Schmidt 1971), from which it differs in several aspects. Although a growing number of rehabilitation centers are using a similar model, the principles by which these programs work are not generally known or appreciated. In this paper we shall speculate from a behaviorist point of view on how the Club works.

The Club's program can best be described as "organic" or "holistic," because the environment as a whole directly relates to the needs and motives of the client, and the rehabilitation techniques we use cannot easily be separated from their context for meaningful analysis. The Club's approach to psychiatric rehabilitation contrasts markedly with the "sheltered workshop" and "token economy" (e.g., Ayllon and Azrin 1968) approaches. Although perhaps more systematic in the attention they pay to specific problems, from our point of view, these approaches often lack provisions for smooth transition from institutional to community life, or sufficient incentive to maintain involvement. The sheltered workshop offers only token pay for a token amount of work, and the transition from this setting to the real world of work can be an insuperable barrier. Also, the initial pay in such settings is insultingly low for many clients. Similarly Levine and Fasnacht (1974) and Atthowe (1973) have pointed to the problem of poor generalization from token economy programs to the outside world. Despite our rejection of some of the more mechanical applications of behavioral principles, we believe that the Club fosters healthy behavior quite systematically. The theory we present emphasizes the role of "natural" and "intrinsic" reinforcement.

Natural Reinforcement in Psychiatric Rehabilitation

The concept of natural reinforcement was introduced by Ferster (1972). It is defined as reinforcement that flows naturally in the environment, as contrasted with artificial reinforcement (e.g., token reinforcement), which requires the introduction of special rewards that are foreign to the "natural" social order. In the behavioral literature natural reinforcers have included attention, approval, recognition, various status rewards, pay, and

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permission to engage in an attractive activity contingent on having completed a task. Intrinsic reinforcement is a type of natural reinforcement in which the reinforcer is an inherent property of the task (thus excluding even such “natural” but “extrinsic” reinforcers as pay or social approval). Examples of intrinsic reinforcers are (1) a teacher’s assigning inherently interesting work that is both challenging and within the students’ intellectual and behavioral capabilities, and (2) providing stimulation to those in deprived environments, while teaching the recipients how to avail themselves of this stimulation.

Population

The membership of the Club is composed overwhelmingly of postpsychotic schizophrenic individuals. Although many new Club members have recently experienced acutely psychotic episodes that have required hospitalization, they are no longer judged to be an immediate danger to themselves or to others, and they are able to care for themselves in some fashion at least for the short run. Although many still show some of the symptoms of acute schizophrenic psychosis (e.g., hallucinations, disorientation, confusion), these symptoms have generally receded. The primary remaining symptoms are apathy, an inability to work and/or to live independently, poor interpersonal skills, social withdrawal, and loneliness. They vacillate between extraordinary dependency and impenetrable aloofness, and generally have few mutually satisfying interpersonal relationships. When not involved in our program, they generally spend their daylight hours home alone watching television, sleeping, or eating. They typically live in dingy and lonely roominghouses or in chaotic family situations in which assertiveness and self-sufficiency are not rewarded and are often punished. Almost all face severe financial problems due to their inability to work, which only strengthens their dependency on their families. Additionally, our clients have often been described as having a fear of success or a desire to fail. They become frightened and often show an exacerbation of symptoms when they are given jobs or other opportunities to become successful and independent. Our program is specifically designed to overcome these feelings.

Almost all our clients regularly take antipsychotic medication. Approximately half of the clients are also in individual supportive psychotherapy, group therapy, or family therapy. We require that each sees a psychiatrist regularly (at least once each month) for medication and general medical review. The psychiatrist is also continuously available to the client for emergency consultation. The minimum age of Club members is 18, and the maximum age is determined by the client’s ability to attend and profit from the program. The typical Club member has an extremely poor vocational and/or educational history and is socially isolated. Priorities are given to persons who have had long-term or multiple psychiatric hospitalizations.

Description of the Club

The Club is the major component of the psychiatric rehabilitation service of Rutgers Mental Health Center, a large medical-school-based, full service community mental health center. It is structured, as its name implies, as a club for people with emotional problems. The membership of the Club has grown in the 2½ years of our operation to a total of 350 members, 150 of whom are “active” (i.e., they come to the Club at least once each month). The average daily attendance is 65 persons for our day program and 30 for our various evening programs. The Club is open 5 days and 2 evenings per week and for at least half a day on all holidays.

The program has four divisions or phases. These are the prevocational day program, the work-for-pay program, special projects, and social recreation. None of these parts of the program have any time limit. Although there is social pressure for members to advance to greater independence, no one is pushed out of the Club or out of a particular phase of the program merely because he has been there a long time. The purpose of this is to avoid an easily definable target for failure in the program, and consequently high rates of initial dropout.

The prevocational day program involves each of our staff in a specific activity area which is necessary for the maintenance and growth of the Club. The function of the staff is to engage members in a process designed to have the member help the staff worker fulfill his responsibilities. We shall describe this process in detail below. The activity areas include the following: a dining room area, where members are involved in the preparation and serving of our daily lunch; a custodial area, which is concerned with cleaning and decorating our space; an intensive reaching-out program to members who have dropped out of the Club or who have been rehospitalized; a clerical program, which collects and collates attendance
and various forms of process and outcome data on the Club, publishes a weekly newspaper and a monthly magazine, and provides switchboard coverage; a thrift shop; and the highly complicated system of transportation necessitated by the location of the Rutgers Mental Health Center in a suburban area without an adequate public transportation system. In the transportation program Club members drive each other to and from the Club, jobs, etc. Drivers are put onto the Mental Health Center books as volunteers, and are reimbursed for car expenses.

The work-for-pay program involves two components: transitional employment and employment at the Mental Health Center. In the transitional employment program, the staff members of the Club (the same ones who run the prevocational program) accept jobs from employers in the community in the name of the Club, and guarantee to the employers that the work will be done competently, either by a Club member, or, if necessary, by themselves. This arrangement is attractive to employers since, even in these economically hard times, they are often not able to keep reliable help in low-paying unskilled jobs. Each full-time job is divided into two part-time transitional jobs, in which a member may work a maximum of 3 to 4 months. The jobs are usually non-skilled—production line, janitorial, messenger, or counter work—but several semiskilled and skilled transitional jobs are also usually available (e.g., clerk-typist positions). Because of our guarantee to the employers, the staff members learn the jobs before placing Club members on them. If a Club member does not report to work and a competent replacement cannot be found from among the other members, a staff person promises to work on the job. Staff persons train new Club members on the job and maintain a close liaison with the supervisor regarding the members’ performance. The Club members working on these jobs receive whatever the established rate of pay is. This guarantees accurate feedback to the Club member and Club staff from the employer. We see transitional employment as a step before full-time independent employment. As a step before transitional employment, members of the Club can be employed by the Mental Health Center or the associated Rutgers Medical School on an occasional or regular basis, again receiving the regular rate of pay. These jobs include maintenance, clerical work, babysitting, and assistance in the transport of persons from the Mental Health Center to a psychiatric hospital. Persons who are too frightened to accept a transitional job in the community are often willing to work in the more familiar environment of the Medical School complex.

In our special projects we incorporate some aspects of other rehabilitation models. These include vocational counseling; a social skills training group which uses techniques similar to Goldstein’s (1973) structured learning therapy; hairdressing; and an extensive educational program to work with members on a one-to-one basis in curricula designed to prepare them for taking a high school equivalency examination or to enter or reenter college. In addition, a representative of the New Jersey Division of Vocational Rehabilitation works closely with our staff and evaluates members for the training opportunities that the State provides. Finally, we have a small halfway house: 10 bedrooms in the Mental Health Center in which 14 members and 4 students live. Members pay $80 a month and are responsible for their own food and personal belongings. We are in the process of renting individual apartments in the community where Club members can team up and share costs. In this “transitional apartment program,” the leases will be in the name of a private corporation that works closely with the Club, but each of the apartment residents will pay his own part of the rent and expenses.3

Evening, weekends, and holiday programs are devoted to recreation. Recreational activities include bowling, a Wednesday evening meal, various sports activities, shopping trips, evenings at local restaurants or lounges, craft groups, photography, dramatics, and the opportunity for just participating in quiet games or watching television. The Club also is open for special events on all holidays. These events include a New Year’s Eve party and Christmas and Thanksgiving dinners. This aspect of the program is particularly important because the holiday season can be a difficult time for many of the Club members.

Analysis of Natural Contingencies

Motivating the Club Member To Come to the Club

Because we understand the reluctance of many schizo-

3Since this article has gone to press, the transitional apartment program has been fully developed. Fifty-seven Club members are currently living in apartments in a program carried out by SERV, Inc., a private nonprofit corporation, in affiliation with the Club.
Motivating the Club Member To Engage in Prevocational Work Activity

The most potent force motivating the recent member of the Club to get involved in the prevocational work program is the fact that he is genuinely needed to do things at the Club. There are very few staff members (approximately 10 full-time staff to over 200 Club members), and the Club and its programs cannot be maintained without the active participation of the members. The new member will see that the kitchen is understaffed, or that the floor is dirty (and that the Club will not be permitted to remain in the Mental Health Center building if standards of cleanliness are not adhered to), or that no one is available to answer the telephone or to transport members to the Club or to jobs or to make outreach calls. The needs of the staff and the Club are also immediate. If enough members do not help, a meal will be a flop, or a job might be lost for the transitional employment program; and the appreciation given to members is also immediate. Rarely in the recent past of most schizophrenic patients have they been genuinely needed by others, and programmed praise from clinicians and out of hospitals has a forced ring to it—the person is being praised out of therapeutic benevolence rather than because he has done something of personal importance for someone. Since he is not sure whether or not he even wants to get “better,” praise for his “improvement” is not always a positive reinforcer anyway and may actually be perceived as aversive.

We should add that the stresses on the staff implied by this kind of program are great. In order for the members to be needed the staff must have much more work to accomplish than can possibly be done, and a crisis atmosphere must pervade. Otherwise there is no genuine need for the members. Being a staff member at the Club thus requires tolerance for this kind of stress.

At the beginning even genuine appreciation might not be an effective reinforcer for participation in the prevocational work program. Pressure to participate is, in many cases, only applied after the new Club member has come to the Club regularly and has enjoyed some of the good things the Club has to offer.

A second feature of the Club’s environment that promotes participation is that the things a member can do to be of real help are within his capabilities and can be individualized—from clearing a tray or setting a table to planning a meal and making up shopping lists; from delivering the Club newspaper to doing interviews, articles, and editorial work; and from cleaning a window to organizing cleanup for an entire area. As the Club gets bigger, individual members and their skills occasionally are not needed as much as they should be, but this situation then becomes the impetus for starting new programs and new activities that do need them.

A third motivational factor is a combination of modeling and group pressure. Everyone else appears to
be helping out; it is hard, therefore, for a member to justify not helping when his help is needed and requested. Finally, some natural punishment is built into the system. If the member fails to help out around the Club and—after a long enough initial period of minimal demands—is seen by others as a "freeloader," he begins to get lectures and confrontations from staff and other members. Again, these situations derive from genuinely felt needs for the member's help rather than from the "lecturers'" therapeutic fervor (although that does at times play a part) or from the mixed emotions that often characterize the member's family life. At the Club, the messages are straight and clear: some work is genuinely needed from the Club member, and the pressure of the Club will be brought to bear on someone who does not pull his own weight—once he has come to enjoy what the Club provides.

Associated with this, and tied to the shaping of job performance as well as to motivating it, is the immediate feedback the Club member gets about problems and strengths in his work performance. Staff workers, working alongside him, observe the Club member's behavior and may give him feedback right on the spot. Although honest feedback and some role playing and training often suffice for correcting these problems, more formal "goal planning" (cf. Houts and Scott 1972) and individualized reinforcement programs have been introduced at this point, including an occasional token reinforcement program.

Motivation for Moving Out to the Real World: The Transitional Employment Program

One of the Club members' most frequently expressed needs is for money. Although the Club does occasionally help a member to obtain welfare and Social Security aid as a means of basic survival when he first comes to the Club, these funds are never adequate. The transitional employment program provides the opportunity to make money (at least at the legal minimum wage) without the member's being subject to the kinds of personal risks entailed in taking a job by himself. Since the job belongs to the Club and its staff (rather than to the member personally) he cannot lose it. He can quit the job without ruining his chances for future employability and without losing face with his employer. Also, transitional jobs can be held only for a few months, so the ability to make a long-term commitment to a job (which many Club members fear) is not needed.

Engaging in a transitional job also seems to produce changes in the way a Club member thinks about working. Once the member has worked on a transitional job he is less likely to say that he is afraid of working. Also the experience of working itself reduces some of the "fear of the unknown" that is commonly found in people who have not worked for a long time.

Motivation for Moving Out of the Club Into the "Real World": General Considerations

When a Club member accepts a transitional job, he is in the "real world." After having held a number of transitional jobs he has repeatedly gone through the process of interviewing for a job, meeting new co-workers, and adjusting to new demands and opportunities. Thus, to apply for a job independently is a change more in degree than in kind. A similar thing can be said for the projected transitional apartment program. Small and manageable steps to independence are built into the program throughout.

There are also other ways in which the Club resembles the outside world. From the very beginning of a member's involvement with the Club a "workday" routine is in effect. The days at the Club are exclusively devoted to work; and although recreation rooms are open, no organized recreational or social programs are carried out then. Such programs take place exclusively on evenings, weekends, and holidays. In contrast to patients' relations with staff persons at hospitals and most sheltered workshop and skills training programs, Club members develop reciprocal relations with staff persons in which they give as well as get; and the dependency inherent in the doctor-patient relationship is largely avoided. A staff person may get angry at a Club member or express genuine affection. They occasionally see each other socially and visit each other's home. In fact the lines between Club member and staff person are not always clear. As a Club member functions better, he assumes more responsibility around the Club, and consequently takes on some staff functions. The higher status that these members have also may serve as a vicarious reinforcer to others. Indeed, sometimes Club members eventually do become full staff members.

Finally, we should consider the ultimate goal of the program: When has the Club member moved sufficiently "out" into the community to be considered a success? The obvious goals of living independently and holding a full-time job are applicable to most members. However,
there are a number of individuals who reach both of these criteria but who nevertheless live isolated and unhappy lives, with a high risk of recidivism. Many such people still make use of the Club’s evening, holiday, and weekend recreational programs. A person who has suffered a schizophrenic psychosis often becomes irreconcilably estranged from his social network. The Club thus functions as a substitute network, and may conceivably remain a permanent focus of life for some people.

Problems and Future Directions

Our greatest current problem is the fact that, despite our uses of natural reinforcement, as the Club increases in size many members are no longer truly needed, and some do drop out. One technique we have used to remedy this problem is goal planning (cf. Houts and Scott 1972). Selected members meet weekly with a staff worker and/or another Club member to set goals for themselves. This is designed to individualize the program, and to provide greater structure for those who might most easily become “lost” in a large organization. The person who plans each member’s goals is also responsible for communicating goals to other staff, and for coordinating a program to help him meet these goals. In a controlled study of our goal planning (the results of which will be presented in a forthcoming paper) goal planning was compared with Club members’ weekly unstructured interviews with staff persons and with a group of members who received no individualized input. Goal planning was found to produce better attendance, less recidivism, and better employment results than the other two conditions (Roddick 1975).

Our program is also in flux in other ways. The transitional employment program is growing and a transitional apartment program is getting under way. Similarly an educational program has been established for persons who require additional training or education but who are not yet able to obtain this training in the community.

Emerging needs and the growing size and complexity of the program will undoubtedly lead to further program modifications in the future. Outcome studies are under way, and these will also give impetus to further changes. Thus far, we have found the principle of natural reinforcement to be a useful guide to planning innovations, just as it has been for rationalizing the structure of the original program.

References

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