Durability of Innovations in Human Service Organizations

A Case-Study Analysis

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Ronald Lippitt et al. (1958) stated our concern well in Dynamics of Planned Change:

Many an innovation brought in with great fanfare is superficially accepted, and months or years later, things have drifted back to the way they were before. Nobody revoked it. It just didn’t last.

Not all innovations should last or endure for long periods of time. Circumstances, people, situations, and problems change. When a validated, more efficacious, more suitable, or more cost-effective means for meeting a given problem comes to light, the former modus operandi very appropriately may be supplanted. Or the problem the given innovation was designed to address may have changed or disappeared. Our interest in durability (meaning “continued use,” the opposite of “discontinuance”) is in connection with initially innovative procedures, programs, or products that when properly utilized still give evidence of cost-effective efficacy for dealing with continuing problems of certain types in the settings where they were introduced.

Author’s Note: Research was carried out by the Human Interaction Research Institute (HIRI) in collaboration with the Mental Health Services Development Branch, NIMH, and entitled “Methods for Sustaining Innovative Service Programs” (Grant R 12 MH27566).

Two of this study’s aims are

(1) to find out and document why some reportedly effective innovations in human services continue in their original settings in viable and healthy form, and sometimes spread to other organizations as well, while others of equal value do not survive much beyond an initially successful period of adoption and operation (despite continuing need for what the innovation provides and apparent lack of a clearly preferable alternative); and

(2) to develop a set of generalizations (a tentative theory) postulating conditions that facilitate the sustaining of worthwhile change in mental health organizations. The theory will include generalizations about characteristics of the innovation itself; of the host organization (including program evaluation efforts) and environmental context; and of the manner in which the innovation is initiated, implemented, then incorporated into regular operation.

Innovations Selected for Study

In pursuing the aims of our study as stated above, we selected for investigation two quite different types of innovations, both of which resulted from NIMH-sponsored R&D efforts.

The first is an innovative program evaluation technique called goal attainment scaling (GAS). This technique was created by Dr. Thomas Kiresuk and colleagues (Kiresuk and Sherman, 1968) at the Program Evaluation Resource Center (PERC) in Minneapolis. It has been implemented in more than three hundred service delivery organizations across the country. The research study reported here involved making site visits to (1) four service delivery organizations where the GAS program was known to be sustained—to have survived for more than two years and is currently in successful operation; (2) six organizations where a similar program was nonsustained—where it was initially successful but later died out.

The case selections for site visits were made from a list of sustained and nonsustained adoptions of GAS that was supplied to HIRI by PERC. In selecting organizations to contact (first by mail, then by telephone) with regard to their participation in the study, effort was made to include a spread on variables such as how the implementer heard of GAS, the reason GAS was used in the first place, the type of user organization, and, for the nonsustained cases, why it was no longer used. The
research plan was to make visits to five sustained and five nonsustained sites, and an initial subject pool of ten as developed for each category. One selected site thought to fit into the sustained category subsequently was found by our criteria to be nonsustained, thus was transferred to that category.

Clinical depth interviews and other data-gathering activities were conducted during site visits to each of these organizations, and a case-study report was prepared to summarize what had been learned in each instance. Each report was reviewed in draft form (with editing invited) by participating staff of the host organization, and approved by them for accuracy. That approval included authorization to publish identifying information. A full discussion of the methods and findings related to this segment of our study is reported in a paper entitled "Durability of Innovations: How Goal Attainment Scaling Programs Fare Over Time" (Glaser and Backer, 1980).

The second innovation we investigated was a mental health treatment program called the Hospital-Community Treatment Program, commonly referred to as the Fairweather Lodge, which was created by Dr. George W. Fairweather and his associates, formerly at the Palo Alto VA Hospital and now at Michigan State University. The program involved deinstitutionalization of mentally ill patients being treated at state mental hospitals. The first phase was called the Small Group Ward (SGW), located within the hospital. The SGW usually served as a preparatory experience before the second phase, which involved discharge of selected improved patients from the SGW into a community-based lodge or residence (home). Lodge programs have been implemented in several dozen settings, most of them affiliated (at least originally) with state mental hospitals.

Initially our study intended to investigate the factors that accounted for the durability or nondurability of both phases of this program: the hospital-based SGW and the community-based lodge. However, when we visited with Dr. Fairweather and his colleagues at Michigan State University we were informed that while various state hospitals have "picked up" the basic concept of the lodge from its originators, there were only eight in operation at the time of this study that had been started with consulting help and technical assistance from the MSU group. Only these eight were considered by Dr. Fairweather as adopters of the original model, and all of them were thus far "durable." Consequently, there were no nonsustained cases of the true lodge program adoption. Among these eight, however, there were SGWs that met the
criterion for durability (sustained for two years or more) and other SGWs that had not been sustained. By making site visits to all eight of the lodges in operation at the time, we would be able to compare sustained and nonsustained cases of the SGWs. Thus, all hospitals that had lodge programs were invited to participate in the study, and all eight accepted, inviting HIRI site visits.

Clinical depth interviews and other data-gathering activities were conducted during site visits to each of these organizations, and a case study report was prepared to summarize what had been learned in each instance. As with the GAS cases, each report was reviewed in draft form by participating staff of the host organization, approved for accuracy, and authorized for publication, including identifying information.

Variables Related to Durability

To help organize the inquiries made in this study, we first turned to the few discussions of durability in the existing literature (Beckhard, 1975; Havelock, 1973; Seashore and Bowers, 1970; Shepard, 1965; Strauss, 1973). From that review the following seven propositions regarding the durability of innovations emerge (each proposition has been given a one-word label for future reference here):

(1) Change programs that lock closely into the operating system of their host agencies are likelier to survive (integration).
(2) Encouragement of open discussion by staff of problems and side effects of the change program promotes durability (discussion).
(3) Innovations that staff regard as truly valuable and needed are likelier to survive (need).
(4) Continuous feedback to staff about their progress in effectively operating the change program (including explicit data about program success) facilitates durability (feedback).
(5) Staff involvement in participative decision-making with regard to innovation adaptation and installation promotes long-term survival (involvement).
(6) Continuing positive reinforcement or reward to staff for using the new method facilitates durability (reward).
(7) Ongoing adaptation capability in response to changing circumstances helps an innovation to endure (adaptability).
Another set of factors the author thought might be related to durability of an innovation after adoption, as well as its demonstrated value for assessment of an organization’s readiness to adopt a given innovation or change in the first place (along with its additional value for guiding the implementation process), is represented by the acronym A VICTORY (Davis and Salasin, 1975). Those eight factors are described as follows:

- **Ability** of the person or family or organization to carry out the proposal, including considerations of staff, funds, facilities, and so on.
- **Values** inherent in the proposal in relation to the client’s values.
- **Information adequacy** regarding the proposal, including what is involved, evidence for validity, action steps required for implementation, and the like.
- **Circumstances** that might be favorable or unfavorable.
- **Timing propitiousness** or lack thereof.
- **Obligation** or strength of positive feeling (championship) on the part of relevant decision makers and preferably all “stakeholders” about the wisdom of undertaking the proposal.
- **Resistant forces** that may be present; organizational or individual disinclination to make the change, for whatever reasons.
- **Yield** or likely net balance benefits from adopting the proposal as perceived by those who would be concerned—with any risks or possibly undesirable side effects considered in this “net balance.”

Just as a matter of passing interest, it would seem that the descriptive definitions of the eight A VICTORY factors could subsume the seven factors drawn from the literature on factors related to continued use of an innovative practice or program. For example, involvement can be subsumed under obligation; adaptability can be subsumed under ability; perceived need can be subsumed under obligation; discussion can be subsumed under information; integration can be subsumed under ability (this is an after-the-fact-of-adoption consideration rather than a criterion of organizational readiness for adoption); feedback can be subsumed under information (this also is an after-the-fact-of-adoption consideration rather than a criterion of organizational readiness for adoption); and reward can be subsumed under yield.
While not specifically focused on factors that make for continued use versus discontinuance of promising, innovative programs in the field of education, Berman and McLaughlin (1976), as part of a major study for USOE, concluded that innovations may result in disappointing outcomes mainly because of the difficult and uncertain process of implementing innovative efforts in an educational system that resists change. They thus suggested a three-stage interactive innovative model consisting of initiation, implementation, and incorporation.

Lambright and Carroll (1977) likewise did not focus on the durability question in their study of adoption and utilization of urban technology, but some of their findings related to intraorganizational conditions provide relevant context for our study:

- The extent to which an innovation was fully incorporated into a given city agency was associated with whether the innovation actually did what it purported to do, whether it could be installed in stages, whether the innovation process was reversible, whether sources were in fact improved as a result of the innovation, and whether cost savings were realized.

- The principal mechanism that facilitates the innovation adoption process and helps ensure full incorporation of the given innovation into routine practice is a strong, locally based, bureaucracy-centered coalition of involved individuals or groups. The bureaucratic entrepreneur is the one who typically creates such coalitions and holds them together throughout the stages of the innovation process.

Yin et al. (1978) studied the process by which new practices become routinized, that is, become a part of standard practice in given settings. They found that the major conditions that lead an innovation to become routinized all appear to be internal to the specific local agency. In contrast, external initiatives (such as those federally initiated) are either limited or will have to be designed with a greater degree of sophistication to increase effectiveness.

Routinization is likely to proceed further if the innovation becomes part of a core agency practice. Throughout its early life history, an innovation must continually gain increased support from agency practitioners. This support will result in part if the innovation covers a core practice. However, the innovation must also operate effectively.

An important internal condition is the specific support of top agency administrators. Without that support, most innovations fail to become routinized.
The studies reported above, by Berman and McLaughlin, Lambright and Carroll, and Yin et al., offer additional and complementary insight from existing literature into factors found to bear upon continued use versus discontinuance of promising innovation.

Analysis

Two types of analyses were undertaken for both the ten GAS adoptions and the eight lodge adoptions. First, the field investigators derived generalizations regarding why the given GAS or the SGW component of the lodge program did or did not last; these were presented at the end of each case-study report. This clinical analysis was verified by persons in each host organization during the editorial review process, so that the final generalizations represent the combined views of the investigator and the host-organization reviewer(s).

Second, to supplement the clinical analysis, expert judges’ ratings were made of each case-study report. Three judges, all of them previously unconnected with the research study, and each an acknowledged expert in the areas of human services delivery and organizational change, were selected to review each case-study report and to appraise it on a standard rating scale containing the fifteen factors mentioned earlier, that is, the seven propositions extracted from discussions of innovation durability reported in the literature, and the eight A VICTORY factors offered by Davis and Salasin (1975). Each case-study report also was rated by its author, making a total of four raters per case.

The case-study reports were abridged for this purpose by deleting the field investigators’ conclusions and the A VICTORY analyses the field investigators themselves had prepared for the narrative reports. The rating instrument utilized five-point Likert-type scales with anchor points ranging from “very inhibiting” to “very facilitating.” In addition to the ratings, judges were asked to write a justification for each rating, and to weigh its relevance for durability by comparison with other factors.

Interrater reliability and agreement on these ratings were analyzed. Finally, tests were conducted for significance of differences on the fifteen factors between the sustained and the nonsustained groups of cases.

To facilitate comparison between clinical analysis and expert judges’ ratings, the authors also classified field investigator conclusions by the
fifteen factors mentioned earlier (once for the seven literature-based propositions and once for the eight A VICTORY factors). Although some conclusions may in fact belong under more than one factor, each was to be classified only once, in the category that seemed to fit best.

**Findings**

**Synopsis**

The following are the major case-study findings related to the durability of the GAS adoptions.

1. GAS programs that are well integrated into the standard operating practices of their host organizations—that is, those that have become systemic—are likelier to survive.
2. The durable GAS programs are those that meet a real, well-defined need in their host organizations—and one that is acknowledged by the host agency’s leadership, with the benefits or “yield” felt worth the effort by essentially all concerned.
3. Survival of GAS implementations is likelier if it is possible to make modifications in the innovation in response to varying local circumstances.
4. GAS programs are likelier to survive when staff values, especially those about evaluation, are congruent with those GAS represents, and when circumstances/timing or other organizational readiness factors at least are not unfavorable to the introduction of such an innovation.
5. GAS programs are likelier to survive when those implementing them continue to support and “push for” the program enthusiastically, with sensitivity to the need for providing adequate time and perhaps clerical help involved in preparing the GAS protocols.
6. Durability of GAS programs is facilitated by efforts during the planning and implementation phase to invite organization staff discussion of the pros and cons of the innovation, so that reality limitations, potential problems, or psychological resistance as well as potential benefits can surface, and so that the staff can feel a sense of ownership of the program.

Sometimes—noted by our field investigator in two cases and thus not one of the six major findings—the likelihood of adoption of an innovation and durability after adoption is enhanced when there is dissatisfaction with the present situation or with standard practice to meet some felt need (the need can include some mandated external
requirement, such as "accountability"), leading to heightened readiness or receptivity for a promising change. Further, termination of an entire program that had adopted GAS as its evaluation component would likely result in nondurability of GAS. We say "likely" rather than "certainly" because if GAS had become more systemic as the normal program or therapy evaluation procedure in a given setting, it might be picked up by other parts of the institution even if the segment in which it was first adopted is closed down. (The same "happening" has occurred in connection with some Fairweather SGW adoptions, when a state hospital was closed or a major part of it was converted into a nursing home; but in that situation the lodge endured even though the SGW did not.)

Major Case-Study Findings Concerning Lodges, and GAS-Lodge Comparisons

In reviewing the data collected (by frequency count of themes in the field investigator's analysis at the end of each case-study report) from in-depth case studies of the Fairweather lodge program, the six most important generalizations and the two subsidiary notations bearing upon durability-nondurability of the GAS adoptions were found to hold true here also. However, because of the great difference in the nature of the two innovations, the following additional considerations with reference to specific operating concerns were noted by our field investigator as relevant to viability in certain of the lodge programs.

- There was need for a pool of patients judged ready for deinstitutionalization to be available at the hospital.
- More technical assistance was needed from professionally trained members of the hospital staff to help deal with crises or difficult problems that might occasionally arise in a lodge situation than was needed for GAS adoptions.
- Often (but not always) there was a need for federal funds to help the lodge program get started, such as funds to purchase or lease a residence in the community. This need did not apply to GAS adoptions.
- Those involved in management of both lodge and GAS programs need the ability to circumvent or overcome noncongruent values of some relevant hospital staff members who may not like the idea of the hospital having any responsibility for patients living outside the hospital grounds.
• There is need for continuity, commitment, enthusiasm, and resourcefulness of the paid business manager-leader who is the on-the-spot person in charge of any given lodge. The broader concept of "championship by influentials" in an organization is needed to sustain durability of almost any innovation.

• It is desirable for persons considering adoption of a Fairweather lodge program in their hospital to make a site visit to at least one other hospital where they can observe a successfully operating SGW. However, this would be desirable for GAS adoptions as well—and perhaps for the adoption process of many types of fairly major innovations in standard operating practice of organizations.

• Since the deinstitutionalized patients are judged by the hospital staff to be in an "improved" rather than a "fully recovered" condition, many or most (if not all) are judged by the hospital medical staff to be in need of continuing medication. To meet this need away from the hospital, monitoring is necessary. Medication clinics usually are held at periodic intervals, and the business manager at a lodge needs to be aware of the Rx for each resident. Failure to maintain needed medication intake is likely to result in rehospitalization of lodge residents and thus bear upon durability of the lodge.

• In both the SGW and the lodge situations, there is need for the members of the group to meet at least once a week, often more frequently, to air problems and continue a program in problem-solving. In the lodge (as distinguished from the SGW) there also is need for business meetings to discuss work opportunities and assignments, customer complaints (if any), and so on. Effective functioning of a lodge helps to assure durability. This would be true for GAS or any innovative program.

• When community neighbors actively dislike having ex-mental patients living near them in a lodge residence, it makes durability more difficult. Yet such attitudes have been overcome in several lodge installations.

For both the GAS and the lodge innovations, the originating groups (Kiresuk and staff at PERC, and Fairweather et al. at MSU) have served in a continuing, available resource and consulting role. Both groups have published newsletters to share information about adoptions, successes, problems, creative efforts to overcome problems at various sites, and, in general, to stoke and keep alive the fires of interest. Both groups have been available for technical assistance where invited—often by site visit, sometimes by phone or correspondence. There is evidence that this continued monitoring interest,
network-building, and communication exchange structure have had positive impact on durability. As an inference from the data rather than from direct evidence, it is postulated that if these promotional and supportive efforts die down, then, similar to what would be expected in commercial product marketing, “sales” will drop off and an increasing number of users will “drop out” and try heralded new procedures to meet their needs.

The fact that major findings regarding durability of GAS adoptions seemed to hold for a very different kind of innovation in the SGW/ lodge adoptions suggests the likelihood of some generalizable factors—generalizable at least to human service delivery settings. Continuing strong positive ratings on the eight A VICTORY factors seem generally favorable to the durability of any innovation adoption, although additional factors (reported above) besides the eight in A VICTORY were found related to durability.

Further study, comparison, and cross-validation with other types of innovations seem worthwhile, especially with reference to comparisons with various types of changes of innovation-survivals in private-sector organizations.

**Expert Judges’ Ratings**

As already stated and described, to supplement the clinical analysis of case-study findings from the GAS and lodge site visit reports, expert judges’ ratings were made of each case-study report.

Interrater reliability for the average judge was assessed using the interclass correlation coefficient for each of the fifteen factors. The median reliability estimate thus obtained for the GAS ratings was .81, and for the lodge SGW ratings, .825, with the highest interrater reliability .96, and the lowest, .50. Given the relatively high level of interrater reliability, data on the eight A VICTORY factors and the seven literature-based propositions were combined for purposes of comparing sustained with nonsustained cases. Results of the significance test of differences between ratings for sustained and those for nonsustained GAS and SGW adoptions using the randomization test (Siegel, 1956) are presented in Table 1.
TABLE I
Significance Test of Differences Between Ratings for Sustained and Nonsustained GAS and Lodge SGW Adoptions

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<th>Factors</th>
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*Significant at the 5% level.

Conceptual Frameworks for Organizing Factors Bearing Upon Durability

Framework I: A VICTORY

This framework, offered by Davis and Salasin (1975), already has been described, and has been used to help organize the inquiries made in this study. It can be turned into a rating scale, which then can be used to assess an organization’s readiness to adopt a given change or innovation. It also can serve to guide the implementation process if an adoption decision is made.

Framework II: Three-Factor Interaction

Another framework for organizing the factors bearing upon durability, which (like the A VICTORY formulation) can be turned into a rating scale, is in terms of (1) characteristics of the innovation itself; (2) characteristics of the host organization or setting in which the inno-
vation was (or is to be) introduced; and (3) manner, timing, circumstances, and "dynamics" of the implementation efforts.

**Characteristics of the Innovation**

Durability is facilitated if

(1) The innovation meets a real, well-defined need in the host organization that is acknowledged by at least some persons in the agency's leadership.

(2) Modifications are possible and flexibility is permitted in response to local circumstances or preferences.

(3) The innovation has the characteristics summarized in the acronym CORRECT (Credible evidence for its value; Observability or opportunity for potential users to see a demonstration in an operational setting; Relevance to meeting a readily perceived need; Relative advantage or benefits over existing practices; Ease in understanding and installation; Compatibility with potential user's established values, procedures, and facilities; and "Trialibility," which permits a pilot tryout and does not call for an irreversible commitment by the system).

(4) The innovation meets an objective need in a superior manner. It then may survive with little or no community support, so long as it receives sustained support from the host organization. However, community support is desirable and should be sought where appropriate.

(5) The basic idea behind the innovation has sufficient independent viability so that even when the host organization goes out of existence, the original idea may be "repotted" in other, similar organizations.

(6) An innovation is divisible, so that parts of it may be sustained while other parts drop out.

**Characteristics of the Host Organization**

Durability is facilitated if

(1) The innovative procedure or program becomes well integrated into the host organization; it is most likely to survive if it becomes "systemic" to the organization's modus operandi and thus not dependent on the continued presence of special "champions."

(2) The host environment is supportive, and the innovation is congruent with the values of at least some influential staff members.

(3) There is maintenance of enthusiasm and "push" or championship
of the innovative program over time, until it becomes systemic. Otherwise, initial success may not be sustained.

(4) A host organization characteristically takes a constructive problem-solving approach to matters that arise on a day-to-day basis, and holds periodic review meetings to encourage airing of problems and suggestions, including discussion of side effects of the change program.

(5) There is widespread dissatisfaction with the status quo, which often makes for greater receptivity to consideration of change.

(6) There is provision of adequate staffing and staff training (if needed) to help develop skill and a sense of competence/security in utilizing the innovation.

(7) The host organization has an administrative/managerial climate of “freedom to fail” and profit therefrom for improvement “next time.”

(8) The organization that adopts the innovation is characteristically self-challenging, self-evaluating, and generally open to serious consideration of promising new ideas, programs, products, procedures.

Manner and “Dynamics” of Implementation

Durability is facilitated if

(1) Efforts are made during the implementation phase to involve all stakeholders—particularly those on the host organization's staff—in discussions of pros and cons, and in general participation with regard to planning for implementation.

(2) There is availability of special funds and technical assistance to help get the program started. After the innovation is established, technical assistance may no longer be needed.

(3) An appropriate team of both champions and skeptics from a potential adopter organization can visit a respected site to observe the successful operation of the innovative program, procedure, or product.

(4) Those who want to implement the change feel determined to make it succeed. Under those conditions, skepticism from some colleagues only serves to whet that determination.

(5) Relevant community leaders are invited (if it is practicable) to participate as planning consultants, and thereby become supporters.

(6) There is a widespread perception that learning experiences from installation of the innovative program can have valuable spinoffs to/for other programs.

(7) Adequate staff time is made available to plan and carry out the program properly.

(8) Staff values are similar to those required for successful adoption of the innovation.
Implementation efforts take account of readiness for adoption or tryout of the innovation by those who will be instrumental to its initial success and long-term maintenance. Surfacing of resistances, questions, and any perceptions of risk should be respectfully invited and discussed in a problem-solving spirit.

The adopting organization manifests interest in providing (and acquiring) continuing updates of information pertaining to successful application of the innovation.

There is endorsement and support of the adoption from the top of the host organization.

There is evidence of intent to expand an innovation that has been adopted on a tryout basis.

There is provision of opportunity to participate in a network of adopters and to observe other applications of the innovation.

There is frequent feedback to staff about their progress in effectively operating the change program.

There is continuous reward to staff for using the new method.

**Framework III: Engineering/Technology Assessment**

Another approach to achieving durability of new products or procedures which is seldom used in connection with human service innovations stems from an engineering orientation combined with technology assessment considerations—that is, a deliberate attempt to consider side effects or unintended consequences, both from a technical and a human/social standpoint. It involves attention to all the phases of R&D endeavors: basic research; conversion and design, which includes pilot testing; development, which includes full field testing, evaluation, and production; and diffusion, which includes installation, implementation, technical assistance, utilization, and operational evaluation by target systems. Etzioni (1975) comments as follows on this framework:

It is fairly standard practice in the engineering of new spacecraft, weapons, airplanes, even toys, to move systematically from a theoretical concept to a pencil-and-paper design, to a small-scale model that is subject to various tests, leading to the production of one or a few full-scale prototypes—all before mass production is authorized. Normally, at each stage modifications are made on the basis of experience gained previously because as a rule we cannot anticipate or reason out all reactions and developments. New government programs (and attempts
at social problem solving) need to go through as full and as careful a process of research and development as new technologies.

The point here in relation to durability is that if an innovation goes through the above sort of iterative developmental critique prior to wide diffusion, it is more likely to be "debugged" or more nearly perfected in the process, and thus be more likely to serve its purpose well—and therefore to endure longer.

If an innovation or the product of an R&D effort is rigorously put through the steps of this model, with skilled technical assistance or consulting help available if needed, it is likely to result in something validated and user-ready. If use then is guided by application of the AVICTORY considerations to assess readiness for adoption in any given setting, and then to guide the implementation/stabilization process if adoption is undertaken, institutionalization of the change (thus durability) is likely to result. That is, "to result" until/unless the problem the innovation was designed to address "goes away," or some more cost-effective (or subjectively more attractive) solution comes across the horizon to compete for potential users' affection and wins out.

Overview

The three frameworks presented here—and others—may be especially useful for a consultant or any change agent to have in mind when planning for the introduction of a significant change in the modus operandi of an organization. Different individuals find it easier or more congenial to use certain frames of reference rather than others. Whatever framework we choose should take account of the considerations or factors that bear on the likelihood of an innovation being adopted in the first place, then surviving after operational tryout. A well-planned implementation process, in which the people needed to "make it work well" are included as co-architects, may be a key factor.

We have learned a good deal about what differentiates change that lasts from innovations that do not, and about how to use organizational consultation strategies as a means for promoting durability. Perhaps the most important single finding of our research is that promoting durability requires personal involvement on the part of one or more persons genuinely interested in making the change last so long as it appears worth while, including those who serve in a consultative role.
Further, innovations that last over time typically change in format and operation to some degree. Therefore, when speaking of durable, innovative change programs, we are speaking of a living, dynamic system that requires ongoing input from its champions (and from those who have to live with its operation and results)—for any living system is itself subject to change.

The question of durability and change needs some further comment, however. From a research and evaluation focus, if an adopter of an innovation changes the original procedure or product in some significant way, it becomes difficult to evaluate the efficacy or value of that procedure, because strictly speaking, it no longer is that procedure or product. In response to a small survey of current thinking on the part of 23 experts on planned change (Glaser and Backer, 1977), one of the replies expressed a view echoed by the majority as follows: "The real problem is one of determining what is really damaging dilution (or modification) and how much dilution one can tolerate before the innovation as planned is no longer the innovation introduced." Larsen and Agarwala-Rogers (1978) investigated the appropriateness of adaptation (which they call "re-invention") in the transfer of innovations among community mental health centers. They report:

Re-invention occurs with greater frequency than complete adoption. This high degree of re-invention most likely occurs in response to the realities of the local situation and local community. Each organization has its own structure—values, obligations, commitments—and to maintain itself, must filter out those ideas or aspects of an idea that are not congruent with its overall position—thus, reinvention.

The assumption that adopters are passive audiences is not accurate. Equally invalid is the assumption that innovations have a universal and constant applicability. Differences in community concerns and state and local policy have a dramatic effect on the applicability of any innovation.

If data from this study indicating that re-invention is more common than complete adoption are supported by other research, re-invention cannot be treated as an interesting variation on a basic model; rather, it becomes the basic model. Innovations must be introduced as a general concept and include recommendations to facilitate appropriate adaptations in local settings to fit local conditions.

Our position is in accord with the two papers referred to above.
References

GLASER, E. and T. BACKER (1980) "Durability of innovations; how goal attainment scaling programs fare over time." Community Mental Health Journal. 16, 2.
——— (1972a) "A clinical approach to program evaluation." Evaluation 1: 54-60.


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