

67-REG-MPC
De Johnson
DEPARTMENT OF PUBLIC WELFARE

TO: Mr. Morris Hursh, Commissioner

April 5, 1967

FROM: Mental Health Medical Policy Committee

SUBJECT: Recommended Guidelines for Learning Therapy Programs such as Operant Conditioning, Respondent Conditioning, Behavior Modification, and similar programs hereinafter referred to for purposes of these Guidelines as Learning-Therapy Programs.

1. Aversive Reinforcement

- (a) Aversive reinforcement is never to be used in a general learning program for groups of patients.
- (b) In exceptional individual cases, where patients display physical abuse to self or others, aversive reinforcement may be used, but such reinforcement practices must be cleared with the Medical Director of the Medical Services Division and with the Mental Health Medical Policy Committee, and must be administered only by a professional.

2. DEPRIVATION

- (a) No patient is to be deprived of expected goods and services and ordinary rights he had before the program started. (This includes freedom of movement of body limbs.)
- (b) Deficit rewarding must be avoided, i.e., giving back as rewards things that we have previously taken away or things which the person should have had to start with, or giving as rewards tokens or what have you which will allow the person to "buy" such items.

3. Positive Reinforcement

With the exception of 1(b) above, positive reinforcement is the only reinforcement to be used in Minnesota State hospitals.

- 4. There should be at the local level an advisory committee process whereby learning-therapy programs and all related procedures are reviewed from time to time, not less than quarterly, by a committee or group not directly involved in the learning-therapy program. Such committee function shall be carried out by the hospital Humane Practices Committee, or if not, by a committee on which the Humane Practices Committee shall have substantial representation.

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5. All future (after April 10, 1967) group learning-therapy programs must be approved by the Mental Health Medical Policy Committee in some manner as research.
6. There are to be periodic inter-institutional meetings of those conducting operant conditioning and other similar learning-therapy programs.
7. There must be an intensive training course preceding the start of local learning-therapy programs for all employees directly involved, plus on-going in-service training.
8. Each institution should, for all employees, carry out an orientation about learning-therapy programs.
9. Learning-Therapy programs should not be connected in any way with practices, that are intrinsically undesirable even if temporarily necessary, such as restraint or seclusion.