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of Public Welfare

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November 25, 1970

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Behavior Modification Guidelines

Thank you for your interesting letter on the above subject. You bring up a number of important questions on a complex subject about which there seems to be a wide range of opinions, even among experts.

The Guidelines which you were reading was an earlier draft, circulated for discussion only. The final statement is being duplicated right now; although the new Guidelines statement is very similar to the draft which you saw, there is a cover memo which deals with some of the questions you have raised.

For example, the memo includes definitions which at least partly cover the "matters...of specificity". The memo also points out that guidelines and definitions cannot substitute for knowledge and judgment, and that it is therefore necessary that knowledgeable persons be involved in planning, doing and evaluating behavior modification programs. In addition, the memo acknowledges that it may ideally be better to provide guidelines for treatment in general (rather than specific treatments such as behavior modification or EST), and it may be that we will one day tackle that problem -- though that might not help in some of the procedural-administrative matters related to specific treatments.

I agree, too, that any kind of treatment program would be crippled if every single clinical decision had to be approved by a committee, and the Guidelines are certainly not intended to work that way. In the first place, the new Guidelines decentralize and focus many responsibilities formerly in the hands of Medical Services Division and the Mental Health Medical Policy Committee. Secondly, our expectation is that the local committee would review and approve programs for individuals and groups, and that these programs would be described broadly enough and specifically enough so the committee would know what will or might happen in the program (i.e., what the contingencies are or might be), but that the committee would not have to be involved in further approval each time the already-discussed methods are applied. It may be that it will prove to be difficult (at least at first) for local program planners and local committees to describe their treatment plans in this way, but in the long haul it might be easier for behavior modifiers to do it than "therapists" using other less planful treatment modalities.

As you see, we have tried to take these matters into account in the revision of the Guidelines and in its cover memo. We have tried to steer a middle ground between detailed specificity which might turn out to be unthinkingly rigid and loosely stated philosophy to which everyone subscribes but which has little operational

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Memo to Dr. Thompson

significance. In any such compromise between two extremes it is usual that some good features of each are lost; we will have to depend upon the knowledge, experience, and skills of experts, such as you and Dr. Fielding, to help us and the local committees in the rational and humane interpretation and implementation of the Guidelines.

Let me take this opportunity to express my interest and appreciation for your part, over a considerable period of time, in the exciting developments at Faribault. The programs which you have helped to inspire and apply have had a most constructive influence on both patients and staff.

Thanks again for your letter -- we would be most appreciative for your comments and suggestions as we move along in the further application of behavior modification programs.

DJV/bk

CC to: Heinz Bruhl, M.D.
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