ISSUES AND IMPLICATIONS OF ESTABLISHING GUIDELINES
FOR THE USE OF BEHAVIORAL TECHNIQUES

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Several guidelines surrounding the use of behavioral procedures have recently appeared, the best of which is that of the National Association of Retarded Citizens (NARC). Some issues and implications of the establishment of guidelines are briefly reviewed in the context of the NARC guidelines. Issues include the factual *versus* opinion bases for guidelines and the need to continue the development of explicit behavioral criteria for assessing staff competence. Implications for programs include the impact of guidelines on professional boundaries, administrative decision-making, and budgeting, together with the dangers of expanding the regulatory bureaucracy. Several miscellaneous impacts are noted, including a potential for curbing innovative behavioral technology.

DESCRIPTORS: behavioral techniques, guidelines, behavioral mythology, behavior therapy, behavior therapists, certification, ethics, retardates

The last 10 years have seen a rapid proliferation of programs labelled as behavioral endeavors. These programs have attacked a wide variety of problems of social concern with varying degrees of success. As with any new and rapidly growing social enterprise, errors of professional judgement have occurred and serious abuses have been alleged. Out of these successes and errors, much serious discussion has developed on the goals and procedures of behavioral programs. Accordingly, guidelines have begun to appear that define and regulate the use of techniques that supposedly control and modify human behavior (*e.g.*, American Association on Mental Deficiency, 1975; Joint Commission, 1974; *Wyatt versus Stickney*²).

The appearance of guidelines regulating the behavior of professionals in the social services will not be universally acclaimed. The behavioral guidelines that have appeared so far are no exception. Judging from the informal comment and criticism surrounding their appearance, it seems that some behavioral practitioners view guidelines as an administrative Frankenstein monster concocted by well-intentioned but basically naive academicians and lawyers. This view is extreme. However, many individuals working

in service programs share the fear that guidelines will hamper and restrict their professional activities, to the serious detriment of their clients. This fear becomes especially acute when guidelines become administrative regulations (*e.g.*, Joint Commission, 1974) or court decrees (*Wyatt versus Stickney*²).

With the rapid proliferation of guidelines regulating the use of behavioral techniques, a discussion of issues surrounding the construction of the guidelines and their implications is very much in order. This paper briefly reviews four diverse areas of issues and implications: (a) factual *versus* opinion bases for the specific assump-

¹Various forms of guidelines for the practice of behavior therapy are being proposed or adopted in many localities. The Editor invited this article to call JABA readers' attention to some of the key issues involved. The author was asked to use the NARC Guidelines as the chief example, because they are available in an archival source. Reprints may be obtained from the author at the Luton Community Mental Health Center, 570 McGavock Pike, Nashville, Tennessee 37217.

²*Wyatt v. Stickney*, 325 F.Supp. 781 (M.D.Ala. 1971), 334 F.Supp. 1341 (M.D.Ala.1971), 344 F.Supp. 373, 344 F.Supp. 387 (M.D.Ala.1972), 368 F.Supp. 1383 (M.D.Ala.1974), affirmed in part, modified in part sub. nom. *Wyatt v. Aderholt*, 503 F.2d 1305 (5 Cir., 1974).

tions and statements found in guidelines; (b) staff competence; (c) necessary preconditions for the use of behavioral technology; and (d) bureaucracy. A miscellaneous collection of impacts of guidelines is also discussed.

Brief Overview of the NARC Guidelines

The National Association for Retarded Citizens (NARC) has published the efforts of a Task Force jointly sponsored by the Florida Division of Retardation and Florida State University to establish "philosophy, procedures and safeguards recommended for use in the State's administration of behavioral programs" (May *et al.*, 1975, p. ii). Although the resulting guidelines are designed for institutional programs for retarded individuals, they can and probably will be a standard for use with residential and outpatient populations of behaviorally disordered or handicapped individuals.

The NARC guidelines review the historical antecedents of the behavioral approaches, of programs for the retarded, and of legal safeguards. Physical and chemical procedures are unequivocally disavowed as behavioral procedures, a distinction unfortunately often not made by other guidelines and the public. Following this introductory material, the bulk of the guidelines gives comprehensive and specific detail on the use of behavioral techniques. Necessary organizational preconditions and staff training and qualifications are presented. Positive reinforcement procedures are discussed briefly; procedures used to weaken behavior are discussed in great detail. Prerequisite conditions (*e.g.*, appropriate activity programming, differential reinforcement) are elaborated for the use of the latter techniques. Techniques used to weaken behavior are divided into two groups: contingent education procedures and "severe treatment procedures". The former include contingent observation, educational fines, and overcorrection. The guidelines state that these techniques have good public acceptance and minimal abuse potential. Hence, they can be readily prescribed for use by direct care staff, teachers, and parents. Further, they are

educative in nature because they emphasize the teaching of appropriate behaviors. Exclusion timeout and fines are said to be highly similar to these educative procedures, except that the educative components must be temporarily suspended for clinical reasons. In contrast to these contingent educational techniques, "severe treatment procedures" are regarded as having little public acceptance and high potential for abuse. "Severe treatment procedures" include the use of contingent loud noise, strong social reprimands, electric shock, and seclusion timeout (*i.e.*, timeout in a locked room). The use of these procedures is restricted to professional staff or to highly supervised direct-care staff but then only with prior approval of two review boards. Specific details of the techniques and safeguards are elaborated in the guidelines.

The third section of the guidelines presents procedures for advice, review, and consent. Besides calling for the informed consent of the client or guardian in certain cases, two review boards are recommended: (a) a Peer Review Committee consisting of behavioral scientists of demonstrated competence, and (b) a Committee on Legal and Ethical Protection consisting of a behavioral scientist, a lawyer, and three concerned citizens. Both boards would review and approve the use of certain behavioral techniques for general use and certain others on a case-by-case basis. Additional elaborations on the use of specific techniques, habilitation plans, and board reviews are given in several appendices to the guidelines.

Impression of the NARC Guidelines

Overall, the NARC guidelines impress me as comprehensive, broad in scope, specific in detail, and clear. I feel that they will help to clarify the controversy surrounding the field and lead to better use rather than prohibition of behavioral technology. This particular set of guidelines reflect the high level of competence and prestige of its authors, all of whom are leaders in the field of behavioral technology and consumer protection.

Certainly this set of guidelines, although an excellent effort, is not a finished product. In my view, these guidelines should be taken as the basis for fruitful discussion and further refinement. The comments that follow are not intended to detract from my overall positive evaluation of the NARC guidelines. Rather, I intend these comments to serve as part of a broadly based discussion and critique that will help in the future development and revision of guidelines.

Factual versus Opinion Statements

Roos (1974), in a discussion of the ethics of behavioral technology, noted two types of statements made about behavioral procedures: those statements based on facts, and those based on values. An example of a statement based on fact might be: timeout techniques, when appropriately used, have reduced certain undesirable behaviors in many retarded individuals. A statement based on values would be: timeout techniques will not be used because they interfere with the right of the retarded individual to participate in certain activities. This distinction between factual and value statements has been useful in clarifying my thinking, since these two types of statements have tended to become thoroughly intermingled in the controversy surrounding the ethics of behavioral technology.

Unfortunately, when guidelines need to be formulated, the demand for facts surpasses the available supply. The number of facts in behavioral technology that are widely accepted is considerably less than one would hope. To compensate for this deficiency, statements are substituted for facts, but these statements are really possible facts, as seen by those individuals most involved in the research and development of the particular facts. Put another way, the statements used in lieu of facts are actually the considered opinions of experienced and recognized authorities on what the facts will be in the future. Thus, in addition to factual and value statements, there can be statements about behavioral procedures that are based on considered opinion.

The NARC guidelines use as many facts as can be obtained, yet they contain much considered opinion. Two examples will illustrate. In Appendix C of the NARC guidelines, specific procedures for the use of overcorrection are given. At one point, the authors note: "Each time the client behaves inappropriately, the caregiver immediately uses the opportunity to teach him the appropriate behavior through the overcorrection routine specific to that behavior. The routine is never arbitrary" (pp. 61-62). This statement, together with the other material on overcorrection in the guidelines, might suggest to some readers that the practice of the appropriate topography of behavior relative to the inappropriate behavior is critical to the effectiveness of overcorrection. Such a linkage of the topography of overcorrection to its effectiveness may at some time become fact. However, no published experimental analyses have yet unequivocally established such a linkage.

To give a second example, the authors of the NARC guidelines state: "In any setting, . . . problem behaviors occur primarily when people are not involved in goal-directed activities, when they must idly wait, and when materials, activities, or people which engage their interest are not readily available to them" (p. 16). On the next page, the authors note, "Most problem behaviors . . . occur because they produce results for the client" (p. 17). To support these statements, some experimental analyses can be cited. However, these analyses are only suggestive of the factors involved in the etiology and maintenance of problem behavior. The conditions surrounding the development of problem behavior (and nonproblem behavior) are only poorly understood. Thus, these two statements by the guidelines' authors appear to me to constitute considered opinion, although they seem to be presented as fact.

My comments here may seem to be overly critical and so much academic hairsplitting. However, the history of psychology is filled with opinions successfully masquerading as facts, opinions that unfortunately were found later to be erro-

neous. The serious danger in the NARC guidelines is that the less sophisticated reader will not distinguish between statements of considered opinion and statements of fact. As a result, considered opinion will become "fact", thereby creating a behavioral mythology to replace the existing Freudian and Hullian mythologies. One solution to the problem of distinguishing between fact and opinion would be to label statements of opinion as tentative subject to change, by using such qualifying phrases as, "preliminary analyses suggest . . .", "tentative evidence indicates . . .", or "definitive demonstrations are lacking but most researchers agree . . .". Such language would weaken the definitive tone of the guidelines, but it would promote the necessary flexible attitudes toward the guidelines suggested in subsequent sections of this paper.

Staff Competence

A major prerequisite for the appropriate use of behavioral techniques is a sufficient number of adequately trained staff. Perhaps because the quantitative requirements for program staff are given elsewhere (Joint Commission, 1974; *Wyatt versus Stickney*), NARC guidelines focus more heavily on staff competence. This emphasis is reflected in the recommendation of six levels of residential program staff, varying from a basic aide through a director of programs and services. Not only have the authors of the NARC guidelines specified formal educational qualifications for each level, but far more importantly, they have made an initial attempt to formulate behavioral criteria for skill proficiency for each level. For example, one of the behavioral criteria for the basic aide is: "Error rate in differential reinforcement and extinction should be no higher than 10%" (May *et al.*, 1975, p. 10). In this respect, the NARC guidelines go a major step beyond the minimum competence level implicit in the definition of a Qualified Mental Retardation Professional (*Wyatt versus Stickney*), in which undefined "experience" with the retarded is the only requirement beyond educational training. This specification of explicit

behavioral criteria for program staff is an important contribution of the NARC guidelines, for it opens the door to further specification of performance criteria.

Since the NARC guidelines are written to cover many programs using behavioral techniques, the behavioral criteria could not be highly specific. Accordingly, terms like "demonstrated skill", "successfully supervised", "practicum experience", and "broad knowledge", appear in the behavioral criteria sections. If these criteria are left at this broad level of definition, there is considerable danger that state merit systems, employee unions, or civil service boards will define the criteria in terms simply of time on a previous job. Thus, a merit system might define "successfully supervised" as holding a job title containing the word "supervisor" for one year, or "practicum experience" as mere attendance for a minimum number of hours at in-service training lectures and demonstrations. In these illustrative definitions, the demonstration of competence is reduced to "years of experience", and the behavioral criteria are lost.

Two solutions would help to avoid this danger. First, individual programs could further specify the behavioral criteria of the NARC guidelines by explicit reference to their behavioral programs. For example, one component of "demonstrated skill" could be defined as the successful toilet training of a retarded individual by using the procedures of Foxx and Azrin (1973). Or, one component of "successfully supervised" could be operationalized as training other staff to a 90% accuracy criterion in the use of a simple token reinforcement system during a selected activity.

A second line of solution would involve having the Association for the Advancement of Behavior Therapy (AABT) or Division 25 of the American Psychological Association initiate an attempt to formulate explicit behavioral criteria for the proficient use of behavioral technology. This attempt should not take the line of licensing behavior therapists as a distinct discipline. Rather, the proficient use of behavioral

techniques should be a competence for many different disciplines (Agras, 1973). Therefore, a more profitable approach would be the inclusion of behavioral criteria for competence into state licensing and certification laws for psychologists, teachers, social workers, and any other profession engaged in therapeutic and educational endeavors. Of course, this is no simple project. However, if behavioral technology is to be of maximal benefit to all individuals in need, behavioral criteria of competence need to be carried forward into all areas of service delivery.

Precondition to the Use of Behavioral Technology

The authors of the NARC guidelines note a precondition for behavioral techniques to be most appropriately and most effectively used: "The first step in any program, then, is to ensure that clients have the continuing opportunity to participate in their environment, to become engaged in activities, and to talk to staff and other clients" (May *et al.*, 1975, p. 8). The authors re-emphasize this precondition in their later discussion of possible causes for the failure of contingent education procedures (p. 26). More specifically, the guidelines: (a) reject a segmented and disjointed therapeutic program where therapy and training do not occur in the individual's normal living environment, (b) reject brief programs of a token nature that contribute little to the individual's adaptive skills, and instead (c) require a stimulating environment with sufficient staff and materials to offer the individual "numerous opportunities to engage in adaptive behavior" (p. 8). Thus, the NARC guidelines recommend that each component of a therapeutic and training program be planned and integrated closely with all other components and that behavioral procedures should be used in reasonably furnished and staffed environments. These recommendations are commendable, but note that the implication of these recommendations goes far beyond being a precondition for the use of behavioral techniques. Indeed, they affect the very structure of a program. The basic

design, organization, staffing, and budgeting, among other factors, are directly affected. Three of these areas are briefly discussed below.

Interdisciplinary frictions. The development and implementation of closely integrated, adequately furnished training programs in institutions will necessarily demand very close cooperation among different professional staff. Unfortunately, close professional cooperation is not the rule. Programmatic efforts are typically organized along traditional disciplinary lines, so that distinct areas of training and therapy are carried out by separate professions. Unfortunately, the needs of handicapped and disturbed individuals do not fall into neat, discrete disciplinary boundaries. Since a given need usually falls into the province of several disciplines, and since the traditional disciplines tend to be ego-centric, conflicts mushroom. The result of these conflicts is a further rigidifying of disciplinary boundaries with serious losses of even elementary communication, much less cooperation. Segmented, brief treatment programs ensue. One solution has been the formation of interdisciplinary teams responsible for programming for specific individuals. Unfortunately, this solution has often not blurred disciplinary lines but instead has transferred disciplinary conflicts from the hallway to the meeting room.

To ensure the professional cooperation necessary to meet the NARC precondition of a comprehensive, integrated training program, a fundamental reorganization of the relationships between the traditional disciplines appears necessary. One promising solution appears to be the use of the unit system of staff organization, where all professional and support staff concerned with a specific set of clients are responsible to a unit leader and not to department (discipline) heads. The unit leader has direct administrative authority over his professional staff, and the supervision of their performance in their field of expertise is one of his responsibilities. For example, a registered nurse might be responsible not to a physician but (horror of horrors) to a psychologist. Or, even worse for some,

a psychologist may be supervised by a special educator. Disciplinary boundaries are blurred considerably in the unit system, and cooperation among staff can be directly enforced by the unit leader if necessary. For many professions, this degree of integration of services will undoubtedly be difficult to accept. However, a high degree of integration of programs and cooperation among staff may necessitate considerable breakdown of traditional disciplinary lines at the program level.

Administrative impact. Much attention is paid in the NARC guidelines to the specific interactions between staff and their clients. Some of the original impetus for establishing the guidelines arose from specific actions of staff that were judged abusive of clients (Risley, 1975). Accordingly, specific behavioral techniques are well defined as they impinge on the client. Such a regulation of programs at the level of staff-client interaction is most necessary.

It should be recognized, however, that administrative branches of service programs, no matter how remote from the client, routinely make decisions that affect many thousands of staff-client interactions. And these decisions are often made privately, with input from few of the individuals affected. To illustrate such administrative decisions: political pressures may force the director of a state division of retardation to increase the population of a residential facility, without additional staff. Or, the director of a residential program may decide how available staff and funds are allocated and organized. These decisions will have a profound and enduring impact on the quality of programs offered. Thus, integration of services presupposes supportive administrative decisions. I hope that future guidelines will not only focus on specific staff-client interaction patterns but will also focus heavily on patterns of administrative decision making. In particular, I suggest that input into the decision-making process be available to all groups affected by the decision and that the administrative branches of service agencies be opened to responsible outside review.

Budgetary. A totally stimulating environment necessitates adequate facilities, appropriate staffing levels, and sufficient materials and supplies. Serious deficiencies in any of these areas will preclude effective environmental planning. For example, it is futile to discuss the appropriate use of behavioral techniques in residential programs where the staffing levels are 50% to 60% of minimal JCAH standards (Joint Commission, 1974). Guidelines are functionally irrelevant in such programs. The authors of the NARC guidelines recognize this difficulty (p. 40), but the solution to these budgetary problems can lie only with responsible state legislatures or vigorous courts.

Bureaucracy

The publication of guidelines implies the creation of a body to supervise their implementation. The NARC and AAMD guidelines both call for two separate review bodies, while the *Wyatt versus Stickney* decision calls for a human rights committee. The creation of review and regulatory bodies, independent of a state's existing administrative structures, may well be the most expeditious means of moving programs into compliance with guidelines. However, the disadvantage of expanding the regulatory bureaucracy must be considered. Already, numerous bodies exist to oversee and review components of a program's efforts. Among these are the Joint Commission in its accreditation efforts, the Department of Health, Education, and Welfare via its reimbursement programs (e.g., Title XX, Intermediate Care Facilities for the Mentally Retarded, Medicaid), state and local health department licensure, state and local fire and safety requirements, merit systems and unions for employees, state licensing and certification bodies for individual professional staff, research review committees, and advisory boards, in addition to several layers of administrative control intrinsic to the program and its sponsoring state or private agencies. Also to be included are possible investigatory activities by legislative bodies, supervision by court-established bodies, news-

paper inquiries, and informal review activities by concerned citizen groups. Last, the development of individual habilitation programs is to be carried out together with, and with the approval of, the affected individual or his parents and guardians, and must often be approved by a physician. The reluctance of program staff to see the addition of the review bodies proposed by the guidelines is understandable. Already, staff spend a considerable portion of their time satisfying regulatory bodies, time that should be devoted to their clients.

The task confronting program staff can be illustrated by an example. Suppose a professional staff member wishes to introduce a novel and untried procedure into the therapy routines of a residential program. He or she will first need to obtain the cooperation of the (1) direct-care staff who will be affected. Approval from (2) immediate supervisors, (3) unit or department heads, and (4) the facility's director or superintendent will next be sought. The signatures of (5) the affected clients or their guardians, together with that of (6) a physician, if certain federal programs are involved, will then need to be obtained. Since the procedure is untried, the approval of (7) a research committee may be necessary, as well as that of (8) an advisory board. If the procedure necessitates some rearrangement of the physical environment, (9) health and (10) safety codes will also need to be reviewed. The approval of (11, 12) the two review bodies recommended by the NARC guidelines, or of a human rights board if a court order is in effect, will need to be obtained. If any one of these approval bodies requires significant change, the professional may need to retrace the steps in this chain. Shepherding an innovative procedure through this arduous series of reviews will require a good deal of skill and perseverance. Most importantly, it is obvious that disapproval by any one of these bodies will mean that the procedure cannot be used, regardless of the number of prior approvals.

Clearly, the continued erection of bureaucratic systems will seriously jeopardize innovation and

creativity in service delivery. Not only will much time be spent satisfying regulatory bodies, but also it should be noted that, as time passes, these bodies will have a tendency to come under the control of the very groups they are to regulate and in the process to become conservative. The regulation of behavioral technology by behavioral scientists "capturing" the regulatory bodies may not be very frightening—if you happen to be a behavioral scientist. If the intent of the NARC guideline authors is to keep behavioral technology open to responsible outside scrutiny and receptive to innovation, this tendency toward conservatism may be disastrous. I wonder how well behavior technology would have developed if these various review committees had existed in the early 1960s. I suspect the committees would have been major obstacles to innovation and progress.

Miscellaneous Impacts of Guidelines

A well-written set of guidelines will have several favorable and unfavorable impacts on the field of behavioral technology. Some of these consequences were deliberately intended by the guidelines' authors, while other consequences will be inevitable, even though perhaps unintended. This section of the paper covers several disparate impacts of guidelines that do not lend themselves to more convenient categorization. Thus, this section serves as a miscellaneous collection of comments.

Objectivity. The NARC guidelines define terminology exactly and specify procedures and techniques in detail. Thus, some of the confusion and misunderstanding surrounding the definitions of behavioral techniques should be reduced or eliminated. For example, the mislabelling of a diverse group of nontherapeutic, punitive procedures as timeout should be rectified.

Uniformity. Behavioral procedures have been used in many variations. Some of these variations have not been optimally effective in meeting behavioral goals, while others have been questionable ethically. A well-constructed set of

guidelines serves to discourage these undesirable variations. For example, the NARC guidelines seek to eliminate the use of the more severe behavioral treatment techniques before less drastic ones have been attempted. Also, these guidelines seek to reduce the use of behavioral techniques in nonstimulating, barren environments.

Standard for evaluation. The problem of evaluating the effectiveness of behavioral techniques has been well attacked via repeated measures and individual subject experimental methodologies. The problem of evaluating the manner of usage of behavioral techniques has been considerably less explored. Usually, this problem is covered in applied programs by reference to the standard of "good, accepted practice". "Good, accepted practice", however, is often not well defined and tends to be ambiguous.

The NARC guidelines have a most valuable impact by defining objectively what is "good, accepted practice" for the way behavioral techniques are used. With well-agreed-on, objective standards, a reliable evaluation can be made, not only of the effectiveness of a behavioral program, but also of the way in which the program is conducted.

Vehicle for developing model programs. Since many applied programs will seek to bring their practices into conformity with guideline standards, it is obvious that guidelines will define the characteristics of a model program. Accordingly, it is critical that guidelines be written by acknowledged leaders of the field and not by anonymous, inexperienced bureaucrats. Further, it is imperative that guidelines be periodically revised, in order to incorporate new findings and trends.

Public scrutiny. When guidelines are a clear and detailed statement of accepted practice in the field, the public in general is afforded the opportunity to review programs on an objective basis. Parents, guardians, and other consumers, in particular, are given the standards by which to develop an informed opinion on the quality of a program. The reverse is also possible. Administrators can use the guidelines to defend

their program practices when subjected to uninformed complaints, assuming of course that the program practices are in line with the guidelines. It is hoped that the other professions will follow the lead of the authors of the NARC guidelines and present to the public a clear, understandable, and concise review of accepted professional practice.

Inertia. Obtaining a consensus among the professionals involved with behavioral technology is not an easy task. Such an undertaking is especially difficult when the consensus is expressed in the form of comprehensive guidelines that will affect the professional behavior of many individuals. When the task is accomplished and the guidelines published, professionals will be understandably reluctant to undertake the process of revising them. If revision is postponed, however, an accumulation of new findings will gradually bring the guidelines into opposition with the prevailing practice.

To guard against this inertia, some mechanism for the updating of guidelines is needed. The Joint Commission (1974) is to be commended in this regard because it has been able to update and revise its standards continually. Inertia in behavioral guidelines is an especially serious possibility, because behavioral technology has been evolving rapidly. Review and revision every five years may be necessary to preserve the positive features of the NARC guidelines and to prevent them from becoming an albatross for the field.

Some careful thought must be given to the temptation to incorporate specific behavioral guidelines into legislation, court decrees, and administrative regulations. If such a direction is taken, change will be laborious, time consuming, and expensive, and for all practical purposes, will be only belatedly undertaken. And, as behavioral technology evolves and develops, practitioners could find themselves in continual conflict with their administrative superiors or with the law.

Conformity. The establishment of standard behavioral practices not only will help eliminate

undesirable variations but also tend to curb and retard the development of desirable and innovative practices. Innovation will be stunted at two levels. At the program level, the sheer effort to guide the introduction of new techniques through multiple review and research committees will be an effective barrier. A less tangible, but perhaps greater barrier arises from the fact that the leaders of the field will have authored the guidelines. Innovation, though, does not always come from professionals who have the credentials and reputation to be heard by these leaders. Often, innovation comes from the unknown professional whose credentials are, at best, modest. How well will an innovative technique fare, when introduced by a young, unknown researcher in the face of well-agreed-on standards set by seniors in the field?

One solution to this dilemma will be a flexible attitude on the part of program administrators, review committees (NARC guidelines), and human rights committee (AAMD, 1975; *Wyatt versus Stickney*). Flexibility does not necessarily imply capriciousness, since administrators and review committees should require evaluative material pertaining to the effectiveness of deviations from the guidelines. A second approach would be a strong statement that the field of behavioral technology is much too young to afford to raise obstacles to innovation and that change in what constitutes "good practice" in behavioral technology will be the rule and not the exception. I suggest that the next revision of the NARC guidelines include a strong endorsement of an openness to innovation and highlight this in a major section of the guidelines.

Fit to individual programs. Programs vary greatly along every significant dimension of quality. Broadly based guidelines cannot possibly be framed to fit every case. Well-staffed programs will find the NARC guidelines too restrictive, while poorly funded programs will need to be especially assisted in meeting guideline standards. A flexible attitude on the part of administrators and review boards will again be helpful. Also, it will be necessary for individual

states and programs to adopt and revise broadly based guidelines to fit their particular strengths and weaknesses. Florida has already begun the effort of refining the NARC guidelines into more specific criteria and procedures for the use of behavioral techniques (Note 1).

Conclusions

The publication of guidelines for the use of behavioral techniques raises important issues for the field of behavioral technology and has critical implications for the operations of the programs themselves. The factual, as opposed to opinion, bases on which guidelines are written must be clearly specified to prevent dogmatism from extending itself into behavioral technology. Behavioral criteria must be developed and incorporated into state licensing and certification laws, if abuses are to be more completely reduced. For programs, the establishment of coordination of all therapeutic efforts and the provision of optimally furnished environments, as major prerequisites for the appropriate use of behavioral procedures, have major professional, administrative, and budgetary implications. Further, the creation of review boards can easily lead to an increase in bureaucratic red tape and delay. Last, any guidelines will have other, desirable and undesirable impacts, especially on innovation, which will need to be considered.

These comments should not be construed as criticism of the efforts of guideline writers, nor should they be seen as a rejection of them. There are numerous excellent features of the guidelines, especially the NARC guidelines, that have been barely mentioned (*e.g.*, the deliberate opening of behavioral technology to public scrutiny) or that have not been noted (*e.g.*, the great emphasis on data collection and documentation). Rather, my comments go beyond the scope of the guidelines to emphasize diverse factors underlying efforts to upgrade therapeutic and educational systems. Certainly the authors of these guidelines do not intend them to be ends in themselves, but rather one of many efforts to improve the services provided to people in need.

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