

Federal Register, the Secretary shall (1) determine whether the administrative action proposed by such recommendation is appropriate to assure the protection of human subjects of biomedical and behavioral research conducted or supported under programs administered by him, and (2) if he determines that such action is not so appropriate, publish in the Federal Register such determination together with an adequate statement of the reasons for his determination. If the Secretary determines that administrative action recommended by the Commission should be undertaken by him, he shall undertake such action as expeditiously as is feasible.

#### "Part B—Miscellaneous

##### "NATIONAL ADVISORY COUNCIL FOR THE PROTECTION OF SUBJECTS OF BIOMEDICAL AND BEHAVIORAL RESEARCH

"SEC. 211. (a) Section 217 of the Public Health Service Act is amended by adding at the end the following new subsection:

"(f) (1) There shall be established a national Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research (hereinafter in this subsection referred to as the "Council") which shall consist of the Secretary who shall be Chairman and not less than seven nor more than fifteen other members who shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The Secretary shall select members of the Council from individuals distinguished in the fields of medicine, law, ethics, theology, the biological, physical, behavioral and social sciences, philosophy, humanities, health administration, government, and public affairs; but three (and not more than three) of the members of the Council shall be individuals who are or who have been engaged in biomedical or behavioral research involving human subjects. No individual who was appointed to be a members of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (established under title II of the National Research Act) may be appointed to be a member of the Council. The appointed members of the Council shall have terms of office of four years, except that for the purpose of staggering the expiration of the terms of office of the Council members, the Secretary shall, at the time of appointment, designate a term of office of less than four years for members first appointed to the Council.

"(2) The Council shall—

"(A) advise, consult with, and make recommendations to, the Secretary concerning all matters pertaining to the protection of human subjects of biomedical and behavioral research;

"(B) review policies, regulations, and other requirements of the Secretary governing such research to determine the extent to which such policies, regulations, and requirements require and are effective in requiring observance in such research of the basic ethical principles which should underlie the conduct of such research and, to the extent such policies, regulations, or requirements do not require or are not effective in requiring observance of such principles, make recommendations to the Secretary respecting appropriate revision of such policies, regulations, or requirements; and

"(C) review periodically changes in the scope, purpose, and types of biomedical and behavioral research being conducted and the impact such changes have on the policies, regulations, and other requirements of the Secretary for the protection of human subjects of such research.

"(3) The Council may disseminate to the public such information, recommendations, and other matters relating to its functions as it deems appropriate.

"(4) Section 14 of the Federal Advisory Committee Act shall not apply with respect to the Council."

"(b) The amendment made by subsection (a) shall take effect July 1, 1976.

##### "INSTITUTIONAL REVIEW BOARDS; ETHICS GUIDANCE PROGRAM

"SEC. 212. (a) Part I of title IV of the Public Health Service Act, as amended by section 106 of this Act, is amended by adding at the end the following new section:

# " INSTITUTIONAL REVIEW BOARDS; ETHICS GUIDANCE PROGRAM

"SEC. 474. (a) The Secretary shall by regulation require that each entity which applies for a grant or contract under this Act for any project or program which involves the conduct of biomedical or behavioral research involving human subjects submit in or with its application for such grant or contract assurances satisfactory to the Secretary that it has established (in accordance with regulations which the Secretary shall prescribe) a board (to be known as an 'Institutional Review Board') to review biomedical and behavioral research involving human subjects conducted at or sponsored by such entity in order to protect the rights of the human subjects of such research.

"(b) The Secretary shall establish a program within the Department under which requests for clarification and guidance with respect to ethical issues raised in connection with biomedical or behavioral research involving human subjects are responded to promptly and appropriately."

"(b) The Secretary of Health, Education, and Welfare shall within 240 days of the date of the enactment of this Act promulgate such regulations as may be required to carry out section 474(a) of the Public Health Service Act. Such regulations shall apply with respect to applications for grants and contracts under such Act submitted after promulgation of such regulations.

## "LIMITATION ON RESEARCH

"SEC. 213. Until the Commission has made its recommendations to the Secretary pursuant to section 202(b), the Secretary may not conduct or support research in the United States or abroad on a living human fetus, before or after the induced abortion of such fetus, unless such research is done for the purpose of assuring survival of such fetus.

## "INDIVIDUAL RIGHTS

"SEC. 214. (a) Subsection (c) of section 401 of the Health Programs Extension Act of 1973 is amended (1) by inserting '(1)' after '(c)', (2) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and (3) by adding at the end the following new paragraph:

"(2) No entity which receives after the date of enactment of this paragraph a grant or contract for biomedical or behavioral research under any program administered by the Secretary of Health, Education, and Welfare may--

"(A) discriminate in the employment, promotion, or termination of employment of any physician or other health care personnel, or

"(B) discriminate in the extension of staff or other privileges to any physician or other health care personnel,

because he performed or assisted in the performance of any lawful health service or research activity, because he refused to perform or assist in the performance of any such service or activity on the grounds that his performance or assistance in the performance of such service or activity would be contrary to his religious beliefs or moral convictions, or because of his religious beliefs or moral convictions respecting any such service or activity."

"(b) Section 401 of such Act is amended by adding at the end the following new subsection:

"(d) No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health, Education, and Welfare if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions."

## "SPECIAL PROJECT GRANTS AND CONTRACTS

"SEC. 215. Section 772(a) (7) of the Public Health Service Act is amended by inserting immediately before the semicolon at the end thereof the following: ", or (C) providing increased emphasis on, the ethical, social, legal, and moral implications of advances in biomedical research and technology with respect to the effects of such advances on individuals and society'."

"And the Senate agree to the same.

"That the House recede from its disagreement to the amendment of the Senate to the title of the bill and agree to the same.

HARLEY O. STAGGERS,  
PAUL G. ROGERS,  
DAVID E. SATTERFIELD,  
SAMUEL L. DEVINE,  
ANCHER NELSEN,

*Managers on the Part of the House.*

HARRISON WILLIAMS,  
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JACOB K. JAVITS,  
PETER H. DOMINICK,  
RICHARD S. SCHWEIKER,  
J. GLENN BEALL, Jr.,  
ROBERT TAFT, Jr.

*Managers on the Part of the Senate.*

#### "JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

"The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 7724) to amend the Public Health Service Act to establish a national program of biomedical research fellowships, traineeships, and training to assure the continued excellence of biomedical research in the United States, and for other purposes, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

"The Senate amendment to the text of the bill struck out all of the House bill after the enacting clause and inserted a substitute text.

"The House recedes from its disagreement to the amendment of the Senate with an amendment which is a substitute for the House bill and the Senate amendment. The differences between the House bill, the Senate amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clarifying changes.

#### "TITLE I—BIOMEDICAL AND BEHAVIORAL RESEARCH TRAINING

"*Short Title.*—The House bill provided for the following short title: 'National Biomedical Research Fellowship, Traineeship, and Training Act of 1973'. Under the Senate amendment the short title was 'National Research Service Award Act'. The conference substitute provides the following short title: 'National Research Act'.

"*Biomedical and Behavioral Research Training.*—The House bill required that the Secretary of HEW establish and maintain (1) fellowships for the conduct of biomedical research and for training to conduct such research within the National Institutes of Health (NIH) and the National Institutes of Mental Health (NIMH); (2) fellowships for biomedical research and training at non-Federal public and nonprofit private institutions; (3) traineeships and training within NIH and NIMH; and (4) grants to public and nonprofit private institutions to award traineeships (commonly referred to as training grants) except for residency training. It required that fellowships, traineeships, and training grants be awarded only upon approval of an application therefor, subject to review and approval by the appropriate advisory councils to the National Institutes of Health and the National Institute of Mental Health. Traineeships awarded by nonprofit institutions under a training grant from HEW would have to be made in compliance with regulations. The period of support per fellowship, traineeship, or training grant was limited to three years, unless the Secretary waived that limitation for good cause. Fel-

lowship awards could provide for payments to be made to the institution at which the research or training was to be carried out, in order to offset the cost of providing institutional support services for the individual. The House bill required each individual receiving a fellowship or traineeship to provide one of the following kinds of public service upon completion of training; (1) Engage in health research or teaching for two years for each year of support received, or (2) if no suitable health research or teaching positions were available, serve in the National Health Service Corps for two years for each year of training received.

"The House bill required that if any individual failed to meet the service requirements within the prescribed period, the United States would be authorized to recover a certain amount from the recipient (except in case of death or extreme hardship), computed by multiplying the amount of assistance received plus interest by a fraction based on the extent to which the recipient engaged in the required activity or service.

"The Senate amendment provided for the provision of National Research Service Awards for biomedical and behavioral research and training in such research at the National Institutes of Health, the National Institute of Mental Health and at non-Federal public and nonprofit private institutions. The Awards were to be made only upon approval of an application therefor. All applicants for National Research Service Awards for research or research training at non-Federal public and private nonprofit institutions had to be sponsored by such institution. Each Award was to be subject to the review and approval by the appropriate advisory council of the institutes of the National Institutes of Health or of the National Institutes of Mental Health. The period of a single Award was three years with the provision for a waiver of that three-year limit by the Secretary for good cause. Awards could also provide for payments to the accredited institutions at which the programs for research or training were to be carried out for the cost of support services including, but not limited to, a portion of faculty salaries, supplies, equipment, staff, general research support, and overhead. Each individual receiving an Award would be required to provide one of the following kinds of service upon completion of training: (1) Health research for a period of one year for each year of support received, or (2) if no suitable health research or teaching positions were available (A) service as a member of the National Health Service Corps utilizing the specialty for which he had been trained for a period of one year for each year of training received, (B) service in his specialty in private practice in a geographic area designated by the Secretary as requiring that specialty for a period of 20 months for each twelve months of training received, or (C) service in his specialty as a member of a nonprofit prepaid group practice authorized for reimbursement under title XVIII of the Social Security Act for a period of 20 months for each year of training received. If the individual failed to meet the service requirements, a monetary payback requirement comparable to the House bill would apply.

"In addition, the Senate amendment repealed all existing biomedical and behavioral fellowship and training authority in the Public Health Service Act.

"The conference substitute combines the provisions of the House bill and the Senate amendment. It provides for National Research Service Awards, as specified in the Senate amendment, for research and research-training in NIH and the Alcohol, Drug Abuse, and Mental Health Administration (the Administration created by P.L. 93-282 has supervisory authority over NIMH, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse) and non-Federal public and nonprofit private institutions. Provisions of the House bill which enabled the awarding of grants to non-Federal public and nonprofit private institutions in order for those institutions to select and support their own trainees is included, with technical and conforming changes, in the conference substitute. The conferees believed that this provision was essential if the administrators of research training programs were to be able to plan their programs on a prospective basis. The conferees used the existing training grant programs of the National Institutes of Health as the model for this provision. In addition, the conference substitute specifies that of the sums appropriated at least 25 percent shall be reserved for the direct provision of National Research Service Awards to individuals. The conference substitute adopts the Senate service requirements, adding the stip-

ulation that service for a health maintenance organization may be chosen only if the organization serves a medically underserved population designated as such under title XIII of the Public Health Service Act.

"It is the intent of the conferees that the Secretary liberally apply the provision authorizing waiver of the three-year limitation of support under the National Research Service Awards. The conferees believe that the period of training of individuals could, in some instances, exceed the three-year limitation, especially in those cases where individuals are attempting to complete both predoctoral and postdoctoral training programs.

"The conferees also believe that the provision authorizing waiver of the monetary payback requirements should be applied in such a manner so as not to discourage future applicants from seeking training under this legislation.

"The conference substitute adopts the Senate language on repeal of existing training and fellowship authority under the Public Health Service Act, with technical and conforming amendments. The conferees point out that in the conforming amendments, presents law authorizing the conduct of clinical training is retained in section 303 of the act. The conferees intend that the term 'clinical training' be broadly construed to include all types of training, except research training.

"*Authorizations.*—The House bill authorized two years support for both fellowships and traineeships:

"Fellowships and Traineeships awarded directly to the individual—\$54,500,000 each for fiscal years ending June 30, 1974, and June 30, 1975.

"Training grants to nonprofit institutions—\$153,438,000 each for fiscal years ending June 30, 1974, and June 30, 1975.

"The Senate amendment authorized \$207,047,000 (the total annual House authorization) for the fiscal year ending June 30, 1974.

"The conference substitute authorizes an appropriation of \$207,047,000 for the fiscal year ending June 30, 1975, subject to the requirement that not less than 25 percent of the appropriations shall be used for the direct provision by the Secretary of National Research Service Awards to individuals.

"*Studies Respecting Biomedical and Behavioral Research Personnel.*—Both the House bill and the Senate amendment required the Secretary to arrange for the conduct of certain studies relating to establishment of the Nation's need for biomedical research personnel and the adequacy of existing training programs conducted under the Public Health Service Act and other existing training programs in fulfilling the established need for such personnel.

"The House bill required a report of the results of such studies to be submitted to appropriate committees of Congress within one year from date of enactment. The Senate amendment required a series of ongoing studies and reports, to be submitted in an annual basis, not later than January 31 of each year. The Senate amendment provided that after completion of the first study the Secretary may grant National Research Service Awards in a given specialty only after he had certified, after evaluation of the study report, that a need for additional manpower in that specialty existed.

"The conference substitute adopts the Senate provision with technical and conforming changes and modifies the reporting requirement so that the annual report must be submitted not later than March 31 of each year.

"*Sex Discrimination.*—The Senate amendment amended section 709(A) of the Public Health Service Act, which requires applications for grants under title VII of such Act to provide assurances that health professions schools will not discriminate in their admissions policies on the basis of sex, to render its provisions inapplicable until June 30, 1979, in the case of schools in the process of changing their status from institutions admitting only female students to institutions admitting students without regard to sex (in accordance with an approved plan).

"The conference substitute adopts the Senate amendment.

"*Financial Distress Grants.*—The Senate amendment amended section 773(a) of the Public Health Service Act, which authorizes grants to assist health professions schools which are in financial distress, to increase the fiscal year 1974 authorization from \$10,000,000 to \$15,000,000.

"The conference substitute adopts the Senate provision.

"The conferees note that a supplemental appropriation has been included in PL 93-245 for an additional \$5,000,000 under section 773(a) and that release of these funds is contingent upon this approval of an increase in the authorizing legislation.

**"TITLE II—PROTECTION OF HUMAN SUBJECTS OF BIOMEDICAL AND BEHAVIORAL RESEARCH**

*"National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.*—The House bill provided that the Secretary could not conduct or support research in the United States or abroad which was in violation of any ethical standard respecting research which was adopted by the National Institutes of Health, the National Institute of Mental Health, or by their respective research institutes.

"The Senate amendment established a National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. It was to have the following characteristics:

"(1) It was to be comprised of eleven members, appointed by the President from the general public and from among individuals in the fields of medicine, law, ethics, theology, biological science, physical science, social science, philosophy, humanities, health administration, government, and public affairs.

"(2) The President was to appoint, with the advice and consent of the Senate, one member to serve as chairman and one to serve as cochairman, each for a term of 4 years.

"(3) Not more than 5 members of the Commission could be people who have engaged in biomedical or behavioral research involving human subjects.

"(4) Members were to serve for staggered terms of four years each.

"(5) Nominees for Commission members were to be solicited from the National Academy of Sciences and other appropriate independent nongovernmental organizations.

"(6) Members could not serve more than two full terms.

"The duties of the Commission were—

"(1) to undertake a comprehensive investigation and study to identify the basic ethical principles which should underlie the conduct of biomedical and behavioral research involving human subjects; to develop and implement policies and regulations to assure that research is carried out in accordance with the ethical principles identified by the Commission;

"(2) to develop procedures for the certification of Institutional Review Boards;

"(3) to develop and recommend to the Congress the implementation of an appropriate range of sanctions and the conditions for their use and for the failure of Institutional Review Boards to respond to Commission rules;

"(4) to develop and recommend to the Congress a mechanism for the compensation of individuals and their families for injuries or death proximately caused by the participation of such individuals in a biomedical or behavioral research program;

"(5) to develop and recommend to the Congress a mechanism to broaden the scope of the Commission's jurisdiction; and

"(6) to consider (A) developing guidelines for the selection of subjects to participate in biomedical or behavioral research, (B) the nature and definition of informed consent in various settings, (C) the role of assessment of risk benefit criteria in the determination of the appropriateness of research involving human subjects, (D) the conditions and procedures by which appeal of an Institutional Review Board decision could be made to the Commission, (E) defining the boundary between biomedical and behavioral research involving human subjects and the accepted and routine practice of medicine, (F) evaluating and responding to requests from the biomedical and behavioral research communities and the public for clarification of particular ethical problems confronting society, (G) the need for variation in the review procedures carried out by the Institutional Review Boards, (H) evaluating and monitoring of the performance of Institutional Review Boards, (I) the question of conflict of interest in the performance of Institutional Review Board duties, and (J) conditions and procedures by which individual protocols may be referred to the Commission for decision.

"The Senate amendment provided that the policies established and implemented by the Commission would take precedence over existing Department of Health, Education, and Welfare policies wherever the two were in conflict. The Senate amendment required the Commission to conduct a study and investigation of the use of psychosurgery over the 5 year period ending December 31, 1972. It also required the Secretary to apply, to the maximum feasible extent, as appropriate, the policies and procedures developed by the

Commission to the delivery of health services in health service programs (other than programs under the Social Security Act) funded in whole or in part by the Department of Health, Education, and Welfare.

"The Senate amendment required the establishment of Institutional Review Boards at all entities which received grants or contracts to conduct research involving human subjects. The review boards were to be composed of sufficient members including religious leaders, persons schooled in ethics, and non-health care professionals with such varying backgrounds of competence as to assure a complete and adequate review. Each Institutional Review Board was to have two subcommittees: A protocol review subcommittee and a subject advisory subcommittee. The latter was to be primarily concerned with the protection of the rights of subjects of biomedical and behavioral research and was responsible for assuring that human subjects of research were as well informed about the nature of that research as reasonably possible. The National Commission was to promulgate regulations applicable to Institutional Review Boards, and certain duties were prescribed for such boards.

"The Senate amendment provided for interim provisions for the protection of subjects of biomedical and behavioral research to be effective until Institutional Review Boards were established. These interim provisions prescribed basic requirements of informed consent for each participant in a research project involving human subjects.

"The Senate amendment required the National Commission to annually set aside one percent of its budget for the evaluation of its activities and those of the Institutional Review Boards. This evaluation was to be conducted by contract with a qualified independent organization.

"The Senate amendment required the Commission to compile a complete list of decisions pertaining to programs under its jurisdiction and to annually publish and distribute reports of important decisions. The Secretary and the Commission were given authority to require inspections and certain kinds of record-keeping which would be necessary for the Commission to responsibly carry out its activities. Provision was made for confidentiality of records.

"The Senate amendment also required the Commission to conduct certain special duties which would involve a comprehensive investigation and study of the ethical, social and legal implications of advances in biomedical and behavioral research and technology. This would include, without being limited to, (1) an analysis and evaluation of scientific and technological advances in the biomedical services sciences, (2) an analysis and evaluation of the implications of such advances both for individuals and for society, (3) an analysis and evaluation of laws, codes, and principles governing the use of technology in medical practice, (4) an analysis and evaluation through the use of seminars and public hearings and other appropriate means of public understanding of and attitudes towards such implications, and (5) an analysis and evaluation of implications for public policy of such findings as are made by the Commission with respect to biomedical advances and public attitudes towards such advances.

"\$3 million was authorized to be appropriated for the fiscal years ending June 30, 1974, and June 30, 1975, for the purposes of the title.

"The conference substitute represents a significant modification of the Senate amendment. Under the conference substitute the Commission shall have a life of only two years. It is to be advisory in nature, and not have the regulatory authority proposed in the Senate amendment. However, the conference substitute requires that all Commission recommendations must be published and that the Secretary must publicly respond to each of its recommendations. Commission members are to be appointed by the Secretary of Health, Education, and Welfare within 60 days of enactment of this legislation instead of by the President, as proposed in the Senate amendment. The composition of the Commission is identical to the composition required in the Senate amendment, except that one or more of the members of the Commission must be a representative of the behavioral sciences. Members shall serve for the life of the Commission.

"The conference substitute provides for the following Commission duties:

"1. To conduct a comprehensive investigation and study to identify the basic ethical principles which should underlie the conduct of biomedical and behavioral research involving human subjects.

"2. To develop guidelines which should be followed in such research to assure that it is conducted in accordance with such principles.

"3. To make recommendations to the Secretary for administrative actions that may be appropriate to apply those guidelines to biomedical and behavioral research in order to fully protect the subjects of that research.

"4. To consider the following: (A) The boundaries between biomedical or behavioral research involving human subjects and the accepted and routine practice of medicine, (B) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects, (C) appropriate guidelines for the selection of human subjects for participation in biomedical and behavioral research, (D) the nature and definition of informed consent in various research settings, and (E) mechanisms for evaluating and monitoring the performance of Institutional Review Boards and appropriate enforcement mechanisms for carrying out the decisions of those review boards.

"5. To consider the appropriateness of applying the principles and guidelines identified and developed by the Commission to the delivery of health services to patients under programs conducted or supported by the Secretary.

"6. To identify the requirements for informed consent for participation in biomedical and behavioral research by children, prisoners, and the institutionalized mentally infirm and make such recommendations as it deems appropriate to assure such informed consent.

"7. To conduct an investigation and study to determine the need for a mechanism to assure that human subjects in biomedical and behavioral research not subject to regulation by HEW are protected. If the Commission determines such a mechanism is needed, it shall develop recommendations for it and send them to the Congress.

"8. To conduct an investigation and study of the nature and extent of research involving living fetuses, the purposes for which such research has been undertaken, and alternative means for achieving such purposes. The Commission must report the results of this study to the Secretary within four months after the month in which the Commission is established.

"9. To conduct an investigation and study of the use of psychosurgery in the United States during the five-year period ending December 31, 1972, determine the appropriateness of its use, and recommend appropriate policies to the Secretary.

"10. To make recommendations to the Congress respecting the functions and authority of the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research (described below).

"In addition to these duties, the Commission must undertake the special study as provided for in the Senate amendment pertaining to the ethical, social, and legal implications of advances in biomedical and behavioral research and technology.

"The Commission is to complete its duties not later than 24 months after it is established and shall, within 90 days of the completion of its duties, make a final report to the President, the Congress, and the Secretary respecting its activities and its recommendations for administrative and legislative action. The Commission shall cease to exist 30 days following submission of its final report.

"The conference substitute requires that the Secretary publish, within 60 days of its receipt, any recommendation made by the Commission. This publication must be in the Federal Register and an opportunity must be provided for interested persons to submit written data, views, and arguments with respect to the Commission recommendation. Within 180 days after the publication of the recommendation in the Federal Register, the Secretary must determine whether to favorably act upon the recommendation or whether to reject them. If the recommendation is rejected, the Secretary must publish his reasons for that determination in the Federal Register.

"The conference substitute also provides for the establishment of a permanent National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research, effective July 1, 1976. The Secretary is to serve as Chairman of the Advisory Council. The Council shall have a membership (in addition to the Secretary) of not less than seven nor more than fifteen individuals selected from the fields of medicine, law, ethics, theology, the biological, physical, behavioral and social sciences, philosophy, humanities, health administration, government, and public affairs. Three, but not more



than three, of the members of the council shall be individuals who are or who have been engaged in biomedical or behavioral research involving human subjects. Council members shall have terms of four years except for an initial staggering of the terms. No individual who was an appointed member of the National Commission may be appointed to the Council.

"The conference substitute sets forth the following duties for the Council:

"1. To advise, consult with, and make recommendations to, the Secretary concerning all matters pertaining to the protection of human subjects of biomedical and behavioral research.

"2. To review existing policies, regulations, and other requirements that govern biomedical and behavioral research in order to determine the extent to which those policies are effective and consistent with the basic ethical principles which should underlie the conduct of that research, and to make recommendations to the Secretary respecting appropriate revision of policies, regulations, or requirements which are not effective or consistent with basic ethical principles.

"3. To review periodically changes in the scope, purpose, and types of biomedical and behavioral research being conducted and the impact such changes have on the policies, regulations, and other requirements of the Secretary for the protection of human research subjects.

Unlike his responsibilities with respect to Commission recommendations, the Secretary is not obligated to publish or formally respond to Advisory Council recommendations. However, the Advisory Council is authorized to disseminate to the public such information, recommendations, and other matters relating to its functions as it deems appropriate. The conferees expect that all Council recommendations will undergo extensive public discussion.

"The conference substitute also provides that the Secretary shall by regulations, promulgated within 240 days of enactment, require entities which apply for a grant or contract under the Public Health Service Act for a program which involves the conduct of research involving human subjects to provide assurances that it has established Institutional Review Boards. It also requires the Secretary to establish a mechanism within the Department of Health, Education, and Welfare under which requests for clarification and guidance with respect to ethical issues that may be raised in connection with research involving human subjects shall be responded to promptly and appropriately.

"The conferees deleted the interim informed consent provisions of the Senate amendment only after carefully reviewing the new Department of Health, Education, and Welfare regulations for the protection of subjects of biomedical research (promulgated May 22, 1974) and concluding that the objective of the Senate interim informed consent provision was incorporated into the regulations. The conferees expect that the Secretary's enforcement of such regulations will achieve the objectives of this provision of the Senate amendment, which the conferees fully support and endorse, more expeditiously through its enactment into law.

"*Limitation on Research.*—The House bill prohibited the Secretary from conducting or supporting research in the United States or abroad on a human fetus which is outside the uterus of its mother and which has a beating heart.

"The comparable Senate provision was keyed to other provisions of the Senate amendment. The Senate provision required that until such time after certification of Institutional Review Boards were established pursuant to provisions of the Senate amendment and the permanent Commission contemplated by the Senate developed policies with regard to the conduct of research on the living fetus or infants, the Secretary could not conduct or support research or experimentation in the United States or abroad on a living fetus or infant, whether before or after induced abortion, unless such research or experimentation was done for the purpose of insuring the survival of that fetus or infant.

"The conference substitute combines the two approaches. It provides that until the temporary Commission established pursuant to the conference substitute has made recommendations to the Secretary with respect to fetal research, as required by the conference substitute, the Secretary may not conduct or support research in the United States or abroad on a living human fetus, before or after the induced abortion of such fetus, unless such research is done for the purpose of assuring the survival of such fetus.

*"Individual Rights.*—The Senate amendment contained provisions which (1) would prohibit an individual from being required to perform services or research under projects funded by the Secretary of Health, Education, and Welfare if such performances would be contrary to the religious beliefs or moral convictions of the individual, (2) would prohibit entities from being required to make their facilities available for the performance of services or research under projects funded by the Secretary if such performance is prohibited by the entity on the basis of religious beliefs or moral convictions, and (3) would prohibit discrimination in employment, promotion, termination of employment, or extension of staff or other services with respect to physicians or other care personnel by an entity solely because such personnel performed or assisted or refused to perform or assist in the performance of a lawful health service or research activity if the performance or refusal to perform would be contrary to the religious beliefs or moral convictions of the personnel.

"The House bill contained no comparable provision.

"The conference agreement adopts, with technical and clarifying modifications, the provisions of the Senate amendment which prohibits requiring individuals from performing a part of a health services program or research activity funded by the Secretary if such performance would be contrary to the religious beliefs or moral convictions of such individuals and the provisions of the Senate amendment which prohibit discrimination in employment or extension of staff privileges to an individual because he performed or refused to perform lawful research or services contrary to his religious beliefs or moral convictions, except that the provisions are made applicable only to entities that receive grants or contracts for biomedical or behavioral research under the programs administered by the Secretary.

*"Special Projects Grants and Contracts.*—The Senate amendment contained a provision which would amend section 772(a) (7) of the Public Health Service Act (which authorizes the awards of grants and contracts to health professions schools to carry out certain special projects) to include programs which provide increased emphasis on, the ethical, social, legal, and moral implications of advances in biomedical research and technology with respect to the effects of such advances on individuals and society as projects for which grants and contracts would be authorized.

"The conference substitute adopts the Senate provision.

*"Review of Grant and Contract Awards.*—The Senate amendment contained a provision not in the House bill which would require the Secretary to provide for proper scientific, peer review of all grants and all research and development contracts administered by the NIH or the NIMH.

"The conference substitute does not contain the Senate provision. The conferees note that a comparable provision is contained in the conference report on S. 2803, the National Cancer Act Amendments of 1974.

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*Managers on the Part of the Senate."*

# C. Materials Relating to Specific HEW Projects

[Item I.C.1]

[ABSTRACTS OF PROJECT DESCRIPTIONS OF HEW-FUNDED BEHAVIOR-RELATED RESEARCH PROJECTS, RECEIVED MAY 13, 1974, AND JULY 25, 1974, IN RESPONSE TO FEBRUARY 22, 1974, INQUIRY TO SECRETARY WEINBERGER]

## NICHD PROJECTS CONCERNED WITH BEHAVIOR MODIFICATION ACTIVE FEBRUARY 1974

Grant No.	Investigator, institution	Title	Total period of support	Cumulative funds	Current funds
P01 01799	Purpura, Dominick P., Yeshiva University	Support for mental retardation research center.	Sept. 1965 to Aug. 1977	\$213,483	\$44,481
	Included in the clinical research programs of this program project is a study to evaluate the use of behavior modification in a home training program for mothers of developmentally deviant children. The focus is on the development of simple levels of self-care and toilet training.				
P01 02274	Grayston, J. Thomas, Washington, University of	Research in mental retardation and child development.	June 1966 to Aug. 1974	554,900	90,987
	This program project includes an experimental education unit involved in applied research on the use of behavior modification techniques in dealing with a variety of problems: Hyperactivity, bizarre behaviors, and autism are among the problems currently under investigation to determine how the techniques can best be applied to help children with these disorders.				
P01 03144	Hall, R. Vance, Kansas, University of	The development of culturally deprived children.	Oct. 1967 to Sept. 1977	405,148	65,875
	This program project places heavy emphasis on the means of shaping behavior in schools and homes to improve the social and academic functioning of culturally deprived children. In the classroom setting, behavior modification techniques have been developed for use by parents in improving social behavior in the home, and a parent training kit is being prepared.				
P01 03352	Heber, Rick F., Wisconsin, University of	Wisconsin Center on Mental Retardation—core support.	Mar. 1968 to Feb. 1976	267,876	55,313
	This program project includes two groups of studies involving behavior modification. In the first, applications of behavior therapy are being applied in group settings. The goal is to teach parents how to modify the behavior of their retarded children, and a comparison will be made to determine which methods of behavior therapy are the most effective. The other group of studies, in the laboratory of applied behavior analysis and modification, is concerned with the development of behavior theory and rehabilitation procedures for use with emotionally disturbed retardates. The effectiveness of various behavior therapy procedures is being evaluated.				
P01 04512	Tarjan, George, California, University of	Mental Retardation Research Center, UCLA.	June 1969 to May 1978	328,260	71,105
	Parts of 2 studies in this program project are concerned with the modification of behavior. In 1 of these, behavioristic approaches are being used to improve classroom behavior in a special education setting. The other is investigating the use of contingent aversive stimulation to control self-destructive behavior in autistic children.				
P01 05124	Sidman, Murray, E. K. Shriver Center for Mental Retardation, Inc.	Mental retardation behavioral and neurologic aspects.	Sept. 1970 to Aug. 1975	371,485	83,562
	The concern in several of the studies in this program project is with the methodology of effecting behavioral change in a social context. Such factors as the sequencing of teaching activities and reinforcement are under investigation in a study designed to improve the social functioning of severely retarded or autistic children. These techniques have been developed in a laboratory setting, and are now being applied to a classroom situation.				
P01 07073	Bricker, William A., George Peabody College for Teachers.	Assessment and modification of parental teaching style.	Sept. 1972 to Aug. 1975	125,919	65,564
	The goal of this research is to examine ways of teaching parents principles of behavior modification which will enable them to work more effectively with their mentally retarded children. Parents will be taught the principles under supervision in a training laboratory. It will then be determined whether the parents are able to generalize the principles to other settings.				
P01 07083	Grandeau, Fred, Kansas, University of	Mental retardation.	July 1965 to June 1976	1,100,071	135,546
	Behavior modification techniques are being used in the research of several of the trainers in this training program. Some of the investigators are training parents to help children whose behavior is negative both at home and in the community. Another is using these techniques to train staff who operate group homes for preadolescent boys and girls displaying retarded social skill development.				

NOTE: Funds for the relevant portions of program projects (P01) have been estimated. Total funds are given for other projects even when only a portion of the research is relevant.

BEHAVIORAL MODIFICATION  
ACTIVE GRANTS AND CONTRACTS—ADAMHA

THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

*Project Title and Number*

Alteration of Alcoholic Patients' Drinking Behavior—R18 AA00170.

*Institution and Investigator*

Baltimore City Hospitals, Baltimore, Maryland—George E. Bigelow, Ph.D.

*Total Dollars Up to FY/74*

\$199,030.

*FY/74 Dollars*

\$0—no FY'74 commitment but still active

*Brief Description*

This project is concerned with those techniques of operant psychology with therapeutic promise for controlling variables related to alcoholic drinking. In this study the parameters of a token economy system for the control of alcoholism will be determined and the conditions under which self control can be transferred to simulated and real outside environments will be explored. A major effort will be directed toward the problem of therapeutic transfer of behavioral improvements into other situations and after intervention is discontinued. The rationale for the present study stems from results of prior work with chronic alcoholic subjects at the Baltimore City Hospitals in which reinforcement contingencies were used to manage many of the problems which accompanied drinking.

*Project Title and Number*

Implosive Therapy in the Treatment of Alcoholic Subjects—R01 AA00245.

*Institution and Investigator*

Mendota State Hospital, Madison, Wisconsin—Leonard I. Stein, M.D.

*Total Dollars Up to FY/74*

\$228,151.

*FY/74 Dollars*

\$0—no FY'74 commitment.

*Brief Description*

This is an investigation of "Implosive Therapy" (a systematic deconditioning procedure) with alcoholic patients. The applicant proposes to: (1) delineate the characteristics of alcoholic patients that make for favorable or unfavorable response to implosive therapy, (2) explore the characteristics of therapists that make for favorable or unfavorable application of implosive therapy, (3) provide a set of dependent variables on which the effects of implosive therapy with alcoholic patients may be measured in a reasonably valid and reliable manner, (4) assess the effects of "detoxification only" in a controlled manner with follow-up procedures, and (5) investigate short and long range effects of coordination of outside agencies for alcoholic patients on discharge from an inpatient setting. The subjects are patients committed by court to a state hospital and required by law to stay until the Service Chief of the Alcoholism Treatment Center discharges them.

*Project Title and Number*

Avoidance Conditioning of Alcoholic Persons—R01 AA00261.

*Institution and Investigator*

Baylor College of Medicine, Houston, Texas—Paul E. Baer, Ph.D.

*Total Dollars Up to FY/74*

\$211,679.

*FY/74 Dollars*

\$68,002.

*Brief Description*

This project is concerned with evaluation of the effectiveness of avoidance training when it is coupled with aversive conditioning. The patients were on outpatient status, and the conditioning was accomplished by technicians. Avoidance behavior implies decision making; that is, it is the option of the alcoholic subject undergoing treatment to ingest alcohol and be shocked, or to discard alcohol and avoid shock. To augment the options, the inclusion of nonalcoholic beverages provides an alternative choice, drinking opportunities which are always free from the noxious consequences of shock. Twelve to 18-month followup will be used to evaluate the treatment approach.

*Project Title and Number*

Community-Reinforcement for Treating Alcoholic Persons—R18 AA00457.

*Institution and Investigator*

Anna State Hospital, Anna, Illinois—Nathan H. Azrin, Ph.D.

*Total Dollars Up to FY/74*

\$132,983.

*FY/74 Dollars*

\$68,510 (direct costs only).

*Brief Description*

A community-reinforcement approach to the treatment of alcoholic persons will be developed. This approach will extend laboratory-derived principles and non-alcoholism applications to the problem of alcoholism treatment. Vocational, family and social reinforcers will be arranged such that the alcoholic subject's new behavior patterns are incompatible with drinking. The comparison of the treatment modality with existing hospital procedure will use a matched-pairs design. Outcome measures to be employed are spent: (1) sober, (2) employed, (3) with family, (4) non-institutionalized.

*Project Title and Number*

Integrated Behavior Change Techniques for Alcoholism—R18 AA00478.

*Institution and Investigator*

Patton State Hospital, Patton, California—Roger E. Vogler, Ph.D.

*Total Dollars Up to FY/74*

\$241,171.

*FY/74 Dollars*

\$0—no FY'74 commitment but still active.

*Brief Description*

The investigation will evaluate a treatment program designed to moderate drinking behavior in chronic alcoholic individuals. The behavior change-oriented treatment program is comprised of the following components: (1) motivational feedback—videotaped confrontation of behavior in inebriated state, (2) discrimination training—subjects will be trained to discriminate blood alcohol levels (BAL), (3) aversive conditioning of overconsumption—electric shock contingent upon overconsumption, (4) avoidance conditioning—BAL-contingent shock avoidance training, (5) alcohol education and behavior counseling—lessons on alcohol and its effects, and (6) boosters—post hospitalization treatment program utilizing all of the above-mentioned techniques.

*Project Title and Number*

Self-Help Techniques in the Treatment of Alcoholics—R18 AA00496.

*Institution and Investigator*

University of Kentucky, Lexington, Kentucky—Maxie C. Maultsby, M.D.

*Total Dollars Up to FY/74*

\$226,235.

*FY/74 Dollars*

\$101,262 (direct costs only).

*Brief Description*

The efficacy of four treatment modalities in the treatment of alcoholism will be investigated. The treatments will include: (1) routine rational behavioral therapy including individual sessions with a professional, tape recordings, homework, and referral to a professionally led group, (2) self-help, utilizing the learning theory principles on which rational behavioral therapy is based; these patients will be given self-instructional tapes, homework, and placed in a rational self-help group with no professional therapist involved, (3) traditional insight oriented therapy, and (4) A.A. group membership. Comparisons will be made to a no-treatment control group. Self-report, demographic, and physiological predictor data will be collected to predict therapeutic outcome.

*Project Title and Number*

Prevention of Alcoholism in the Community—R18 AA001197.

*Institution and Investigator*

Pomona College, Claremont, California—Roger E. Vogler, Ph.D.

*Total Dollars Up to FY/74*

\$305,334.

*FY/74 Dollars*

\$0—no FY'74 commitment but still active.

*Brief Description*

The investigator will use behavior modification techniques to develop moderate drinking habits in youthful problem drinkers. Treatment includes the following: (1) motivational feedback—videotaped confrontation of behavior in inebriated state, (2) discrimination training—subjects will be trained to discriminate blood alcohol levels (BAL), (3) aversive conditioning of overconsumption—electric shock contingent upon overconsumption, (4) avoidance conditioning—BAL—contingent shock avoidance training, (5) alcohol education and behavioral counseling—lessons on alcohol and its effects. The treatment package will be compared to a control group treatment.

THE NATIONAL INSTITUTE ON DRUG ABUSE

*Project Title and Number*

Contingency Contracting for Treatment of Drug Abuse—R01-DA-00113.

*Institution and Investigator*

University of Florida, Gainesville, Florida, Dr. Henry Boudin, Principle Investigator.

*Total Dollars Up to FY/74*

FY/72—\$51,224; FY/73—\$81,602.

*FY/74 Dollars*

\$6,169.

*Brief Description*

The investigator will train paraprofessional volunteers to apply a technique of behavior modification, "contingency contracting" to reduce drug dependence in addicts. Reinforcing contingencies are applied and evaluated in a one-to-one relationship between client and therapist. A comparison of this technique will be made with approaches used in therapeutic communities and methadone maintenance clinics. Dependent measures used will be total days of drug-free urines, work history, illegal activity and criminal involvement and social adjustment.

*Project Title and Number*

Operant Self-Control Procedures, Intervention, Research in Addiction—R01-DA-00403.

*Institution and Investigator*

University of Chicago, Medical School, Chicago, Illinois, Dr. Israel Goldiamond, Principle Investigator.

*Total Dollars Up to FY/74*

\$173,392 (represents forward funding, FY/73—FY/74).

*FY/74 Dollars*

N/A

*Brief Description*

The investigators will demonstrate the efficacy of operantly-oriented, self-control procedures to maintain opiate addicts in a drug free status after withdrawal from methadone maintenance. Self-control patients will be required, over the course of weekly sessions, to record a number of their specific behaviors related to drug seeking in a series of specifically designed logs, graphs and work sheets. All behaviors are summarized on data sheets and are used as feedback to adjust the contingency-behavior relationships developed as a management plan for each patient. Treatment outcomes between self-control patients and patients receiving the standard Illinois Drug Abuse Program Treatment will be assessed by a research team consisting of a supervisor, programmer, monitor and paraprofessional trainee. The dependent variables used to assess treatment effect are: rate of illegal activity, employment history, and drug use ascertained by urine screening.

*Project Title and Number*

Behavioral Research Paradigm for the Study of Opiate Antagonists—HSM-42-72-208.

*Institution and Investigator*

McClellan Hospital, Belmont, Massachusetts.

*Total Dollars Up to FY/74*

FY/72—\$440,000; FY/73—\$329,939.

*FY/74 Dollars*

N/A

*Brief Description*

An experimental ward for behavioral analysis of opiate self-administration and for assessing the effects of narcotic antagonists on drug-seeking behavior will be operated. Specifically, the contractor will: (1) conduct a 60-day controlled behavior study on 5 to 10 subjects of baseline opiate self-administration and effects of narcotic antagonists upon operant performance, psychomotor activity, social behavioral interaction, mood state, personality, and intelligence profiles, and physiological effects; and (2) select detoxified male subjects with a 2 year history of continuous heroin use and follow them as out-patients on an antagonist. They will be evaluated on clinic attendance, behavior, employment, social functioning, side effects, and random urine testing.

*Project Title and Number*

Contingency Management and Behavior Therapy in a Methadone Maintenance Program—Contract #HSM-42-73-217.

*Institution and Investigator*

Baltimore City Hospital, Baltimore, Maryland—Dr. George Bigelow, Principle Investigator.

*Total Dollars Up to FY/74*

\$147,741.

*FY/74 Dollars*

None Allocated.

*Brief Description*

The use of behavioral management techniques with heroin addicts enrolled in a drug substitution (methadone) maintenance program will be studied. The objective of this program is to assess the use of contingency management and behavior therapy in a methadone maintenance program and compare such an approach with the "standard" treatment given in conjunction with substitution therapy. It is anticipated that this research will result in new treatment approaches for opiate abusers. Treatment outcome will be assessed by recording arrest records, employment history, social adjustment and urine screening.

*Project Title and Number*

Clinical Efficacy of Narcotic Antagonist—HSM-42-73-225.

*Institution and Investigator*

University of Pennsylvania, Philadelphia, Pennsylvania.

*Total Dollars Up to FY/74*

FY/73—\$175,000.

*FY/74 Dollars*

N/A.

*Brief Description*

The contractor will carry out the evaluation of naltrexone or other narcotic antagonists in conjunction with systematically programmed extinction trials (opiate challenges given on a programmed basis to addicts protected by the narcotic antagonist). More specifically, the contractor will select a population of 60 adults males, 18 years of age or older, with documented history of opiate addiction. The goals of the study are to: (1) determine the efficacy, safety and acceptability of naltrexone as a narcotic antagonist, (2) determine whether systematically programmed opiate challenges (extinction trials) have any significant differential effects on the outcome of addicts treated with the narcotic antagonist(s), and (3) provide dose range data and information relating to the duration of action of the drug(s) studied. Subjects will be administered the Brief Psychiatric Rating Scale, the Beck Depression Inventory, and the Minnesota Multiphasic Personality Inventory (MMPI).

## THE NATIONAL INSTITUTE OF MENTAL HEALTH

*Project Title and Number*

Experimental Studies in Childhood Schizophrenia—R01MH011440.

*Institution and Investigator*

Lovaas, O. Ivar, University of California, Los Angeles, California.

*Total Dollars Up to FY/74*

\$451,152.

*FY/74 Dollars*

\$101,472.

*Brief Description*

This is a study of autistic schizophrenia children, including retardates, and treatment employing social reinforcement of verbal behavior which imitates that of adults.

*Project Title and Number*

The Effect of Verbal Conditioning on Social Behavior—R01MH011938.

*Institution and Investigator*

Krasner, Leonard, State University of New York, Stony Brook, New York.

*Total Dollars Up to FY/74*

\$320,680.

*FY/74 Dollars*

No funds but still active.

*Brief Description*

The object of this research is to investigate the social reinforcement process using operant conditioning. Implications of learning and role theory are being



applied to behavior therapy. Reinforcement is being applied to such topics as individual and group speaking, stuttering, and heavy smoking. Placebo response is also being studied. Among the topics being investigated are the effect of positive attitudes towards hypnosis on hypnotizability, and the effect of instructing mothers of autistic and behaviorally disturbed children in behavior modification. The effect of personality characteristics of the experimenter and subject and situational factors on reinforcement is being studied, along with the role of clinical psychologists' attitudes and characteristics on behavior modification. College students and mental patients are also among the subjects.

*Project Title and Number*

A Behavior Evaluation Program for Retarded Children—R01 MH 014880.

*Institution and Investigator*

Walter E. Fernald State School, Waverly, Maine, Beatrice H. Barrett—Principal Investigator.

*Total Dollars Up to FY/74*

\$39,619 (Represents funding for FY 1971-1975).

*FY/74 Dollars*

N/A.

*Brief Description*

This project is developing laboratory procedures to supplement clinical techniques for describing, predicting and modifying the behavior of severely mentally retarded persons, especially children. Subjects are mentally retarded children under 16.

*Project Title*

"Comparative Rehabilitation of Chronic Mental Patients."

*Grant Number*

2R01MH15553-06.

*Grantee and Principal Investigator*

Gordon L. Paul, Professor of Psychology, University of Illinois, Champaign, Ill.

*Sponsoring Institution*

Illinois State Dept. of Mental Health, Adolf Meyer Center, Mound Road, Decatur, Ill.

*Dates of DHEW Involvement*

6/1/63-7/31/74.

*Amounts of Money Involved*

Total (\$811,650) FY-74 (\$91,108).

*Brief Description of the Project*

This has been a comparative study of two promising treatment methods, milieu therapy and learning therapy. Both treatments include behavior modification techniques. The study has shown that chronic mental patients can be returned to productive healthy behavior and in some instances made to carry on independently in the community. The study was conducted at the Meyer Zone Center with chronic schizophrenic patients of the Kaukaee State Hospital. Incontinent patients were reduced 75%. Acceptability for hospital release rose from zero to 45% through learning therapy and 25% through milieu therapy. The study offers new evidence of the value of learning and milieu therapy and should provide effective devices for evaluating treatment programs for the mentally ill.

*Project Title and Number*

"Intervention in Low Base 'Asocial' Behaviors"—R01 MH15985—9/68-8/74.

*Institution and Investigator*

Patterson, Gerald R., Ph.D., Oregon Research Institute, P.O. Box 3196, Eugene, Oregon.

*Total Dollars Up to FY/74*

\$775,898.

*FY/74 Dollars*

\$217,227.

*Brief Description*

This is a study of "deviant" and normal families matched for socio-economic status, age, and size. Families with boys ages 6-11 years are included, with an emphasis on culturally deprived families. Intervention techniques are being used to provide reinforcement for adaptive behavior.

*Project Title and Number*

"Treatment of Childhood Behavior Problems"—R01 MH18516—9/71-8/76.

*Institution and Investigator*

Wahler, Robert G., Ph.D., Psychological Clinic, 719 135th Street, Knoxville, Tennessee.

*Total Dollars Up to FY/74*

\$86,536.

*FY/74 Dollars*

\$110,272.

*Brief Description*

This is an exploratory study of a new approach to child behavior modification using reinforcement therapy. The purpose is to train parents and teachers to manage the behavior of "oppositional" children, and to test for the generality of treatment effects across natural environmental settings and response classes. Oppositional behavior is defined as failure to comply with explicit and implicit adult requirements. The behaviors of pre-delinquent school-age children are being examined in multiple settings in the home, school classroom, and school playground.

*Project Title and Number*

"Community-Controlled Sanctions in an Urban Poverty Area"—R01 MH18-542—6/70-5/74.

*Institution and Investigator*

Risley, Todd R., Ph.D., University of Kansas, Lawrence, Kansas.

*Total Dollars Up to FY/74*

\$244,959.

*FY/74 Dollars*

\$0.

*Brief Description*

This is a proposal to study the feasibility of conducting a research project aimed at assisting the residents of a public housing project to establish and implement a formal "rules of conduct" and social sanctions, measuring community participation and social deviance. The goal is to develop procedures for increased community involvement in social control efforts.

*Project Title and Number*

"Group Integration and Behavioral Change"—R01 MH18813—6/70-8/74.

*Institution and Investigator*

Feldman, Ronald A., Ph.D., Washington University, Skinker and Lindell Boulevards, St. Louis, Missouri.

*Total Dollars Up to FY/74*

\$365,593.

*FY/74 Dollars*

\$70,038.

*Brief Description*

Projected efforts are to examine a community-based treatment program wherein antisocial (destructive or delinquent) children will be integrated into small

groups of pro-social children, and to ascertain effects of this program upon parents, staff, and peer groups. To be measured are the following variables: role conception, antisocial orientation, self-esteem, social readiness, belongingness and comfort, and conformity behavior.

*Project Title and Number*

"Behavior Modification Training for Community Agents"—R01 MH18966—6/70-8/74.

*Institution and Investigator*

Ray, Roberta S., Ph.D., Oregon Research Institute, P.O. Box 3196, Eugene, Oregon.

*Total Dollars Up to FY/74*

\$126,431.

*FY/74 Dollars*

\$0.

*Brief Description*

The objective of this project is to develop a program of training in behavior modification skills designed for the community mental health para-professional who deals with conduct-disorder, "pre-delinquent" children and their families. Trained will be community agents such as child welfare, juvenile court, mental health clinic and school counseling services; training to be in social learning theory, data collection, and behavior modification techniques for intervention in family and school settings.

*Project Title and Number*

"Behavior Modification Applied to a Mental Health Center."—1 R12 MH18905-04.

*Institution and Investigator*

Huntsville-Madison County Mental Center, Alfred J. Turner, Ph.D.

*Total Dollars Up to FY/74*

\$116,239.

*FY/74 Dollars*

\$62,250.

*Description*

This is a project to investigate the effectiveness of behavior modification principles when applied to the services and responsibilities of a comprehensive community mental health center. The investigators have found that the major advantages of behavior modification techniques when contrasted with traditional intervention techniques are (1) effectiveness, (2) efficiency, (3) wider applicability, (4) more precise specification of goals and objectives and (5) wider utilization by a greater number of people. This project has received widespread publicity from the press, radio, and television and as a result the community is familiar with its efforts.

*Project Title and Number*

"Behavioral Programs in Learning Activities for Youth"—R01 MH19706—1/71-4/74.

*Institution and Investigator*

Cohen, Harold L., Institute for Behavioral Research, Inc., 2429 Linden Lane, Silver Spring, Maryland.

*Total Dollars Up to FY/74*

\$673,686.

*FY/74 Dollars*

\$31,697.

*Brief Description*

The objectives of this program are to provide behavior-managed after-school activities for junior and senior high school youth, and to provide an in-school junior high school class, "Teenagers' Rights and Responsibilities (TARR)", in an effort to reduce antisocial behavior and prevent juvenile delinquency. The ap-

plication of behavior modification would be implemented by a special behavior management course given to teachers initially entering the program. Evaluation of the program would be based on comparisons of the experimental group with matched control groups on various behavioral indices.

*Project Title*

"Behavioral Analysis and Modification in a Community M. H. Center".

*Grant Number*

3 R01MH10880-02S1.

*Grantee and Principal Investigator*

Robert P. Liberman, M.D.

*Sponsoring Institution*

Camarillo State Hospital, Box A, Camarillo, California.

*Dates of DHEW Involvement*

4/1/72-5/31/75.

*Amounts of Money Involved*

Total (\$186,046) FY-74 (\$16,318).

*Brief Description of the Project*

The objective of the project is to introduce behavioral analysis and modification methods into the regular operations of a comprehensive community mental health center and to evaluate and experimentally test the advantages and limitations of the behavioral approach. Findings from the project have led to a reorganization of the Oxnard Day Treatment Center. The project is now moving its efforts from partial hospitalization to outpatient and emergency services. Fifteen members of the outpatient and emergency services staff will be trained in behavioral technology. Goal attainment will be applied to every 8th patient at the Oxnard Outpatient Clinic. Follow-ups will be performed by the patient's therapist. The project will construct guides on its own goals such as tours, visitors, lectures, manuscripts sent for publication, completion of experimental and evaluation studies, and criteria for learning behavioral technology by the clinical staff.

*Project Title and Number*

"Achievement Place: Phase II"—R01 MH20030—5/71-4/74.

*Institution and Investigator*

Wolf, Montrose M., Ph.D., University of Kansas, Bureau of Child Research, Lawrence, Kansas.

*Total Dollars Up to FY/74*

\$443,500.

*FY/74 Dollars*

\$0.

*Brief Description*

The investigator has developed a model program, Achievement Place, which is designed to overcome the behavior deficiencies of the delinquent child in a home-like residential setting in his community. The objectives of this research are to further develop, refine, and evaluate: (1) procedures that can be used by non-professionals to modify academic and vocational behaviors; (2) procedures to produce basic social skills that are necessary for proper conduct in the community, school, and home; (3) a practical system for collecting, analyzing, and summarizing data to evaluate the overall effectiveness of the Achievement Place model; (4) procedures for educating the natural parents to deal with their child in their own home; (5) a teaching-parent education program; and (6) a model for statewide dissemination of the Achievement Place program.

*Project Title and Number*

Modification of Deviant Behavior—R01MH1020258.

*Institution and Investigator*

Barlow, David H., University of Mississippi, Jackson, Mississippi.

**Total Dollars Up to FY/74**

\$77,348.

**FY/74 Dollars**

\$37,477.

**Brief Description**

There are an estimated three to four million homosexuals in the United States, yet treatment for homosexuality has not been notably effective. This investigator is evaluating the usefulness of a wide variety of therapies which have shown some promise of success but have not been fully explored. These procedures include various conditioning techniques, aversion therapy, and systematic desensitization. Homosexual men between the ages of 16 and 50 participate in these experiments.

**Project Title and Number**

Two-environment Modification of Problem Child Behavior—R01MH020410.

**Institution and Investigator**

Baer, Donald M., University of Kansas, Lawrence, Kansas.

**Total Dollars Up to FY/74**

\$151,003.

**FY/74 Dollars**

\$82,078.

**Brief Description**

This is a project in behavioral modification research designed to study the generalizability, durability, and effectiveness of behavioral techniques developed in the classroom and home on hyperactivity, rebellious behavior, and deficient skills of non-normal preschool youth who are unacceptable for regular programs. An important question being tested is whether behavior modification techniques can be applied comprehensively enough to remediate all, or enough, of a child's behavior problems in order to label the outcome as "cure." The subjects for this project are youngsters three to four years of age who exhibit a variety of behavioral deficits, are unacceptable for, or rejectees from, other locally available programs, and whose parents plan to live in the area for the next two years.

**Project Title and Number**

Training Parents in Management of Antisocial Boys—R01MH020022.

**Institution and Investigator**

Bernal, Martha E., University of Denver, Denver, Colorado.

**Total Dollars Up to FY/74**

\$181,778.

**FY/74 Dollars**

No funds but still active.

**Brief Description**

The objective of the research is to evaluate the effectiveness of a parent training program using television feedback designed for treatment of young aggressive antisocial boys. The training program will be taken to parents' neighborhood via a mobile TV van to increase the likelihood of family participation and completion of treatment. The intent of the investigators is to provide a test of the parent training procedures developed over the last four years in terms of the effects upon deviant, desirable, and complaint behaviors in boys selected as seriously deviant at age six years. The boys will be followed up for two and three years to determine the degree to which they have benefitted from the training of their parents in child management procedures based upon operant learning principles of reinforcement, punishment, and extinction.

**Project Title and Number**

"Contingency Contracting in Treatment of Delinquents"—R01 MH21452—9/71-8/74.

*Institution and Investigator*

Stuart, Richard B., D.S.W., Behavior Change Systems, 3156 Dolph Drive, Ann Arbor, Michigan.

*Total Dollars Up to FY/74*

\$222,723.

*FY/74 Dollars*

\$110,808.

*Brief Description*

The general objective of this research is to develop a set of effective intervention procedures, based on behavioral modification principles, to improve the social functioning of predelinquent and delinquent adolescents in home and school settings. The intervention techniques are to be defined and validated and then taught to court, school and social agency personnel serving comparable populations. An evaluation plan is included. The investigator seeks to develop a set of materials for use in in-service training with professionals and para-professionals.

*Project Title and Number*

Self-Concept Changes Following Behavior Modification—R01MH021755.

*Institution and Investigator*

Morrow, William R., University of Wisconsin, Kenosha, Wisconsin.

*Total Dollars Up to FY/74*

\$21,587.

*FY/74 Dollars*

No funds but still active.

*Brief Description*

The main focus of this research project is to test whether operant techniques mediated by teachers can effectively modify nonattentive disruptive classroom behavior of elementary school pupils and bring about meaningful changes in self-concept. Following exposure to teacher mediated behavior modification techniques, experimental subjects with disruptive behavior patterns will be compared with control subjects to determine changes in behavior and self-concept. Preteacher and postteacher ratings on behavior and scores obtained by the Index of adjustment and value scale provide the basic criteria for denoting change.

*Project Title and Number*

Behavioral Treatment of Childhood Gender Problems—R01 MH 021803.

*Institution and Investigator*

University of California, Los Angeles, California, Ole Ivar Lovaas—Principal Investigator.

*Total Dollars Up to FY/74*

N/A.

*FY/74 Dollars*

\$78,024.

*Brief Description*

Children with cross-gender (sex role) problems are being studied to improve the understanding of sexual deviation in its nascent stages. The subjects, boys five-to-eight-years of age who have exhibited various signs of a cross-gender problem (cross-dressing, playing with girls' toys, feminine mannerisms), participate in a variety of studies. The investigator is attempting to develop reliable and objective data on the behavior of these children in the home and in the clinic. Based upon this data, treatment is developed for helping children to

adopt normal gender behavior. This treatment is based on principles of "Behavior contingent management," in which subjects are given token rewards for displaying behavior appropriate to their gender. The investigator is also trying to identify the environmental conditions under which sex role problems are likely to occur. Long-term studies attempt to follow the subjects over crucial developmental years into adulthood. The long-range objective of this research is the primary prevention of adult transsexualism, transvestism, and certain forms of homosexuality.

*Project Title and Number*

Behavior Therapy : Professional and Paraprofessional—R01MH021813.

*Institution and Investigator*

O'Leary, K. Daniel, State University of New York, Stony Brook, New York.

*Total Dollars Up to FY/74*

\$136,351.

*FY/74 Dollars*

No funds but still active.

*Brief Description*

This is a project to develop and evaluate outpatient behavior therapy for disruptive underachieving children. In the evaluative phase of the project, the effectiveness of the therapy model will be tested by comparing a sample of children exposed to a professional psychotherapist with outcomes in children receiving therapy from a supervised paraprofessional. A group of children matched for academic deficits and disruptive behavior pattern but receiving no treatment serves as the control. Elementary school children serve as subjects.

*Project Title and Number*

"Rehabilitation Program for Delinquent Indian Youth"—R01 MH21853—6/72-5/75.

*Institution and Investigator*

Harris, Virgil W., Ph.D., Southwest Indian Youth Center, Box 2206, Tucson, Arizona.

*Total Dollars Up to FY/74*

\$212,838.

*FY/74 Dollars*

\$140,000 (Estimated total cost).

*Brief Description*

The study will evaluate specific behavior modification procedures and overall effects of a rehabilitation program for delinquent American Indian youths. The program emphasizes the phasing out of artificial contingencies within an institutional setting and transition to the more natural conditions of living within the community.

*Project Title and Number*

"PICA Research, Extension, and Practice (PREP)"—R01 MH21950—6/72-5/75.

*Institution and Investigator*

Fillpezak, James A., M.S., Institute for Behavioral Research, Inc., 2429 Linden Lane, Silver Spring, Maryland.

*Total Dollars Up to FY/74*

\$486,272.

*FY/74 Dollars*

\$20,598.

*Brief Description*

This study is an outgrowth of a promising NIMH-funded research grant currently in its final year. The project has utilized principles of behavioral psychology in developing remedial procedures for adolescents having academic, interpersonal and social deficiencies and related problems. The project will further develop and evaluate a model program for possible use in public schools to deter and remediate disruptive and delinquent adolescent behavior.

*Project Title and Number*

"School Intervention Program"—1 R01 MH22370-01.

*Institution and Investigator*

Fatherine Wright Clinic, Chicago, Ill., Graham A. Rogeness, M.D.

*Total Dollars Up to FY/74*

\$53,513.

*FY/74 Dollars*

\$53,513.

*Description*

The general objective of this program is to develop a counseling and behavior modification program suitable for implementation in a public, inner city elementary school. The program brings mental health services to large numbers of children with problems, employing only the available school staff and requiring a minimal amount of professional time. Its success will be measured by the extent disruptive behaviors are reduced. If anxiety and negative attitudes can be corrected, this program expects to attain increased achievement levels in the school. The second goal is to understand the process of change necessary to bring this about.

*Project Title and Number*

Group Work in Treatment of Adults—R01MH022742.

*Institution and Investigator*

Lawrence, Harry, University of Michigan, Ann Arbor, Michigan.

*Total Dollars Up to FY/74*

\$41,835.

*FY/74 Dollars*

\$11,483.

*Brief Description*

A study is being made of an experimental method for the group treatment of adults having problems with interpersonal relationships. The subjects are men and women who are referred by social agencies for the treatment of social difficulties. The program incorporates principles of behavior modification. This approach has the goal of changing behavior based on each member's expressed desire for certain improvements in adjustment. The major features of the group model include: (1) the identification of the behavior to be changed, (2) the development of problem focused member interaction, (3) the direct teaching by the group leader of problem-solving skills, (4) the mutual support of group members to reinforce each other's achievements, and (5) the development of desired behavior within the group which an individual can apply later on in his life. The groups meet weekly. Improvement is measured by questionnaires, talks with group leaders, performance in behavioral simulation tasks, and exercises in human problem-solving.

*Project Title and Number*

Modification of Family Interaction—R01MH022750.

*Institution and Investigator*

Martin, Barclay, University of North Carolina, Chapel Hill, North Carolina.



**Total Dollars Up to FY/74****\$37,468.****FY/74 Dollars****No funds but still active.****Brief Description**

Procedures are being developed to modify child psychopathology through family interaction. The interaction procedures are a combination of operant behavior modification techniques and systems for effecting conflict resolution. Parents and seven to eight year old children are taught these procedures by modeling and behavior rehearsal with feedback. A series of experiments is carried out in which: the effectiveness of the procedures is evaluated and improved; the effectiveness of self-monitoring and periodic repetition of training for increasing the persistence of changes are evaluated; the relative contribution of the intervention components are assessed; and the effect of including both father/child and mother/child relationships in intervention as opposed to mother/child relationships only are studied. In additional studies, results are to be applied to minimally and more seriously disturbed children.

**Project Title and Number****Behavioral Therapy for Suicidal Patients—R01 MH 022804.****Institution and Investigator****Camarillo State Hospital, Camarillo, California, Robert P. Liberman—Principal Investigator****Total Dollars Up to FY/74****N/A.****FY/74 Dollars****\$38,949.****Brief Description**

The development of a demonstrably effective behavior therapy to prevent or reduce the recurrence of self-destructive actions is the major objective of this project. The investigator also wishes to develop a standardized training program for paraprofessionals in the use of behavior modification methods, including a video tape package of treatment methods for export to treatment centers. The subjects are men and women, both Chicano and Anglo, between the ages of 18 and 50 years. These individuals, referred by the mobile emergency team of the Ventura Mental Health Department, have attempted at least two suicides each within the last 12 months. The group is randomly divided to evaluate the effectiveness of behavior plus milieu therapy versus milieu therapy only. Desensitization, assertive training, and contingency contracting forms of behavior therapy are used in the behavior therapy group.

**Project Title****"Behavior Modification: Evaluating Effects on Patients."****Grant Number****5R01MH22890-02.****Grantee and Principal Investigator****Kurt Salzinger, Ph.D., Principal Research Scientist, N.Y. State Psychiatric Institute, N.Y., N.Y.****Sponsoring Institution****Research Foundation for Mental Hygiene, Inc., Albany, N.Y.****Dates of DHEW Involvement****10/1/72-12/31/75.****Amounts of Money Involved****Total (\$262,237) FY-74 (\$80,070).**

*Brief Description of the Project*

This research is to evaluate the effectiveness of training hospital ward staff, other hospital personnel and members of patients' families. The intent is to carry out a behavior-modification program. One chronic and one geriatric ward will receive 28 two-hour training sessions for the attendants and nurses. The condition of the patient will be assessed before, during and after the behavior modification program is applied. Effectiveness will be based upon treatment of specific problem behaviors and general ward behaviors as well as the discharge and readmission rates for the experimental groups of patients. These investigators are looking at the long term persistence of changes initiated by behavior therapy.

*Project Title and Number*

Imipramine, Behavior Therapy and Phobia—R01 MH 023007.

*Institution and Investigator*

Hillside Hospital, Glen Oaks, New York, Donald F. Klein—Principal Investigator.

*Total Dollars Up to FY/74*

N/A.

*FY/74 Dollars*

\$33,100.

*Brief Description*

A comparative study of behavior therapy and pharmacotherapy for phobic patients is being conducted. The subjects, adult outpatients, receive six months of weekly treatment under one of six regimens providing therapy for agoraphobia (fear of open spaces) and other phobias. The focus of the behavior therapy is on relaxation, systematic desensitization, and assertive training. The pharmacotherapy group subjects are administered oral doses of imipramine, which has a specific effect on panic anxiety, some participants receive a combination of the two forms of treatment. Long, open-ended social and psychiatric history questionnaires are completed by the subjects; and various rating scales are used to further define and note changes in their clinical status.

*Project Title and Number*

Atypical Sex Role Development in Children—R01 MH 024305.

*Institution and Investigator*

University of California at Los Angeles, Los Angeles, California, Richard Green—Principal Investigator.

*Total Dollars Up to FY/74.*

N/A.

*FY/74 Dollars*

\$41,138.

*Brief Description*

The objectives of this study are: to explore early life experiences associated with the emergence of atypical sex role development and contrast these experiences with those of children whose development is typical; to document behavioral features of children with atypical sex role development and contrast this behavior with that of typical boys and girls; to explore physiological variables which may influence atypical sex role development; to explore strategies for effecting behavioral change in children experiencing social hardship because of their markedly atypical behavior; and to follow children with atypical sex role development into adolescence and adulthood in order to correlate childhood behavior with subsequent sexuality. Family interaction is also studied through interviews and observation. This project is a continuation and expansion of ongoing research with a group of 40 boys aged three to 10 years.

*Project Title and Number*

Comparison of Several Classroom Management Systems—R03MH024502.

*Institution and Investigator*

Drabman, Ronald S., Florida Technological University, Orlando, Florida.

*Total Dollars Up to FY/74*

\$6,373.

*FY/74 Dollars*

No funds but still active.

*Brief Description*

Three methods of administering a token system to children with classroom conduct problems are being compared. Two types of token economies administered by student captains (rotating and elected) and a conventional teacher administered token system are utilized. Following completion of task, teachers rate the captains and the captains rate the other children on their behavior. Each of three classes have the same rules, the same backup reinforcers, and the same exchange procedures, with the only difference being whether the tokens are distributed by the teachers or the captain. In addition to mean frequency of disruptive behavior per 20-second interval, teacher and student preference are ascertained for each of the systems. A standard statistical test is also utilized in the comparison of systems.

**NATIONAL INSTITUTE OF EDUCATION PROJECT***Institution/Principal Investigator*

Central Midwestern Regional Educational Laboratory—Dave Buckholdts.

*Name of Project*

Institutional Systems Program.

*Project Duration*

March, 1973 to November, 1974.

*Project Funding*

Total—\$350,000—FY 1974, \$267,000.

*Description*

Poverty and otherwise disadvantaged children are often burdened not only with a poor living environment but also with an inadequate instructional environment. Recent studies have identified poor reinforcement systems and deficient early systems development as two significant factors responsible for the failure of many of these children in existing educational systems.

ISP is focused on the design of improved educational systems, particularly for children who do not succeed in existing programs. The program has concentrated on the development and testing of products which serve to remediate the child or correct deficiencies in the educational environment.

The ISP program is concerned with poverty and otherwise disadvantaged children who often fail in school. One set of activities in this program is directed toward the development of reinforcement systems which are packaged in training units for teachers and others to use to build basic attentional, motivational, and performance skills in children and to reduce disruptive and other behaviors which interfere with learning. Another set of activities involves the development and testing of a curriculum for the initial learning and then mastery of critical school entry skills, particularly the conceptual skills required for language and critical thinking from preschool through the primary grades.

The products of ISP include a Language and Thinking Curriculum program which provides guidelines for teachers, manipulatives, picture cards, transparencies, take-home tasks, independent work and frequent assessment procedures aimed at increasing the verbal fluency, vocabulary size, visual and auditory discrimination skills, and other abilities of children preschool through fifth grade levels.

Another component of ISP is the Classroom and Instructional Management Training program packaged in a series of self-instructional units, each of which contains written materials, slide tape show and a set of criterion objectives. The expected outcomes of the program will be teachers who acquire the knowledge and ability to design and use effective reinforcement systems and children with increased academic and social skills.

[Item I.C.2]

**THE SEED**

[Item I.C.2a]

[EXCERPTS FROM GRANT REQUEST BY THE SEED TO THE DEPARTMENT OF HEALTH,  
EDUCATION AND WELFARE, JUNE 20, 1972]**NOTICE OF GRANT AWARDED**

Under the authority of Federal Statutes and Regulations, and Public  
Policy Statements applicable to:  
☐ Research Grant ☐ Training Grant *copy*  
☒ **DA**  
☒ **DRUG ABUSE SERVICES (P. L. 91-513)**

Grant No. **1 H00 MH-00619-01**  
TOTAL PROJECT PERIOD:  
From **2/1/72** Through **1/31/80**  
GRANT PERIOD:  
From **2/1/72** Through **1/31/80**

Title of Project or Area of Training

**THE SEED**

Practice Institution

**The Seed, Inc.**  
**1311 S. Andrews Avenue**  
**Ft. Lauderdale, Florida 33316**

Principal Investigator or Program Director

**Barker, Arthur**  
**President**  
**The Seed, Inc.**  
**1311 S. Andrews Avenue**  
**Ft. Lauderdale, Florida 33316**

**APPROVED BUDGET**FOR BUDGET PERIOD **2/1/72** Through **1/31/73**

Personnel..... \$ **130,870**  
Consultant Services.....  
Equipment..... **3,330**  
Supplies..... **28,500**  
Travel-Domestic..... **5,000**  
Travel-Foreign.....  
Postage.....  
Utilities and Renovations.....  
Publication Costs.....  
Miscellaneous..... **9,500**  
Traveler Stipends.....  
Traveler Tuition and Fees.....  
Traveler Travel.....

TOTAL DIRECT COSTS. **\$ 177,200**

Asterisks indicate limited or restricted budget categories

Accountability for equipment:

☐ conditionally required☒ not required

Remarks:

This award is revised to include provisional indirect costs, which cannot be used until a rate is negotiated with DHEW. Supersedes Notice of Grant Awarded dated June 18, 1972.

**AWARD COMPUTATION**

1. DIRECT COSTS..... \$ **177,200**  
2. INDIRECT COSTS..... \$ **35,000 1/**  
(Calculated at \_\_\_\_\_ rate)  
3. TOTAL..... \$ **212,200**  
4. Less Unobligated Balance from  
Prior Budget Period(s)..... \$

5. AMOUNT OF THIS AWARD **\$ 212,200**SUPPORT RECO "AWARDED FOR REMAINDER OF PROJECT PERIOD  
(Subject to the Availability of Funds)

Budget Period	Total Direct Costs	
02	177,200	2/1/73
03	137,511	2/1/74
04	146,667	2/1/75
05	146,667	2/1/76
06	137,822	2/1/77
07	137,822	2/1/78
08	137,822	2/1/79

Common Account Number **HEW 502911**

PHS Account No.

**1520353 2-3050535****506220**PHS List Number **ME-12-72**

PHS Transaction Number

Payments on this grant will be made to:

**The Seed, Inc. Treas.****The Seed, Inc.****1311 Andrews Avenue****Ft. Lauderdale, Fla. 33316**

Recommending National Advisory Council or Committee

**STAFF**

*Charles B. Chatham*  
**Lois Chatham, Ph.D., Chief**  
**Narcotic Addict Rehabilitation Branch**  
**National Institute of Mental Health**

## B. CONTINUITY OF CARE

*Program Description*

The Seed can be described as a "Day Care Center" with differential time requirements for court referrals in contrast to non-court referrals. The former client typically has a first phase of intensive rapping with his peers. This initial period usually extends for one month followed by a six month follow-up program in which the client is required to attend rap sessions three nights each week plus either Saturday or Sunday for the entire day. The non-court referral's time is usually half the court referral's time, or two weeks of intensive ten o'clock a.m. to ten o'clock p.m. rapping, followed by the three month schedule of three week nights plus Saturday or Sunday for the entire day.

The first step involves the admission, or intake, in which the client is signed on the program. A Seed parent outlines the program for the parents and applicant. The Intake Counselor interviews the client, recording information about the family, including the client's history of drug use. The Senior Counselor is then introduced to the family to discuss the client's participation in the program. The parents sign the child on the program. After the client is searched, he is introduced to the group and assigned to a foster home.

As stated above, new clients entering the program are placed in a temporary foster home environment during the first phase (10 a.m. to 10 p.m.) of the program. These homes are provided by families who have their own child/children participating in the program. It has been evidenced that it is necessary to remove the client from his home environment as there might be existing problems that would prohibit normal progression during this phase of the program, and this procedure also eliminates any outside interference that might hamper the client's progress.

For the first three days, the client is placed in the first row. During this period he is not permitted to talk or relate his feelings and his experiences. He is watched closely by the group and Staff with detailed notes recorded regarding his behavior.

On the fourth day, the client moves back a few rows. He is permitted to participate in group discussions. His attitude begins to change with a softening of facial features, attention focused on discussions, and loss of hostility. It should also be noted that, during this first week (day 5) to the second week, any deep rooted emotional problems that should become evident, the services of the Psychiatrist are utilized. If the client does not participate in the program for a minimum of one week, he or she is not considered officially on the program, and therefore not included on program statistical data. Also, if the client is removed by his parents against the advice of the program, he or she is placed in a special category for separate program data evaluation. The primary reason for this separation is to test program recidivism. Those clients referred elsewhere for continued care, that cannot be provided by the program, are also separated out in the event it would be suitable for them, in the future, to continue the program.

The client's participation in the program continues. On the fourteenth day, the Staff convenes to determine the status of a non-court referral. If the decision is to return the child to his home, the parents are notified. If the decision is against this return, the parents are notified and given the reasons for the delay.

During this first phase, the client sees his parents at the regularly scheduled "open meetings", approximately four times. On the fourteenth day a drug check "follow-up" is made. This follow-up is used as back up material regarding the client's drug usage. It is the Seed's experience that the initial interview with the client does not reveal an accurate picture of usage as the client will not tell the truth of his usage. At the end of two weeks, the client tells the truth—because he wants to.

From the fifteenth day through the twenty-first day, the client lives at home, attends school or work, and attends regular rap sessions. This mandatory attendance continues for three months. This procedure as described above for the non-court referral is doubled in time duration for the court referral.

The following is a flow chart that illustrates the "admittance" and follow through of the client as he progresses through the program. Please note that the following is the basic two-week intensive phase and three-month follow-up.

**Admittance (Intake)**

Step 1. Child and Parent(s) arrive.

Step 2. First Contact—Seed Parent: At this time the program outline is discussed, and if client is to sign on to the program—

Step 3. Intake Counselor brought in—fills out form.

Step 4. Senior Counselor (Staff Assistant and/or Staff Director) introduced to the family. (If a problem exists at this time, Sister Therese, Shelly and/or Art brought in.) Decision is made to sign participant on program.

Step 5. At this point, if "client" is not suitable for program, discussion is made as to the best possible treatment available for family.

Step 6. Parent(s) sign child on program.

Step 7. Child searched—(for drugs and/or weapons, etc.).

Step 8. Client is taken to "group"—introduced to other members, identification made by members who might know him, and arrangements made for foster home.

Step 9. Senior Counselor reports back to family and informs them of any additional details regarding their child. Parents are then expected to attend "open meetings". No contact will be made with them unless absolutely necessary during the following first phase.

**First Phase—Two Week Program—(10 a.m. to 10 p.m.)****CLIENT****STAFF****Day 1 to day 3**

Client is placed in first row of group. During this time he does not talk and is watched by the group and staff.

Staff leaders in the group are watching client for his reactions in the first three days.

**Day 4 to day 7**

Client is moved back a few rows. He is given permission to participate in group discussions. Changes seen at this time are: facial features soften, attentive, and no hostility.

Client is receiving "feedback" from all layers of staff and also the group—acceptance is now being given to the client—so he feels.

**Day 8 to day 14**

Client continues to participate, wants to be involved in the group and looks well physically.

Staff has continued to observe; if there are any questions or problems that exist that cannot be handled by the group, the client will be talked to on a one-to-one basis.

**Day 14**

Decision is made by staff and group as to whether or not client is ready to go home. If "yes," parents notified. (If "no," parents are notified and given the reason that client will be extended.)

Senior Staff contacts the family to inform them whether or not client will be going home—*progress report*.

During the first phase, the client sees his parents four times only during the "open meetings." If client does not participate in the program for a minimum of one week, he is *not* considered "officially" on the program. On the fourteenth day, a drug check follow-up is made.

**Day 15 to day 21**

Client is living at home, attending school or job, and attends daily rap sessions.

During this one week period, client is watched very closely, not only by the Staff, but by his family and school and/or job and his own "peer" group.

**Day 22 (official start of 3 month phase)**

Client's mandatory attendance consists of three nights weekly and one full day on the weekend.

Client's participation in the program is carefully watched by the Staff, his attendance, his attitude and physical appearance. Also, the Staff is in contact with the family to check his attitude at home and his school attendance and grades. Progress reports are written on his status on a regular basis.

The last day of the client's program is decided by the Staff and when this decision is made, the client is officially "terminated" and brought before his peers to congratulate him.

Periodic follow-up is made on the client every three months for the first year and once a year thereafter to find out how he is doing. This will be explained in more detail with documentation at a later date.

The Seed has recently been approached by a group representing business-industrial fields, whereby they would provide a two-phase program; (1) incentive, i.e.—training, and (2) supportive, i.e.—employment.

As the clients progress through the program and are ready to participate in other areas of endeavor, i.e. furthering their education or employment, this group stands ready to assist these young people towards their ultimate goals. As this is in the formative stages, agreements are pending.

Also, as part of The Seed's responsibility to insure quality care to its clients, contact has been made, and is continuing to be made, with many of the State and County agencies to understand their programs and available services. These agencies include the following: Family Service Agency, Inc., Catholic Service Bureau, Inc., Bureau of Unemployment Compensation, The Broward County Welfare Department, Florida Unemployment Service, American Red Cross, Easter Seal Clinic, Bureau for Crippled Children, Division of Vocational Rehabilitation, and Adult Education.

With reference to the Division of Vocational Rehabilitation and Adult Education, many clients participate with these two agencies. Once the client is on the second phase of the program and eligible for vocational training and schooling, these agencies provide an invaluable resource for these young people.

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OPTIMIST CLUB OF DOWNTOWN FORT LAUDERDALE, INC.,  
P.O. Box 1018, January 18, 1971.

Mr. ART BARKER,  
*The Seed,*  
Ft. Lauderdale, Fla.

DEAR MR. BARKER: As you probably know, the Downtown Optimist Club is a group of concerned men, drawn from a cross-section of the community, who recognize their civic responsibilities and band together voluntarily in thought and action for the good of the community.

Optimist Clubs do whatever needs doing in the community. I am happy to report to you that we have chosen "The Seed" as our number one external project for 1970-1971. This decision was reached after a thorough investigation into what you are doing, and the tremendous results you are achieving. We found most interesting the testimony of Municipal Court Judge James B. Bal-singer when he told our membership that "about 90% of the kids (probationers) I have sent to the Seed have stayed straight, some since July."

In addition to financial support we have already given you, a committee is diligently working at the present time, on arranging fund raising projects, the proceeds of which will go to the Seed.

It goes without saying, Mr. Barker, and because so many of our members have personally witnessed what the Seed is doing to win the battle against Drug Abuse, we intend to give you as much assistance as we possibly can.

Highest regards,

T. ED BENTON,  
First Vice President.

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NOVA UNIVERSITY,  
INSTITUTE OF HUMAN DEVELOPMENT,  
Fort Lauderdale, Fla., January 5, 1971.

Mr. ART BARKER,  
*Executive Director, The Seed,*  
Fort Lauderdale, Fla.

DEAR ART: I am happy to have the opportunity to write a letter in support of the activities of The Seed with young people who are experimenting with, using, and abusing dangerous drug substances.

I have referred a number of my patients to The Seed with dramatic results, not only in terms of getting off the use of the drugs but also in terms of positive

attitude changes. The attitude changes have made possible family and school adjustments which were completely rejected prior to the experience at The Seed.

Although The Seed program has been in operation for only a short while, the success rate for my referrals to date has been one hundred percent.

While more documentation of the program would be helpful to potential users and keeping in mind that more time will be needed for a thorough evaluation, the preliminary results appear to me sufficiently positive to justify continuation and expansion of the program.

Please feel free to call upon me at any time if I can be of help to you or The Seed.

Sincerely yours,

ROBERT J. JONES, *Psychologist.*

[Item I.C.2.b]

EXCERPTS FROM "THE STUDY OF THE ADVISABILITY OF THE 'SEED' IN DADE COUNTY"  
BY THE COMPREHENSIVE HEALTH PLANNING COUNCIL OF SOUTH FLORIDA

\* \* \* \* \*

IV. DESCRIPTION OF THE SEED

The final report of the special panel of the State Drug Abuse Program describes the Seed program as follows:

"The Seed is a non-residential drug abuse treatment program focusing on the rehabilitation of young (average age 16) poly drug abusers. Approximately 20 of some 90 drug abuse programs in Florida are oriented toward the youthful drug abusing population. Each program relies on peer group pressure, many involve parents, none use foster homes to the extent that the Seed does, and each has its own unique approach and contribution to make. The Seed has several sources of funding; \$177,000 from the NIMH, \$35,000 from the LEAA, and the balance from units of local government and private donations. Many of the young people in the program have been referred by the Broward County schools (875 in 1971-72), and by courts in both Broward and Dade County.

"Applicants accepted by the Seed are placed on a 12-hour day regimen, from 10 a.m. to 10 p.m., for an initial period of 14 days for voluntary admissions and 30 days for court placements. The daily routine consists of morning, afternoon and evening rap sessions with approximately 500 to 600 participants conducted by a staff member using a microphone. Discussions center around such topics as relation with parents, friendship, loneliness, etc. While in this intensive initial phase of the program, members live in foster homes provided by families having a child in the later phase of the program or who has completed it. Parents are further involved in the treatment process by attending evening meetings twice a week. Many parents volunteer their professional services and skills, prepare meals twice a day, and furnish transportation to and from the program. Upon successful completion of the first phase, the member (or "Seedling") is required to attend evening rap sessions three nights a week and one full day on the weekend. He may have returned to school or a job and perhaps to his own home. The decision is made by the staff and is based upon the individual's circumstances."

Additional information was obtained from observations, from the Director and from other printed materials. The Seed has staff members located in several referral points, primarily the courts, who assist in the determination of the appropriateness of a person for the Seed program.

There are a number of persons, including professionals in the medical field who contribute time and can be called on from within the community as requested by the staff. The Committee was informed that although the initial phase was referred to as a two-week program, it is seldom that brief and can extend for a month or more in many instances, dependent upon the progress of the "Seedling." The second phase of the treatment program can also last for several months. The Committee was also informed that progress reports are submitted to the parents at various intervals and always at the end of the initial phase. Parents who appeared before this Committee and wrote letters, strongly suggested that to them the Seed is the answer to their parental prob-

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lems as they relate to their children's drug and behavioral difficulties. The Seed is licensed by the State of Florida as a non-residential treatment program at its present location in Broward County. Since participants are placed in selected foster homes from two to six weeks, there is room for questioning its "non-residential" nature.

Parents state that the establishment of honest communication and the change of attitude of the participants are incredible and genuine. Many Seedlings corroborate this and say that it is the only place where they have experienced total honesty in conversation and relationships. Conversely, others who have gone through the program suggest the honesty being displayed is either "brainwashing" on a mass basis or an attempt to speak the "party line" in order to complete the program and to leave the repressive atmosphere, and that it is therefore not genuine, effective, or permanent.

*Target Population.*—The Seed claims to be able to help almost all drug abusers regardless of age and the degree of drug involvement. However, as will be noted later, the actual population served is almost entirely that of the adolescent, and where there is drug usage it is almost exclusive of prolonged narcotic addiction. Although the Director and several supporters and advisory persons to the Seed have stated that referrals are made from the Seed to community agencies and Mental Health programs when appropriate, this Committee found only limited evidence of this. However, other agencies indicate they do have under care a certain number of persons who have completed the Seed program and have since then returned to drug use.

The socio-economic status of the population being served was identified by the Assistant Director of the Seed as families with an average income of \$10,000.

The Committee heard from several persons who work with drug abusing adolescents. Almost unanimously they suggested that the adolescent who is most appropriate for referral to the Seed and its methodology is the young neophyte in drug usage (the experimenter) and youths with attitude and family relationship problems.

*Cost.*—The per unit cost of helping any person at the Seed is difficult to determine from available materials. It has been publicly stated to the County Commission by a Seed representative that it costs an average of \$100 to "cure" a Seed resident. The Director of the Seed told this Committee that the average cost per Seedling was \$200. Since the average intake per month is stated to be within the vicinity of 100 new persons (1,200 per year), a \$100 per person cost would require a budget of \$120,000; doubled if the unit cost is \$200. A minimum income of \$212,000 in Federal contracts or fees for service is identifiable, not counting grants from local governmental bodies and municipalities. In addition, the program makes a request for contributions from each parent (the suggested amount is \$100), and there is a weekly "passing the hat" in the open meeting audience.

The State study indicated a presumed budget in the vicinity of \$300,000 per year. These figures do not include the large amount of donated "in-kind" activities and services that are provided by foster homes, the transportation, and donated professional services. The Program Director identified the staff salary range, exclusive of himself and his assistant, as between \$15 and \$75 per week.

*Peer Pressure and Confrontation Technique.*—The techniques of peer group pressure, and the group confrontation which helps to promote it, are the most identifiable aspects of the Seed program and therefore will be further described and discussed. The continuous "rap" sessions at the Seed concern personal responsibility and relationship difficulties. These discussions involve "kids working on kids", under the guidance of a staff person. The tactic appears designed to eliminate a person's psychological defense and excuses. This process breaks down a person's dependence on his psychological defenses and creates a dependency upon the support of the group. The group responds to the person's admission and confession of failures and personal disabilities with supportive statements of love and respect in spite of the admitted disabilities. The peer group then becomes both the conscience and the support mechanism for changed behavior. At the Seed, this technique is used throughout the daily "closed sessions." A strong influence is instilled for the person to be aware of the group's wishes, with group support for his recognition of failures and desire for change. Twice per week at the Seed, parents are included in massive meetings in which the youths, in numbers of 400 or more are seated in one half of the auditorium opposite their parents in the other half. Parents who attend have the opportu-

nity to communicate with their child briefly by microphone in mutual confession of communication problems and interpersonal relationship deficiencies.

The peer pressure concept utilized by the Seed is very similar to the methods used by Alcoholics Anonymous. The heavy confessional aspect and the moral-inventory concept also have their parallel in Alcoholics Anonymous. The participant's defenses are penetrated until he develops a dependency on the group. Favorable response is then rewarded by the group and unfavorable responses are unacceptable. The Committee would classify the Seed as an attitudinal modification program.

The long-term value of these group confessions and individual expressions of problems in a large group environment is questioned by many professionals and other persons. Conversely, an individual needs and wants to belong, and in this setting confession is the method of participation. Thus, the group aims at social acceptability and brings to the Seedling at least the temporary satisfaction of belonging to a group.

Peer pressure is a powerful force in behavioral change. It is not unique to the Seed program. It has been used in other types of programs and is being used by numerous drug rehabilitation programs in this and other communities, although not to the extent used at the Seed. Peer pressure is the primary method currently being used by the Division of Youth Services in handling delinquents in the State system where it is known as "guided group interaction" or "positive peer group pressure." Ordinarily peer pressure is accomplished in smaller groups ranging from 10 to 15 persons. The Seed is unique in applying this technique to 300 to 500 persons at once. There are a number of concerns about this technique that had been expressed both in relation to its use by the Seed in massive non-selective groups. These concerns can be summarized as follows:

Is such public confession destructive?

If the peer group is effective for behavioral modification while within and around the peer group, does it have a lasting effect when the person is returned to society and away from the peer group?

Since drug abuse is often symptomatic of other disturbances within the adolescent's life, does peer group pressure constitute an abdication of one's own responsibility for decision making to an outside group?

Consequently, does this hinder the maturation process by not providing any skills for coping with life's problems in the real world?

A consultant suggested to this Committee that the group consciously and overtly or by inference become the decision-maker for individual behavior and thus does not provide for the development of the coping skills that an adolescent needs to handle the personal problems including drug usage pressures. On the other hand, even if coping skills are not learned through this method, if the technique keeps a person drug free for a period of time, the youth might be afforded the opportunity to develop socially and psychologically within a more acceptable atmosphere. It is obvious that the adolescents who are involved in drug abuse have received something from this abuse, be it chemical reaction or acceptance by a drug using reference group. If a program provides something constructive that will replace whatever was considered a value from drug usage, it must be given some credence. Conceivably, even if the Seed does not deal with the deeper problems, it may still produce a moratorium on the problem manifestation long enough that other methods (or growing up itself) can contribute to the solution of the deeper problems.

A primary cause of drug abuse among the youth is the pressure for experimentation and usage from the peer group (an adolescent's associates), and the adolescent's desire to belong and be acceptable to a group. The premise of the Seed is, therefore, that since peer pressure caused the drug abuse, then that same peer pressure in reverse form should be utilized for correction purposes. A sizeable percentage (17% according to the State analysis of client records) of the adolescents at the Seed are not there because of any drug usage but for attitudinal problems. These can be described as relationship difficulties, behavioral and school adaptation problems and a life style that is objectional to parents and others in the social environment. In this group and others among the non-addicted drug abusers, some of the apparent positive results of the Seed's methodology can be compared to the results in "marathon" group and counter group therapies wherein people experience a temporary emotional high and subsequently feel that their life has changed and their problems have been solved by a new insight. It has also been suggested that the lengthened inten-

sity of the confrontation sessions produces a group response similar to that found in revivalistic religious meetings under the guidance of very inspirational and charismatic leaders.

*The Staff.*—During most of the period of operation, the staff of the Seed has consisted of the Director, Mr. Art Barker, and non-professional assistants. The latter are former drug abusers who have graduated from the program and have been selected by him for participation in the group sessions with the "Seedlings." Until recently, there had been no staff member with any professional experience. Under growing criticism, the Seed had added a staff member with experience and training in counselling. The junior staff members are actively engaged as leaders in the sub-groups as well as in the large group sessions. The Director, Mr. Barker, has had limited professional training or experience in the field of drug abuse or youth counselling. He is a recovered alcoholic who has worked as a volunteer in various institutions as a representative of Alcoholics Anonymous. He has experience as an entertainer and an obvious talent for conducting himself in front of audiences and for moving groups of people with his own enthusiasm. An attempt was made by the Committee to determine whether Mr. Barker was a necessary and essential part of the continuance of the Seed or any extension of the Seed into other locations. Opinions provided were at both extremes. Numerous persons suggested that his dynamic and charismatic personality and leadership was the key to every value that comes from the Seed program. The Committee also learned that because of the size of the program, his actual activity and relationship with an individual Seedling is minimal and that most parents barely know him. The exposure of Mr. Barker to the actual clientele is limited to conducting occasional revival type group meetings and a rallying point for the evangelistic spirit in the entire program. However, in addition to his activities within the community, he provides leadership and training to the staff members who work closely with the youths.

In conduct of the Seed program and in the promotion of it, Mr. Barker has frequently voiced his success claims in public speeches and the news media, and his lack of confidence of other drug programs, and in the school and law enforcement systems in controlling the drug problem. These pronouncements voiced in extreme terms have created a very strained relationship with other drug programs and social institutions and individuals in Broward County and other communities. These strained relationships also have created a climate of non-cooperation in referrals and mutual training between his and other programs. The Committee expressed a concern that such pronouncements and exaggeration detract from Mr. Barker's desirability as a role model for adolescents.

Even his supporters admit that Mr. Barker is a most difficult person to deal with because of this exaggerated claims about his own program, his negative attitude toward other programs, his secrecy about his own methodology and his defensiveness toward those who are interested in either cooperating with him or who question his methods and results. The Committee itself had personal experience with the extreme and rapid changeability of the founder while attempting to arrange a site-visit and access to materials about the Seed, and also during the site-visit. On several occasions, Mr. Barker unnecessarily displayed a strong antagonism, suspiciousness and uncooperativeness that detracted from the effectiveness of the visit. Yet during the visit, he personally extended himself in a most cordial manner, commenting on his desire for a favorable report from this Committee. It was the opinion of this Committee that although the Seed and its Director have had real oppositions and have had to overcome major stumbling blocks, particularly in its early stages, that the present defensiveness and combative posture of the Director has exceeded reasonableness and has become the major source of controversy and the greatest present weakness of the Seed. This Committee must conclude that he is an abrasive personality, that he has demonstrated a total lack of cooperation with other social agencies and drug abuse rehabilitation programs and has not participated in efforts to coordinate referral, staff training and efforts with others to mutually work at the community problem of drug abuse. The Committee was also impressed with his dedication to helping a large number of troubled youths in a way that seems effective to him, to many youths and to their parents, and was impressed with his ability to organize an agency and program to be the vehicle for that objective.

[Appendix "C"]

MIAMI, FLA.,  
April 2, 1973.

Mr. ALEX MILLER,  
Youth Co-ordinator, Florida State Drug Abuse Program, Miami, Fla.

DEAR MR. MILLER: As a Clinical Psychologist currently employed by The Children's Psychiatric Center and previously employed by the Dade County Department of Youth Services, Division of Psychological Services, I have had the opportunity to speak with and evaluate many children who have been in treatment in DATE Centers, as well as in non-licensed drug treatment programs. The purpose of this letter is to share my concern with you regarding the manner in which SEED, Inc., a non-licensed drug treatment program in Dade County, is conducting its program.

My current position involves working on a consultative basis to Youth Counselors and the staff of the State of Florida Division of Youth Services, as well as direct evaluation and interviewing of children in their custody. Almost on a daily basis I learn of incidents in which children have been mistreated, threatened, and have suffered ill consequences pursuant to their involvement in the SEED Program. In my discussions with children at Youth Hall, I have been told of numerous practices by the staff of the SEED which I feel are psychologically destructive to the children in their care. Children have reported to me that when they wanted to leave the SEED program they were threatened with commitments to State School. Further, in some instances, they were locked in rooms by themselves and denied food for days. They also reported that they were made to sit in chairs without speaking while listening to others berate them for hours.

I recently had the opportunity to interview a child who would be diagnosed as an emotionally unstable personality with paranoid overtones. The use of the above noted practices with this kind of child could easily result in a precipitation of major mental disturbance. Fortunately this child was able to run from the SEED before very much damage had been done to her psychologically. She did, however, manifest some confusion and paranoid ideation which she felt was a result of the manner in which she was treated by SEED personnel. I have also interviewed children who made suicide attempts following their running from the SEED. Overwhelming feelings of worthlessness, hopelessness, and despair were in evidence. Occurrences such as these lead me to question the manner in which children are selected for treatment in the SEED program.

It is my understanding that SEED personnel frequently refuse to cooperate with both Youth Counselors and other professionals, such as psychiatrists and psychologists.

Many of the children with whom I have spoken have told me that personnel at the SEED make statements to the effect that no psychiatrist or psychologist can help a person with a drug problem; the only manner in which a person can be helped is to go through the SEED program. Disparaging remarks are frequently made about other drug rehabilitation programs as well as the professional and legal community. Such remarks make it difficult for these people to do their work without apprehensions and resistances on the part of the drug involved youth.

Both the use of potentially destructive interventions and lack of cooperation make the SEED a danger to our community. Although SEED type programs may be beneficial to many of our drug involved youths, I feel that the program, as it is presently operating, may be doing a great deal of harm. It is my sincere feeling that the SEED not be allowed to operate in Dade County unless appropriate changes are made in the program.

Please do not hesitate to contact me should you want any further information regarding my observations on this matter.

Sincerely,

JEFFREY J. ELENESKI, Ph.D.,  
Clinical Psychologist.

[Appendix "G"]

TELEPHONED STATEMENT OF HELENE KLOTH, GUIDANCE COUNSELOR--NORTH  
MIAMI BEACH SENIOR HIGH SCHOOL

"I know many returned Seedlings, there are many here at the High School. When they return, they are "straight", namely, quiet, well-dressed, short hair and not under the influence of drugs compared to their previous appearance of

stoned most of the time. However, they seem to be living in a robot-like atmosphere, they won't speak to anyone outside of their own group. They sit in a class together and the classes become divided of Seedlings opposing non-Seedlings. They alienate many of the other students who do not understand why this anti-social behavior, the classes and the student body are as though divided into two camps. When there are group discussions about social problems or human relations, the Seedlings will not participate in these discussions. Whenever a class or part of the student body is scheduled for a field trip or an outing of some type, the Seed students refuse to participate until they have received permission from the Seed. In this manner, they use their Seed status in an unhealthy manner. One student attempted to rule the class using the Seed as his authority for his efforts at dictating within the class. I have noticed that it is almost necessary that the Seedlings be rehabilitated into social situations upon their return from the Seed. However, at the School, we do not know how to accomplish this because we do not know anything about what we should be doing in relation to the Seedlings. Therefore, sometime ago, I attempted to visit the Seed in order to speak with them about how we could work with them and what we should do. I asked for help. I was treated rudely, two people who went with me, were denied permission to enter and were closely watched in a separate room. In addition to rude treatment, I was told that the Seed was not interested in helping us. The Seed counsellor with whom I spoke, said, "We are not interested in educators or any of the people out there because they don't know anything. The world out there stinks, we will not come to school people."

Seedlings seem to have an informing system on each other and on others that is similar to Nazi Germany. They run in to use the telephone daily, to report against each other to the Seed and it seems that an accused Seedling has no chance to defend himself because if enough persons accuse him of something he is presumed guilty. The Seedlings also make numerous false accusations about drug behavior concerning non-Seedlings. The School is quite upset about this division of social groups and the teachers are very concerned and the non-Seedlings are all uptight.

I used to think it was the saving program, a year ago, I used to take kids there. Now, I know that a number of the children are back on drugs and I am not sure whether the method in which they do return home and the difficulties they have in school, is an improvement over their previous condition of being on drugs. I think there is something valuable available at the program but we could surely help make it work if we could work with them, both about the youngster before he goes to the Seed and to be able to get some help from the program after the student returns."

Received by:

PAUL T. SCHARACKER,  
Senior Health Planner.

COMPREHENSIVE HEALTH PLANNING COUNCIL  
OF SOUTH FLORIDA,  
Miami, Fla., April 20, 1973.

Mr. FRANK NELSON,  
Director, State Drug Abuse Program,  
Tallahassee, Fla.

DEAR MR. NELSON: At a special meeting, the Health Planning Council Board of Directors voted to recommend to the State Drug Abuse Program that a conditional DATE Center license be issued to the "Seed, Inc." for Dade County with the proviso that the "Seed" moves toward the resolution of the following concerns:

1. A questionable client screening process which results in acceptance into the program of persons that could better be served in other local programs or those who are in danger of being harmed by participation in the Seed program, plus a lack of willingness to refer persons to other programs.
2. A seriously limited use of necessary professional services needed to best render quality comprehensive services to the large number of children and their families involved in the program.
3. A lack of willingness to allow persons involved in the program or the parents of these individuals to voluntarily remove themselves from the program.
4. A small number of persons (5) on the policy Board, plus the questionable procedure of the President also being the Program Director and the President's wife being a member of the policy Board as well as employed by the corporation.

5. Continual communication to the public of success rate claims that are not validated by facts, while other community agencies are seeing numerous Seed failures in their agencies.

6. Communication to the public of misleading information relative to the actual costs of the program to the client and their parents.

7. Continuous lack of willingness on the part of the Seed program to work cooperatively with other local drug agencies, other youth service agencies, the school system, and the HPC and its Drug Abuse Task Force, and the local representatives of the State Drug Abuse Program.

8. Concerns expressed throughout the community relative to the lasting affect the "Seed" program is having on its "graduates", and in some instances, deleterious affects on its participants.

9. The need in Dade County for all drug programs to jointly participate for the community good, and the record of the Seed in avoiding such mutual participation and openly stating defiance toward the cooperating process.

10. The Seed should develop a policy-making Board of Directors for the Seed program in Dade County composed of Dade County citizens and without employed members of the Seed organization.

11. That substantial progress toward the resolution of the above concerns should be made within six months and before the Seed be considered for licensure in 1974.

12. Also, that the Board strongly objects to pressures on HPC decisions, coming from this or any other agency, directed at the Board and officials of the State, and particularly objects to the pressures that resulted in the silencing of the local staff of the State Drug Abuse Program.

I would also like to take this opportunity to express our appreciation for the decision of the Department of Health and Rehabilitative Services to await licensing decision until the local review process had determined its recommendations.

Sincerely,

WINSTON W. WYNNE, President.

[Item I.C.2.c]

THE SEED, INC.

Fort Lauderdale, Fla., February 19, 1974.

To: Dept. of H.E.W., Bethesda, Md., Governor's Council on Criminal Justice, Tallahassee, Fla.

GENTLEMEN: With the conclusion of this past year, The Seed was motivated to re-evaluate the need for Federal grant continuation based on The Seed's community and parental involvement. The various Federal grants under consideration were (1) National Institute on Drug Abuse—Broward County—\$224,000.; (2) Law Enforcement Assistance Act (LEAA)—Broward County—\$50,000.; (3) LEAA—Dade County—\$35,000.; and (4) LEAA—Pinellas County—\$60,000. for the sum total of \$369,000., resulting in the matching requirement of funds totalling \$104,335.00.

To further clarify this picture, The Seed must match the total Federal grants with \$104,335. of its own funds. The Seed maintains that its \$104,335. can be used more economically and effectively without government bureaucracy.

This re-assessment, after considerable and careful deliberation, resulted in the unanimous decision on the part of the Board of Directors, Administrative and Program Staff of The Seed to "reject" all government grants.

This important decision is based on three vital principles: (1) The Seed's philosophy is to secure community support to operate an optimum program. During the past three and one-half years of operation. The Seed has built up a cadre of parental and community support. This philosophy has enabled, and shall continue to enable. The Seed to utilize the sound, successful procedures which have helped approximately 5,000 young people. This outreach has resulted in The Seed's becoming the most successful, the largest, and the most economical program of its kind in the world; (2) The local competition for the Federal grants creates a hostile atmosphere among drug rehabilitation programs. This competition brings disharmony and discredit to rehabilitation efforts. It also fosters a super agency that focuses its efforts on grantmanship rather than quality care for young people, which should be the *basis*, the *primary*, and the *only real concern*; (3) We disagree with the "ivory tower" approach to the funding of drug rehabilitation programs. Federal, State, and local agencies who

have little or no experience with *successful* rehabilitation make "life and death" decisions. *Their* ability to evaluate is based on textbook knowledge and observations of programs which have failed.

The Seed's rejection of the Federal grants and the subsequent elimination of the excessive demands, harassment and bureaucracy created by these numerous agencies provide the necessary autonomy for The Seed to continue its innovative and dynamic leadership in fulfilling its only purpose—saving kids !!

ART BARKER, *President.*

[Item I.C.2.d]

[From the St. Petersburg Times, September 16, 1973]

## TWO VIEWS OF THE SEED PROGRAM

The Times interviewed two Seed graduates, two staff members (who are also graduates), seven people who had been in the Seed but had not graduated, seven parents and Seed director Art Barker. The names of all except Barker and St. Petersburg Seed director Susie Connors have been changed or omitted. Some of the family circumstances have been changed slightly to disguise identity. Seed staff and graduates would consent to be interviewed only in a group. The non-graduates were interviewed both alone and in the presence of their parents.

FOR

(By Margaret Leonard)

Drugs are available in the County's schools, at St. Petersburg's Williams Park, at parties, on street corners, in churchyards. Practically everywhere.

Almost any teenager will tell you that most of the students in his school have tried marijuana and would have no trouble buying other drugs.

The availability of exotic and dreaded drugs is common knowledge among parents of teenagers. The parents grew up when alcohol and sex were feared as the biggest threats to a normal, healthy adolescence.

Now their children are exposed to something far more mysterious and frightening.

With that fear in their minds, parents see their children enter adolescence, a time of rebellion, impulsiveness and uneven appreciation of adult reality.

The parent who catches his child shooting up heroin or anything else or who believes that his child may be on hard drugs is usually willing to do anything to save the child's life. Some look on it as a moral salvation. Many, with the images of heroin addicts etched in their minds, see it as physical salvation.

The Seed promises to save the child's life.

Some parents are not sure at first that the Seed is the answer but within a few days or a week or two, most are convinced.

One father said he was indignant when first told, by a Seed parent, that his 17-year-old daughter had a drinking problem. Also, he disapproved of "the language" used in the Seed program.

But his daughter was arrested, on a charge of breaking and entering. That night, her father says, she was so stoned she wandered to a strange house and beat on the door, calling "It's Carol, let me in." The occupant called the police.

While she was out on bond awaiting trial, Carol went back to drugs. She took a series of jobs but kept none of them more than a few days. Her grades worsened and she dropped out of school.

She would stay away from home for as long as three days at a time without telling her parents where she was. Sometimes she would call home but refuse to say where she was. When her parents took her car away from her, she took up hitchhiking.

Holding a picture of Carol taken a few months before she went into the Seed, her father says, "That girl is not my daughter, to put it bluntly—now she's getting to be."

Her charge was reduced to trespassing and she was sentenced to two years' probation but by that time Carol's parents had lost hope of being able to help her. They had withdrawn her bond and returned her to the county jail in Clearwater, where she stayed 18 days, without drugs, they hoped.

On probation, she continued to stay away from home, drift in and out of jobs and, presumably, take drugs.

Her mother told her, "Either make up your mind to seek help or you are going to have to get out."

"We had talked to Carol until we were blue in the face," her mother says. "We couldn't reach her."

Carol agreed to go in the Seed but the staff insisted that completion of the program be made a term of her probation. The judge was persuaded to amend the probation and Carol entered the Seed.

In most cases, the first thing that happens after a youngster enters the Seed is that he admits he did a lot more than he ever admitted before. Some who were showing a "bad attitude" or smoking pot admit within a few days that they took all kinds of drugs their parents have never heard of.

Carol admitted, after she went in the Seed, that she had taken pot, speed, downers, mushrooms, hashish, hashish oil, Demarol and possibly others that her parents don't remember. She told the staff where a bottle of amphetamines was hidden in her bedroom. She admitted to shoplifting.

Others never admit to any more than marijuana or beer but the Seed staff remains skeptical. Almost every parent interviewed by *The Times* had been told his child would be dead, usually within a year, if he did not get help from the Seed.

Faced with that prospect, most parents are eager to give the Seed a chance.

Asked what would have happened to Carol if she hadn't gone into the Seed, her mother said she would "eventually have overdosed" and her father said she probably would be dead.

He is convinced that teenagers who smoke marijuana inevitably go on to other drugs.

"This is where they're all going—eight out of 10 kids in St. Petersburg," he said. "We're reaching a new low and our kids are taking us there."

Carol's parents say she is "beginning to come back to life" after three weeks in the Seed.

"The change is so drastic," her father said.

She was wearing grubby clothes when she went in and now the staff has called her parents to say she wants new clothes.

She gave them "mean looks" in the beginning and said she'd like to lock them up and throw the key away. At the beginning of the third week, she told her parents in the open meeting that she was "very happy and working hard."

"Carol has a long ways to go," her father said, "but she is 200 per cent better than she was. I'm the most grateful parent that ever lived that the Seed is here."

"We have hope now," his wife says.

They believe that no other program could have helped Carol. She had refused to try counseling.

At Seed open meetings, many children who have been resentful in their adolescent rebellion stand up and say they love their parents.

Eventually, most confess to having been selfish, irresponsible and mean to their parents. They say they were miserable before and now are learning to be happy.

They say their friends weren't true friends and were only using them. They say their parents tried to give them love and they turned it away.

At some point, the boys appear at open meetings with short hair.

Parents who have been trying to handle unpleasant, unreasonable and uncommunicative boys and girls see perfectly controlled children standing before them confessing they were wrong in past disputes.

Parents who have been afraid that their children will never get through school and never amount to anything hear their children express ambitions to do well in school and work hard.

Parents who have not known where their children are and what they are doing now know where their children are and have some idea of what they are doing.

Parents who have been afraid their children will overdose and be killed can now be assured that they are not taking drugs at all.

A mother who is sick and tired of picking up dirty clothes and cleaning up messy bathrooms hears her daughter promise, before hundreds of people, that she will wring out the washcloth and hang it up and will make up her bed when she is allowed to come home.

And when the children are allowed to come home, they do make up their beds and take out the garbage. If they don't, they don't "graduate from the program." If they talk disrespectfully to their parents, they may not graduate.



Parents who were frightened and bewildered before are delighted with their children after the Seed.

The transformation of their children does not come entirely without effort from the parents.

Grateful parents say "\$1,000 wouldn't be too much." They are asked to give only \$250, if they can afford it, and most do. The Seed says many give more. A bucket is passed at the end of the open meetings on Monday and Friday nights and parents put in paper money.

They make sandwiches and give fruit. They volunteer to work in "intake," the program's reception center for new admissions. Most parents will do whatever seems to be needed to bring about changes in their children.

Both parents are expected to come to both open meetings every week and stay for the full meeting, usually about three hours.

When their children become "oldcomers," or veterans of Seed training, most parents take in new "seedlings" who are not allowed to go home at night. They give them a place to sleep, breakfast and sometimes food at night.

Many Seed parents become missionaries for the program. They make speeches at civic clubs, write letters and recruit.

"Seedlings" are recruited primarily through their parents. Graduates of the program, when they go back to school or jobs, are told to avoid old friends and stay with other "seedlings."

Art Barker, founder of the Seed program, explains that "seedlings" are encouraged to invite druggies to come with their parents to their home to talk with the "seedling" and his parents. They are not encouraged to talk to druggies outside the presence of the parents of both.

"Seedlings" tell their stories in the presence of Seed staff at civic clubs, in open meetings or occasionally in interviews.

One story is told over and over at civic clubs throughout St. Petersburg by a 19-year-old staff member who chose the name Mary for an interview.

She says she was "what most considered an alcoholic" at age 12 "because I wanted to be cool and I wanted everybody to look up to me."

By age 13, she says she was smoking marijuana, had left home and had a circle of friends in their 20s.

"I wanted to really impress them," she says. "More than anything I wanted to really have friends. I didn't have anything going for me but as long as I did drugs I could find people who did drugs."

At about age 16, although she had promised herself she would never use chemical drugs, "all of a sudden I found myself tripping or crashing every day in school."

At one time she lived with her boyfriend and "overdosed every time I got a chance."

She also recalls living in Haight-Ashbury for awhile, getting into radical politics, capturing an ROTC building at the University of Kentucky, being in a psychiatric hospital, living on a farm in West Virginia, selling about \$1,000 a week of cocaine and being "strung out" on a racetrack job in Florida where she heard about the Seed.

"I talked to a staff member and something about her eyes was so beautiful to me, clear and sparkling," Mary says. "She told me she had done drugs too, been in my shoes. I noticed a certain kind of peace in her eyes that I had always been looking for."

Describing the program, Mary says, "for the first time in my life I heard real honesty."

"I wanted to learn about me. I wanted to be the kind of person who could be honest with other people. I started being truthful about myself. . . . All of a sudden I saw people really cared about me for the kind of person I could be. . . . I started believing all the corny things like love of God and love of my country and love of my fellow man. I really wanted to help other people go through the same thing I had gone through."

A 13-year-old girl tells a similar but shorter story, using the name Sally:

She started smoking pot "just to be accepted and to be cool."

"I thought I had really good friends but I'd use them and they'd use me," she says. "My parents knew something was going on because I never paid attention to them and never went any place with them and if I did I had to duck way down in my seat because I was afraid my friends would see me and start laughing."

"When I first started doing drugs I thought I was cool and happy and everything and I thought everybody really liked me."

Her mother read her diary and learned that she was smoking marijuana and drinking and persuaded her to go to the Seed. She says she had been afraid to use chemicals or pills but knows now she would have if she hadn't gone in the Seed.

About the fourth day in the Seed, Sally started "giving up things, opening up and being honest."

"I started to participate and let go of all those things (thinking about friends, smoking pot, the 'security of being outside,' her boyfriend)."

She was on the Seed program about six and a half months and "graduated" about two months before the interview.

"I know I'm not completely myself yet," she said. "I can tell because I still play games with people and myself and I'm not perfect."

Now, "I have a better attitude. I think life is love and caring for each other and helping each other. I don't mind telling people how I feel and what's inside me. I'm being more myself, more honest with myself and with others."

If she hadn't gone into the Seed, she believes she would be dead or in jail.

The arguments most parents give Seed critics is that "it works."

Barker, creator and director of the program, says it is "the closest damned thing in the world" to perfect. He claims a 90 per cent success rate.

"If the Seed program doesn't work," he tells civic clubs, "in five years 50 per cent of the young in this country are not going to be giving a damn."

Critics who believe "seedlings" are "brainwashed zombies" are hard put for an answer when asked if that isn't better than being addicted to heroin, dead or in jail.

Those who question the percentage of real drug addicts who enter the Seed are told that today's pot smoker is tomorrow's hard drug user.

Barker said the Seed doesn't attempt to treat the older "hardcore heroin addict."

Susie Connors, who runs the St. Petersburg Seed, said that in "rare cases," children are admitted who have only an "attitude problem."

"If a brother or sister is on the program and we feel the family would benefit, we'll always make an exception," she said. "Usually those kids—all the time, those kids have at least drunk before and are heading that way."

She says it is true that everybody does pretty much the same thing and for pretty much the same reason. Seed graduates tell of feeling surprise and relief when they heard others describe their own feelings and confess to their own misbehavior.

An older staff member recalls a key point in his cure when a 13-year-old girl in a rap session "stood up and related something and it was exactly the way I felt."

The program, as explained by Susie Connors, is "based on love and respect and consideration for each other."

"We never ask anybody to do anything they can't do," she says. "We never ask anyone to be the kind of person they're not. We never dwell on the negative qualities of people. We emphasize the positive qualities."

The practice of "coming down on" youngsters in the program, recalled bitterly by disillusioned former "seedlings," is described as therapeutic by Susie and loyal graduates.

"It's used in the Seed," she said. "For instance, a kid stands up and is not being honest. There's always going to be another kid who says, 'Hey you're not being honest and this is how I know.' Everyone seems to think it's some kind of brutal torture."

"They're always reinforced no matter what a kid stands up and tells another kid . . . it always ends with the kid saying I love you and I want you to be honest."

"In extreme cases where it's necessary, sometimes it takes an hour, sometimes less than that or more than that or it may never happen to a kid."

She said the staff "never" threatens children with jail who are not actually facing jail sentences if they don't make it in the Seed.

Asked why children who go into the program are not allowed to have money or identification during the first part of the program, she replied that "for one thing, they don't need money or identification."

"It only takes a dime for a phone call to an old druggie friend to tell them to come get them to go get stoned."

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Asked why a "seedling" in the first part of the program, whether under or over 18, is not allowed to call a lawyer, she asked, "Why would he need a lawyer?"

She said parents agree to the terms before their children are accepted in the program: No phone calls, no letters and the parents do not know the names of the foster parents or the location of the foster homes.

The program, she said, teaches "spirituality," not religion. "We say the Lord's Prayer every night. Everyone comes to understand God on his own terms. We never shove religion down their throats."

The Bible is not brought into the Seed but neither is any other book.

"They have no reason to read books or anything like that," she said. "The most important thing is the knowledge they get about themselves. They're free to read the Bible when they go home."

"Seedlings" in the first part of the program, which lasts from two weeks to two or three months, go only to the Seed and home.

"If parents prefer to have their kids go to church on Sunday, we let them know and it's the parents' choice whether they still want to put them on the program or not," Susie explained.

Parents who have spent months with the terror and grief of drug problems see their children free of drugs and with the attitude, demeanor and appearance considered "straight" and just thank God for the Seed.

#### AGAINST

Pat, 18, spent about two months in the Broward County Seed before the Pinellas County Seed opened.

He says he has never used any drugs but his parents were persuaded last year that he did. They believe him now.

"People involved with the Seed literally convinced us he was on drugs," Pat's father says now. "We had no proof at all. The only thing we had was pure growing-up actions. He was kind of stinky. We thought every kid in Pinellas County was on drugs."

Pat's parents said they were told that a "druggie" can be recognized by his tastes and habits—if he has posters on his bedroom wall or keeps his room dark, if he has a hi-fi set or burns incense, if he has any black lights or owns a van, he's a druggie.

At least one Seed parent says in public meetings that a child is on drugs if he acts obnoxious, refuses to go anywhere with his family and won't help around the house.

Pat said he agreed to go into the Seed after he was assured by a Seed parent he could "work out his problems" there.

Bobby, 14, who admits only that he has tried marijuana once, also went into the Seed voluntarily.

His father, who believes Bobby has no drug problem, said the Seed staff told the family that Bobby's older brother, who was already in the program, could not come home until Bobby entered the Seed.

John, 16, admits he has a drug habit and has been in trouble with the police many times. He went in as a condition of probation.

He ran away recently, sought out a reporter for *The Times*, visited his mother briefly and went back to the program.

His mother said she doesn't know whether the Seed is doing him any good or not but she leaves him in there and keeps going to the open meetings because she doesn't want him in jail.

She doesn't like the program but said she doesn't want to say anything that might get him in trouble with the Seed staff.

Carolyn, 14, says she has tried a great variety of drugs but had given up all but marijuana before she went in the Seed. She entered voluntarily.

Pat's father and stepmother said that when they took him to the Seed in Fort Lauderdale, they were told he was "on everything from pot to heroin." They quoted an intake worker who said he could tell by the way Pat looked him in the eye, the way he shook hands and the way he denied using drugs.

"They told us how weak we were," Pat's stepmother recalls. "They kept saying, 'We know he's on drugs' and we were scared to death."

Pat by that time was frantically changing his mind about "working out his problems" at the Seed but it was too late.

He began two and a half months of resistance to what he calls "brainwashing" by the Seed.