munication skills, the section is vulnerable in that some techniques are dealt with in an excessively cursory manner which could result in their inappropriate use by inexperienced group leaders. Finally, and at the risk of closing on a pedantic point, the printing and format could be improved significantly.

The criticism does not by any means outweigh the value of the book. The author has developed a delightfully positive program that is effective, inexpensive, and enjoyable.

Legal Challenges to Behavior Modification Trends in Schools, Corrections and Mental Health, Reed Martin, Champaign, Illinois: Research Press, 1975, 179 pp., $5.95.

Reviewed by:
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One of the most rapidly developing areas in American law is the relationship of the law to psychological and counselling services and the rights of consumers to the protection of the law when staff of public institutions tinker with human behavior. Whenever people are confined or required to attend an institution (schools, correctional facilities, hospitals or other mental health units) all the programs are designed in some way to modify behavior. This book then speaks to all participants in these programs and not only to those involved in a so-called “behavior modification” program.

The citation of legal authority in the book reflects mostly lower court decisions which are probably in keeping with the tenor of our times and the spirit of the recent Supreme Court decisions. The author speaks of trends in the law and encourages consumers to “raise many questions about a proposed program — not to defeat efforts at treatment, but rather to make it the very best possible.”

The key to reading the book for a person concerned but without special background in law and ethics lies in the questions asked at the end of each chapter. The book follows the logic of a treatment program and discusses in turn the decision to intervene; the client consent required; the strategy and goals set by the institution and therapist; the problem of motivation and the requirements of accountability, including supervision, control and records. The following represents a small sampling of questions that the author raises about each aspect of a treatment program. It is recommended that every practitioner apply the majority of these questions and the 100 others in the book to their own personal and institutional programs:

Are the rules under which you operate written down in objective terms? (p. 16)
If you use psychotherapy, can you show positive progress after a period of, for example, six months, in case a court inquires? (p. 56)
Does the goal involve changing a behavior that is actually constitutionally permissible? (p. 70)
Could you explain to a court, in terms of effectiveness, the difference between your aversive strategy and punishment? (p. 87)
Is information obtained without violating the privacy of the potential client? (p. 124)

The answer of the practitioner, whether yes or no, should lead that individual to inquire about why the answer is important — thus, the value for every “helper” working in the public sector.


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If you have ever had the good fortune to watch master therapists such as Fritz Perls, Carl Rogers, or Virginia Satir work with clients, you probably marvelled at their artistic wizardry in fostering productive change. In Magic I, Bandler and Grinder attempt to make explicit, the verbal tools and techniques that are implicit in the methods of successful therapists. Although nonverbal behavior is very important in psychotherapy, the authors stress that this book deals with verbal communication only. (They are presently working on a companion volume which will deal with nonverbal techniques).

The model presented (called a Meta-model) is based on the principles of language documented by linguists, particularly those in the field of linguistics known as transformational grammar. Briefly stated, this approach states that language provides us with a shorthand for describing experience and, further, that the shorthand we use necessarily distorts the experience. However, the distortion is not a problem in itself: the problem arises when we come to believe that the shorthand expression of the experience is the experience. More specifically, the major postulates of the Meta-model, as applied to psychotherapy, are as follows:

1. Each of us creates a representation or model of the world in which we live.
2. The model is based on our experiences.
3. The model is expressed in language.