

B.A.B.P. BULLETIN  
VOLUME 3 NUMBER 2 APRIL, 1975.  
CONTENTS

	Page
Editorial	21
Ethics and Behaviour Modification-BABP Working Party	23
Applied Psychology - R.S. Hallam	28
Training and Reorganization for Behaviour Modification in Hospital and Community Settings - C. Kiernan and P Woodford	31
Branch Activities	34
Structure and Function of the B.A.B.P.	35
Announcements	37
Correspondence	38

## EDITORIAL

In this issue, we are publishing a number of articles relating to the present and future professional practice of behavioural psychotherapy. The Report of the Working Party on Ethical guidelines for the Conduct of Programmes of Behaviour Modification reflects the considered views of the BABP as represented to the DHSS Working Party.

The DHSS Working Party was set up after the committee of enquiry into medical and nursing practices at Napsbury Hospital (see BABP Newsletters, Vol. 1, No.2). The practices which gave rise to concern had no relation to behavioural treatments, and it has always seemed to be a surprising non sequitur that because one form of treatment of dubious validity has been abused, then a working party should be formed to set up guidelines for the practice of a totally different form of therapy. As the BABP evidence makes clear, all treatments should be conducted within a framework of professional responsibility, and the same ethical considerations obtain whenever help is offered.

It would seem to us that the Napsbury affair merely served as the catalyst to crystallize an understandable concern that the public should be made aware of the extent and nature of all the newer forms of treatment employed in hospitals for the mentally ill and mentally handicapped. Moreover, it is important that the public should have confidence that therapists from different professional backgrounds will employ their treatments in a responsible manner. Three aspects of behavioural treatments seem to have given rise to particular concern on both public and professional areas.

Firstly, because behavioural treatments are already showing that they can be very powerful methods for effecting change, the therapist must pay much more attention than hitherto to the goals of his treatment. He must ensure that he respects the values of the patients, and does not impose his own values. In days when psychiatric treatments were

largely ineffective, even though such questions should have been debated forcibly, in practice they were irrelevant.

Secondly, behavioural treatments can sometimes involve the manipulation of the patient's environment. Activities, events and material goods which were previously freely available can become privileges which have to be earned. This is nothing new in hospital treatment, but by systematising the practice the dangers of such treatment procedures are made more obvious. Patients could be denied what is theirs as a right. Too often the debate gets stuck on this issue, and does not appreciate that the use of such token schemes is a means to an end, not an end in itself. The end goal is to motivate the patient to become as independent an individual as is possible.

Thirdly, behavioural treatments involve therapists from many professions. This development is welcomed in that it offers the possibility of delivering effective therapy to a large number of patients than traditional methods would allow. However, the public needs to be reassured that all those who are acting as therapists are adequately trained and experienced for the work they are doing.

The question of what is to be considered an adequate training is clearly a difficult one which requires full discussions with the professional bodies concerned. It seems to us to be desirable that wherever behavioural treatments are implemented, the professional staff actually working with the patient should have access to advice and supervision from a fully qualified clinical psychologist, or some other professional trained in psychology and behavioural treatment at an advanced, post-graduate level.

In different ways, both Dick Hallam's article and the report of the IRMMH Action Workshop raise the very real problem of how to ensure that adequate services can be made available to those who most urgently require them. It is clear that there is a training bottleneck, and until training facilities are radically increased and improved, behavioural psychotherapy is in danger of being over-sold, - over-sold in the sense that hope is given to many, but help to only a few.

One of the aims of the BABP is to promote the advancement of the practice of behavioural psychotherapy. This advancement may have been somewhat impeded by a recent World Health Organization report on "The clinical psychologist in the mental health services". The British members of the WHO Working group contained no clinical psychologist, and the whole group contained little informed opinion on the practice of behavioural psychotherapy. In the resume of the report published in the WHO Chronicle (March 1974, Vol.28, pp 113-115), they comment as follows on the training of clinical psychologists:-

"The curriculum should still include instruction in assessment as a major feature, but therapeutic techniques including psychotherapy, group therapy and counselling techniques should also be taught, together with enough theory to enable students to adapt old techniques and learn new ones. The group had some reservations

about the value of behaviour therapy and behaviour modification techniques, some members considering it inadvisable to teach them to all students before their effectiveness has been fully established".

The full, unpublished report of the WHO Working Group makes it clearer that there are debates going on within the mental health profession in Europe as to the role of clinical psychologists in treatment. However, it is a matter of great concern that the prejudicial summary quoted above should be widely disseminated through WHO channels whilst no opportunity is given for behavioural psychotherapy to redress the balance.

William Yule

Ray Hodgson

---

B.A.B.P. Bull. 3, (1975) pp 23-27

## ETHICS AND BEHAVIOUR MODIFICATION

Report of the Working Party on Ethical Guidelines for the Conduct of Programmes of Behaviour Modification.

---

### Introductory Statement.

Behaviour modification or therapy is taken to refer to procedures having the explicit aim of effecting a therapeutic change in the observable behaviour of an individual or group, which is in the long-term interests of the well-being or health of that individual or group, as far as these do not conflict with the interests of society as a whole.

From the point of view of ethics, there is no basis for distinguishing between these procedures and any other procedure which has as its purpose the psychological treatment or management of patients.

It follows that any recommendations must be taken to apply equally to all psychological treatment or management within the N.H.S. It cannot be over-emphasised that the absence of stated and specific treatment programmes or management policies does not imply that behaviour-influencing processes are not operating, but that, on the contrary, it simply implies that these are less systematic and observable and, therefore, more difficult to control.

A decision about the ethics of a treatment or programme is often impossible in the absence of a complete knowledge of the effects of that treatment or programme. It is characteristic of behaviour modification and therapy that stress is placed on an explicit statement of procedure and treatment aims, and on their objective measurement, so that a fuller evaluation of effects is facilitated. It would be regrettable if other, less visible, forms of behaviour influence or management should be in any way exempt from the same degree of control. It