

# B.A.B.P. BULLETIN

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# BRITISH ASSOCIATION FOR BEHAVIOURAL PSYCHOTHERAPY

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The British Association for Behavioural Psychotherapy was founded in 1972. It is a multidisciplinary organisation and full membership is restricted to members of the helping professions - psychiatrists, psychologists, social workers, nurses, probation officers, teachers, etc.

## Objects of the Association

- (a) To promote the advancement of the theory and practice of behavioural psychotherapy, in particular the application of experimental methodology and learning techniques to the assessment and modification of maladaptive behaviour in a wide variety of settings.
- (b) To provide a forum for discussion of matters relevant to behavioural psychotherapy.
- (c) To disseminate information about and provide training for behavioural psychotherapy, by organising conferences, courses, and workshops or by other means.
- (d) To print, publish and circulate newsletters, reports and other publications containing articles, information and news relating to behavioural psychotherapy.
- (e) To make representation to, and to establish and maintain liaison with, public and professional bodies.
- (f) To foster and promote research into behavioural psychotherapy, and related matters.
- (g) To establish and organise, regional or specialist branches in order to promote the objects of the Association and to provide a service to members.
- (h) To encourage and assist in training in behavioural psychotherapy.
- (i) To study matters of concern to behaviour therapists and to take such action as is consistent with the objects of the Association and in the public interest.

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## 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