

In Experiment II, 24 tension headache patients were assigned to a visual EMG feedback group, or a progressive relaxation training group. All patients received 12 treatment sessions with assessment sessions immediately before and after treatment. EMG feedback was from the forehead muscle (6 sessions), and neck muscles (6 sessions). Patients were instructed to practice relaxation for 30 minutes each day, and to rate their headache intensity hourly on a 6 point scale. They were given cards on which to record their practice, headache ratings, and medication taken for headaches.

Headaches significantly decreased for the patient group as a whole, with no difference between treatment groups. There was a slight tendency for EMG to decrease, but neither visual EMG feedback nor taped relaxation instructions proved very effective in this respect. Reduction in headaches and EMG were totally unrelated. A 't' test for dependent groups showed that headache patients had significantly higher forehead EMG when headache-free, than when experiencing a headache, during the treatment sessions.

Consideration of the data from the 2 experiments outlined above led to rejection of the notion that tension headaches are associated with, or caused by, excessive tension in skeletal muscles. Parallels between tension headaches and migraines were emphasised. An alternative explanation in terms of placebo effects was proposed, for the efficacy of some relaxation training techniques in the alleviation of tension headaches.

FILMS AVAILABLE FOR HIRE IN THE U.K.

Antonia Whitehead has spent some time getting together a list of films available for hire in this country. The accuracy of the details cannot be guaranteed, still less the quality of the films. Anyone who has information about these or any other films is asked to contact Dr. A. Whitehead, Dept. of Psychology, University of Reading, Building 3, Earley Gate, Whiteknights, Reading.

<u>Name</u>	<u>Made</u>	<u>Rental</u>	<u>Run time</u>	<u>Dist-ributor</u>	<u>Comments</u>
Learning	1971	£35	30m	TFI	General introduction to conditioning.
A conversation with B.F. Skinner	1972	£25	20m	TFI	With Skinner
Token economy: behaviourism applied	1972	£25	20m	TFI	With Skinner
Business, behaviourism and the bottom line	1972	£25	20m	TFI	Industrial setting with Skinner
One step at a time: an introduction to behaviour modification	1973	£35	30m	TFI	With Roger Ulrich
Reward and punishment	1974	£25	15m	TFI	Children - with James Gardner
Reinforcement therapy				DJH	
A demonstration of behavioural processes by B.F. Skinner		£8.80	28m	BUFC	Introduction to operant conditioning with Skinner.

Behaviour modification: teaching language to psychotic children.		£11.52	42m	BUFC	With O.I. Lovaas
Behaviour theory in practice		£21.	80m	BUFC	4 reels
Help for Mark		£19	17m	BUFC	BM with retarded children.
The broken bridge	1969	£6.40 + VAT	45m	CF	Autistic child- ren with I. Kassorla
Operation behaviour modification	1967	£2. + VAT	40m	BMA	BM with sub- normals

- * TFI - Training Films Internation, 14, St. Mary's St., Whitchurch, Salop.
 DJH - D.J. Heron (tel. Holmes Chapel 3678).
 BUFC - Elizabeth Oliver, British Universities Film Council, Royalty House,
 72, Dean Street, London, W1V 5HB.
 CF - Concord Films, Nacton, Ipswich.
 BMA - BMA-BLAT Film Library, BMA House, Tavistock Square, London, WC1H 9JP.

DENTAL BEHAVIOURISTS?

Reprinted from APA Monitor

The behavioral sciences have finally hit the dental school curriculum. The American Association of Dental Schools has formally created a section for behavioral sciences which will focus on the teaching of behavioral sciences in dental school.

Members of Behavioral Scientists in Dental Research, the behavioral sciences group of the International Association for Dental Research, say formal recognition of the behavioral sciences as a necessary part of the dental curriculum is long overdue, and view the move as adding validity to the place of the behavioral sciences in dentistry.

The behavioral sciences researcher and the behavioral sciences teacher in dental education can complement each other, explained a BSDR spokesman, by identifying areas in which further behavioral and social science research can provide a more solid data base to support relevant teaching programs, i.e. motivation, communication, small group dynamics, psycho-social aspects of illness and care delivery, fear, anxiety and pain.