

## SPECIALIST NURSES

DEAR SIR,

I have been watching with interest the continuing debate between Professor Goldberg and others over the use of nurses as behaviour therapists (*Journal*, February 1978, 132, p 205-6).

It seems to me that there is one very obvious flaw in Professor Goldberg's argument—that allowing nurses to practise behaviour therapy is like letting lorry drivers pilot jet planes. The flaw is the implicit assumption that behaviour therapy is an effective method of treatment with a sound empirical and scientific basis! A recent comprehensive review article (Russell, 1974) of behaviour modification methods reflects these growing doubts. Essentially there has been a considerable decline in 'success rates' as a result of more rigorously controlled experimentation, Klein *et al* (1969) reported that Wolpe first claimed 90 per cent, then 80 per cent, more recently other therapists claim only 70 per cent, Cooper, Gelder and Marks (1965) claim 61 per cent, and treatment of alcoholism reaches 50 per cent (Blake, 1965). Eysenck and Beech conclude (1971): 'But on the whole we would agree that behaviour therapists have not done conspicuously better than psychotherapists and psychoanalysts in demonstrating the clinical effectiveness of their methods, as compared to other methods, or even to spontaneous remission'. Also, the correlation between theory and method is poor; for example, Lang (1969) stated about relaxation in desensitization '... relaxation has not been established by the studies as a generation of fear-competing psychological responses', and other studies have demonstrated that neither relaxation nor an imaginary hierarchy is necessary.

Therefore, jet pilots who must work from a sound basis of scientific principles (aerodynamics, meteorology, electronics, navigation, physics) that have to be mastered or people will die, are not in a similar situation as nurses practising behaviour therapy. To quote the review article, 'Apparently, almost any type of treatment helps the patient more than no treatment, and all treatments are about equally effective' (p 119); nine studies are cited in support of this contention.

So let us not be hasty in restricting the use of a

treatment whose theoretical/empirical foundations have little to do with its application.

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## References

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## CLINICAL ROLE OF THE NURSE

DEAR SIR,

The Royal College of Nursing and the British Psychological Society have recently set up a Joint Standing Committee to consider matters of mutual concern. One such matter which the Committee intends to discuss is the extension of the clinical role of the nurse, with particular reference to developments in behaviour therapy and behaviour modification. My purpose in writing is to invite individuals and bodies to make their views on this subject known to the Committee, by writing to Mr P. D. Mellor, Royal College of Nursing, Henrietta Place, London W1M 0AB.

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