

running costs. Many local authorities have reached saturation point in their capacity to cope with the revenue consequences of joint financing, and new government initiatives for the transfer of funds are welcomed. But as the report stresses, this should not be at the expense of hospitals, which of necessity must remain major service providers for some years to come. The fact is that more money is needed all round. However, despite the general tenor of the report, all is not doom and gloom. Improvements are reported in all aspects of service, there has been a notable expansion in community nursing and the team has seen numerous examples of worthwhile schemes and innovative projects during visits.

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Behaviour Therapy Nursing. By Philip J. Barker.
London: Croom Helm. 1982. Pp. 276. £7.95.

Nurses have come to play an increasingly important role in the delivery of behavioural psychotherapy for a wide range of problems. Suitable instructional texts are few, and this book, written by a clinical nurse-specialist, is an attempt to remedy this deficiency. It contains useful chapters on the assessment of problems and their measurement, and helpful illustrations showing different ways of graphing data, how to make baseline measurements and methods of prompting patients. There are also clear descriptions of many behavioural techniques and, refreshingly, a discussion of cost-effectiveness issues. The penultimate chapter has an interesting appraisal of the various roles nurses can adopt in behavioural programmes as presenters, co-ordinators, practitioners and consultants, the amount of autonomy of each role varying greatly in differing situations.

This book could serve as an auxiliary text for basic and post-basic nursing training, but contains major weaknesses which prevent it from becoming definitive. It never delivers the essential message that behavioural treatments have indications where they are especially useful, and contraindications where the approach is a waste of time. Assertive training is discussed as though it is as applicable to the deficits of schizophrenia as to those of patients with social phobias or with personality disorders. There is never any sense that some classes of behaviour are much more readily modifiable than others. The special problems of subnormality do not appear. Which behavioural methods are to

be given for which patient populations is one of the first things to be learned by any clinician, and cannot be gathered from this volume.

Another crucial defect in this text is its omission of central facets of behavioural practice. Nowhere to be found is a good discussion of how to give exposure therapy for phobic or for obsessive-compulsive disorders. Although the appendix contains a case history of a patient with phobic problems, and much extraneous detail, a nurse gets no idea how to proceed to help those problems in the few hours of care that are needed. The vital aspect of patient's self-treatment and recording of this in homework diaries does not appear. There is no mention of sexual skills training for sexual dysfunction, or behavioural methods of modifying sexual deviations, in which areas nurses can play a major part. Other lack of awareness of the mainstream of behavioural practice is seen in the long discussion of the use of relaxation, which is largely redundant in this field, and of systematic desensitization, which is an out-of-date method. The confident assertion is made that 'severe cases of generalized anxiety can also be treated where the behavioural programme is synchronized with a carefully controlled course of medication', when in fact there is no controlled data with follow-up to support such a regime.

The author rightly points out the similarity of the nursing process to behavioural psychotherapy, in which the problem-oriented approach is a hallmark. However, there is a problem in the definition of the nursing process as 'the principles of clinical management drawn from a study of the needs of the individual patient' (p. 217). Such a definition describes individually tailored clinical management given by a clinician from *any* of the caring professions, not only from nursing, and illustrates the difficulty encountered in trying to isolate what is specifically nursing care as opposed to medical care or psychological care or social work care. A common opinion is that nurses undertake assessment and care while doctors carry out diagnosis and treatment, but we would be hard pressed to find a firm divide between assessment and diagnosis, between care and treatment. There is ineluctable overlap among professional roles, however hard each group tries to carve out its own domain in the incessant competition for resources. The greater involvement of nurses in clinical management is a welcome development likely to lead to better patient care, and this has been amply demonstrated with the behavioural approach.

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