Correspondence

Training course in behavioural psychotherapy

DEAR SIR,

It is not altogether clear whether Dr Taylor's letter in your August issue (p 122-3) can be referring to the course advertized in your March *Bulletin*. He mentions a 'proposed Institute of Psychiatry course' while that advertized is organized by the AUTP in conjunction with the Institute of Psychiatry. The letter implies that the course restricts itself to anxiety-related disorders and treatment by exposure and response prevention, and that it omits operant learning and behaviour disorders in adults and children. Our course in fact includes the behavioural treatment of sexual, marital and family problems, children's problems, enuresis, obesity, stuttering, mental handicap, social skills training and inappropriate parenting.

Dr Taylor's letter stresses the importance of behavioural treatment of alcoholism and drug addiction, but this is of unproven value and would be out of place in an introductory course. The AUTP course is designed to teach a healthy respect for clinical realities and a wariness of inflated claims for behavioural methods as a panacea for all ills, whereas we view the approach as only useful for appropriately selected problems. It would also be interesting to see Dr. Taylor's evidence for the necessity for wide theoretical knowledge to produce capable behavioural clinicians in the face of much data to the contrary. He asserts that the subject is best taught by practioners outside psychiatry. Our course in fact includes training not only by psychiatrists but also by three clinical psychologists and a nurse-therapist, and reflects the interdisciplinary nature of the AUTP. A team approach seems preferable to a narrow arrogation to one profession of all purported expertise in this field; especially given Dr Taylor's contention that 'the theories and methods, the entire conceptual basis of behaviour therapy are at variance with those of the rest of psychiatry'. We take the view that behavioural psychotherapy is but one aspect of good clinical management, and teach it as such. Dr Taylor's 'broad-spectrum behavioural treatment programme based on a full functional analysis of the patient in his environment' is in our view part of this approach.

As for the 'serious dilution in the standards of training offered within the NHS', we would be interested to know where such training exists, given its concealment from the AUTP. Partisan and parochial claims by particular professions and regions could detract from the healthy growth of the behavioural field. It is our hope that a sober interdisciplinary introduction such as we offer will help experienced clinicians concerned with postgraduate training to develop expertise which will in time enable them to become trainers aware of the limitations as well as the strengths of the behavioural approach.

We would welcome greatly the development of a further, improved course by Dr Taylor, perhaps in Glasgow, and would be happy to collaborate in any way possible.

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Medical standards of fitness to drive heavy goods vehicles

DEAR SIR,

At the invitation of the Department of Transport, a small working party has considered the medical standards which should be applied to drivers of heavy goods vehicles.

There is no provision at the present time for continuously monitoring an HGV driver's health. Train drivers and airline pilots are subject to medical assessment after a period of illness, and London Transport arranges medical examinations for bus drivers after any period of sick absence exceeding 21 days. Heavy goods vehicles are defined as the largest commercial vehicles carrying loads in excess of 7.5 metric tonnes laden weight. There are 850,000 HGV licence holders, 80,000 of whom are self-employed. The number of registrations of these vehicles is on the increase. The vehicles carry all varieties of cargoes: from lethal ones such as nerve gas (organic phosphorus compounds used in agriculture) to others as benign as a load of hay. It has been suggested that some of the mixed chemical cargoes carried in drums are capable of so interacting as to destroy an entire community. There is apparently no way of restricting a heavy goods vehicle driver's licence to non-dangerous cargoes. The Department of Transport has had discussions with the Health & Safety Executive and also with the Home Office, and both agree that a discrimination against dangerous substances would be impossible to enforce. The drivers of these vehicles may spend long hours at the wheel and are often subject to such special stresses as maintaining delivery schedules, working against the clock and combating varying traffic and weather conditions. The current psychiatric standards applied to HGV drivers are those recommended by Professor T. C. N. Gibbens on page 33 of the 1976 edition of 'Medical Aspects of Fitness to Drive', and we found them a very useful basis for our discussion. Persons with a history of psychosis or who *need* continuing medication with psychotropic drugs are not recommended for HGV driving licences. The application of Professor Gibbens' advice has not led to practical difficulties, although each case has to be very carefully considered individually.

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The Department of Transport has to consider the possible consequences of a disaster due to a driver suffering from mental illness at the wheel of a heavy goods vehicle.

The working party has found it difficult to make recommendations to the Department about the psychiatric disorders which would contra-indicate driving for this group. We also find it very difficult to strike a balance between ensuring the safety of the public without being over-restrictive and perhaps unnecessarily harsh in our recommendations. We would not wish to deprive a driver of his livelihood, if we felt there was a good chance of his complete recovery after treatment.

BRIAN WARD
Secretary,
Public Policy Committee

Information on lithium treatment

DEAR SIR,

I am gathering material for a detailed and fully documented *History of Lithium Therapy*. I have already written to many of those whose work has been of major importance in establishing lithium treatment as a major therapeutic modality in modern psychiatry, but I would be most grateful for the courtesy of your columns to make a wider appeal to your readers for information, personal reminiscences, documents, photographs, correspondence, etc., which may have historical relevance and usefulness to me in my task. Naturally, all such material will be acknowledged, handled with the greatest care, and returned unmarked in due course. All confidences will be respected.

NEIL JOHNSON
Senior Lecturer in Psychology
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Guidelines to staff on confidentiality

DEAR SIR,

I very much regret that Mr Leslie Rodericks feels our Guidelines on Confidentiality imply disparagement of lay staff in hospitals, (*Bulletin*, July 1980, p 109). This was certainly not intended.

Although our guidelines were written for medical records staff, medical secretaries, ward clerks and Patients' Affairs staff, the opening paragraph states a policy which in fact applies to *all* staff, medical, nursing, administrative, clerical, domestic.

The original demand for such guidelines, and the first draft, came from our Medical Services Officer who had herself been a medical secretary for many years. We discussed all of the difficulties Mr Rodericks mentions in his letter, and hoped that the production of the guidelines with its implied policy statements would stimulate *all* staff to think about confidentiality, both seniors and juniors. Because as Chairman I felt that our records and clerical staff played such an important part in the maintenance of confidentiality, and in the production of the guidelines, I included the names of their representative members in my original letter, and had hoped that they would be published.

ZAIDA M. HALL
Records and Confidentiality Sub-Committee
Knowle Hospital
Fareham
Hants

Training in psychotherapy

DEAR SIR,

It has been suggested that the Tavistock Clinic should provide training in psychotherapy for psychiatrists who wish to go beyond an introductory level but do not seek an advanced sub-specialty training such as our current 4-year full-time Course. We are therefore thinking of arranging a course for experienced psychiatrists, post-MRCPsych, and probably for senior registrars and consultants wishing to strengthen the component of psychotherapy within their general psychiatric work. The course might involve attending one afternoon weekly for at least two years; and might consist of a reading seminar plus small supervision groups of about three members.

Before pursuing plans it is crucial to have a reliable estimate of the number of psychiatrists who might wish to join such a course. I should therefore be very grateful if any potential members would get in touch.

S. BOURNE
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Political dissenters in Russia

DEAR SIR,

On 17 November 1978, the College at its Quarterly Meeting passed unanimously a motion (which I proposed) stating in part that the College 'reiterates its concern over the abuse of psychiatry for the suppression of dissent in the Soviet Union and applauds the courage of those Soviet citizens who have taken an open stand against such abuse'. It then expressed 'its admiration and support' for Drs S. Gluzman, A. Voloshanovich and V. Moskalkov, and Mr A. Podrabinek, and 'for the brave work in Moscow of the Working Commission to Investigate the Use of Psychiatry for Political Purposes'.

Since the beginning of this year the Soviet authorities have launched a severe assault on the Working Commission. Dr Voloshanovich, who emigrated in February, reported on the first stage of this at a press conference organized by the

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