

# Behavioural Approach in Community Settings:

Symposium convened and introduced by Marie Johnston BAPB Conference: Stirling 1978

The symposium was introduced in the context of the increasing tendency to deal with behavioural and emotional problems in the community rather than in central institutions. Five possible reasons for this tendency were discussed (1) various economic arguments (2) the widening concepts of "health" and "illness" (3) dissatisfaction with institutional care, especially in mental hospitals (4) the aim of primary rather than secondary or tertiary prevention<sup>1</sup> and (5) alternatives to interpsychic explanations of behaviour including explanations based on learning models.

Rappaport<sup>2</sup> has identified four levels of causation of psychological problems leading to four possible levels of intervention; (a) the individual (b) the small group or family (c) the organisation e.g. hospital, factory and (d) the "institution" used in the abstract sense e.g. the institution of law and order. Interventions may also be directed towards an "epiphenominal community",<sup>3</sup> those sharing a common stress and a further model of intervention is the skills transmission approach<sup>4</sup>.

Papers were presented to represent the range of interventions. Louise Earll (Area Department of Clinical Psychology, Trafford A.H.A.) and John Kinsey (Manchester Royal Infirmary) described the establishment and design of a study evaluating clinical psychology contributions to the care of individual patients in general practice. After some discussion of the appropriate evaluative criteria, they presented some preliminary data from approximately 30 patients, randomly allocated to an experimental group receiving care from a clinical psychologist and a control group receiving no clinical psychology input.

Albert Kushlick and John Smith, (Health Care Evaluation Research Team, Winchester) described the Wessex Portage project, a service designed to provide home teaching to all families with a pre-school severely mentally handicapped child, who live in a specified geographical area with a total population of some 200,000. The service is provided by three home-teachers and a supervisor. The home teachers are a health visitor, a family service worker and a teacher who are seconded from their respective agencies, health, social service and education, for 20 hours per week. The supervisor is an educational psychologist who is seconded by education for 8 hours per week. The home teachers each visit five families *each* week and teach parents how to teach their child. They meet together with the supervisor once a week to celebrate successes and discuss problems. Data were presented on the successful attainment of administrative as well as client behaviour targets in providing this demonstration service.

## REFERENCES

- (1) CAPLAN, G. (1964). *Principles of Preventive Psychiatry*. London: Tavistock.
- (2) RAPPAPORT, I. (1977). From Noah to Babel: Relationships between conceptions, values, analysis levels, and social interventions strategies. In Iscoe, Bloom & Spielberger (Eds) *Community Psychology in Transition*. New York: Halstead Press.
- (3) PANZETTA, A. F. (1971). The concept of community: The short circuit of the mental health movement. *Archives of General Psychiatry*, 25, 291-297.
- (4) As illustrated in *Behavioural Psychotherapy* by Yule et al. 5,(3), 1977, 41 and Marks et al. 6(2), 1978, 25.