Professor Syd Lovibond is a pioneer of behaviour therapy in Australia. As a group of us were planning the program for the Fourth World Congress of Behaviour Therapy, which was held between July 4 and 8, 1992 on the Gold Coast of Australia, we saw the Congress as an ideal opportunity to ask Professor Lovibond to outline the development of behaviour therapy in Australia. Professor Lovibond accepted our invitation to make a keynote address on the development of behaviour therapy in Australia. The address provided a first hand account of the evolution of behaviour therapy. It also identified several key problems in the practice of behaviour therapy in this country, and made important suggestions about desirable future developments.

Professor Lovibond’s presentation seemed to address issues of such importance to behaviour therapy, that he was invited to publish his address in *Behaviour Change*. He kindly agreed. Comments from a range of international delegates at the World Congress suggested that the issues raised about the current practice of clinical psychology had broad international relevance. Consequently I thought it appropriate to seek comment on the issues raised by Lovibond’s paper from overseas experts in behaviour therapy. I also took the editorial prerogative of adding some comments of my own. This special section combines the text of the original address, and a series of responses to that paper.

In his paper Professor Lovibond describes how the practice of behaviour therapy in Australia emerged from the research and teaching conducted in key Psychology Departments. He then goes on to describe some major problems he sees in the current practice of clinical psychology such as the variable quality of clinical psychology training programs, the limited opportunities within current delivery systems for psychologists to utilise their clinical skills, and the lack of quality assurance over psychology service delivery. He argues that the current professional associations have failed to adequately address these issues and urges the formation of a new Psychology Foundation. He also advocates a strong reaffirmation of commitment to the scientist-practitioner model of practice, and wants to see sweeping changes in modes of classification of psychological disorders, and psychology service delivery.

Professor Dennis Russo comments on these ideas from a United States perspective. He describes striking similarities between his country and Australia in the development of behaviour therapy, and in the current problems in service delivery. Russo argues for somewhat different solutions. Firstly, he argues that clinical psychology and behaviour therapy overlap, but are not the same entity. He also argues that behaviour therapy organisations separate from the profession of psychology have important functions in the advancement of behaviour therapy research and practice. Professor Nick Tarrier writing on his experiences in Britain also concludes that behaviour therapy organisations play an important role. He describes the multiple professions involved in behaviour therapy in his country, and argues that clinical psychology cannot be seen as subsuming behaviour therapy.

Professor Sakano’s comments on Lovibond’s paper address the vital issue of the impact of culture on the acceptance and form of behaviour therapy research and practice. In particular he highlights how Japanese culture has interacted with the Western world’s concepts of behaviour therapy to produce a local, culturally acceptable form of behaviour therapy in Japan. At the same time he asserts the importance of
empirical research in determining the efficacy of behaviour therapy within his culture, and thereby highlights the agreement across cultures on the primacy of the scientist-practitioner model.

Since Professor Lovibond's paper was the stimulus for the comments of others, I thought it only fair to give him the final word. In a brief concluding paper he presents his reactions to the comments of others.