

BPC guidelines on training therapy: reporting and informing

Introduction

The purpose of these guidelines is to set out the BPC's position on the nature of communications between the training therapist¹ and the Training Committee and to clarify the distinction in practice between reporting and informing.

The training therapy is the cornerstone of all BPC trainings. Its purpose is to facilitate the personal development of the trainee, by affording them an understanding of their unconscious mental life. In this sense the training therapy is no different from any personal therapy. However, in addition it has the special function of helping a trainee therapist² to work through the unconscious factors that might interfere with their ability to work effectively as a therapist. This second purpose inevitably introduces a tension between the needs of the trainee as a patient, and the needs of the training to ensure the competence of the graduate therapist. Traditionally the tension led to the accepted practice in psychoanalytic trainings of 'reporting', whereby the Training Committee would ask a training therapist to comment on the trainee-patient in such a way as to inevitably divulge the content of the therapy. Gradually the profession turned away from this practice and in 2005 BPC followed the IPA in proscribing it, on the grounds that it compromised the function of the training therapist and the integrity of the training therapy.

However this proscription can result in difficulties for the Training Committee wishing to be assured of the ongoing suitability of the trainee. The training therapist, too, may feel some responsibility towards the training and their profession, for example in those exceptional circumstances when they might have (and wish to communicate) a serious concern about the trainee-patient or the viability of the training therapy.

This document sets out the BPC's position on how the conflict between these

¹ 'Training therapist' = training psychoanalytic psychotherapist, training analyst, Jungian training analyst.

² 'Therapist' = psychodynamic counsellor, psychodynamic psychotherapist, psychoanalytic psychotherapist, Jungian analyst, and psychoanalyst.



responsibilities is to be managed. That is, between the needs of the trainee-patient to have a genuinely personal therapy, and the needs of the training to be assured of the ongoing suitability of the trainee.

Reporting

First and foremost, the trainee-patient is a patient, rather than a trainee, and the training therapist must act in the best interests of the patient, rather than the training. Likewise the training therapist must be allowed an exclusively therapeutic role, and it is of paramount importance to safeguard this function and therefore the confidentiality of the trainee-patient.

For example, it is not the responsibility of the training therapist to assess the suitability of the trainee-patient for training. It is instead the role of the selection process to make this determination, just as it is the role of the Training Committee to decide upon the trainee's progression through the training, and ultimate qualification. The Training Committee must make these decisions by taking into consideration the assessments provided by training supervisors, seminars leaders and tutors, without recourse to the views of the training therapist.

In consequence, all BPC-accredited trainings are **non-reporting**, which means that training therapists must not be asked to contribute in any way, or at any point, to the assessment of the trainee-patient, such as by **reporting** whether the trainee-patient is ready to take on a training case, or to qualify. To do so is regarded as a breach in confidentiality and an unnecessary and unethical intrusion into the training therapy.

Informing

However, there are specific occasions when the training therapist may ordinarily **inform** the Training Committee of certain circumstances relating to the training therapy, and the Training Committee may ordinarily contact the training therapist to ask for certain information. At all times the principle remains, that at no point may the *content* of the therapy be divulged. These points of contact are strictly limited and must be set out in the training documentation. For example:

1. When the successful applicant has confirmed that they will take up the offer of a place on the training, the Training Committee may ask them for the name of their training therapist.



2. When the trainee enters the training, the Training Committee may seek confirmation that they are in therapy with the training therapist as they have stated in their application, and in accordance with the requirements of the training. These requirements must be stated.
3. It may happen that the training therapist is no longer able to offer a training therapy owing to some change in their own circumstances, such as illness, retirement, or relocation. In the instance of illness or relocation, it may be that an interruption rather than an end is foreseeable. In all such situations the training therapist should inform the Training Committee of any interruption or termination of the training therapy and advise the Training Committee of what they have told, or will tell, their trainee-patient.
4. If the therapy is being conducted remotely, rather than in-person, for an extended period of time the training therapist should inform the Training Committee of this modification and inform the trainee-patient of doing so. The training therapist should give the reason if it is to do with their own circumstances; otherwise, the Training Committee will raise the matter with the trainee as appropriate.
5. The training therapy is subject to the same safeguarding principles as any therapy. If the training therapist is concerned that there is a safeguarding issue, they should follow the safeguarding policy of their own Member Institute.

Termination of the training therapy in exceptional circumstances

In exceptional circumstances a training therapy might be terminated, and this will necessitate contact between training therapist and Training Committee. In these cases, it is equally important to maintain the distinction between reporting and informing. For example:

1. The trainee-patient might terminate the therapy. In this circumstance the training therapist should inform the Training Committee, but no reasons



may be given, and neither may the Training Committee ask the training therapist for further information. If the trainee wishes to continue the training, they must apply to the Training Committee for permission to change training therapist.

2. The training therapist might consider the therapy not to be viable and, as would be the case in any therapy, decide to terminate it. Whatever the reason for taking this course of action, and even if it is because the training therapist believes the trainee-patient to be acting unethically or failing to meet standards of professional conduct, the training therapist may not do any more than inform the Training Committee that they have terminated the therapy. As above, if the trainee wishes to continue the training, they must apply to the Training Committee for permission to change training therapist.
3. The training therapist might consider it necessary to change the status of the therapy and decide that although they cannot continue to offer a training therapy, they are willing for it to continue as a personal therapy. Such action may be taken if for example the training therapist is concerned for the viability of the therapy and the limits on the capacity of the trainee-patient to be an analytic patient. The training therapist may not offer to resume the training therapy after a period of time as this would constitute reporting. If the trainee decides to stay in the therapy, now as a personal therapy, this is effectively a decision by the trainee to leave the training. Alternatively, the trainee might opt not to take up the offer but to leave the therapy and request the Training Committee's permission to stay in the training by changing training therapist.

This situation, in which a training therapist terminates the training therapy and offers a personal therapy, is distinct from that when, in the course of the training therapy, a trainee requests the Training Committee for a break in the training in order to work through personal difficulties with a view to returning once recovered. The training therapy continues unchanged during the break.

If the training therapist terminates the training therapy they should, as



above, inform the Training Committee but without giving any reasons or telling the Training Committee of the offer of a change in the status of the therapy as this would constitute reporting.

The decision to terminate a training therapy in these exceptional circumstances is a clinical judgement made in the best interests of the trainee-patient, consistent with the idea that the primary concern of the training therapist is the welfare of the trainee-patient. For a training therapist to take this course of action does communicate something of concern about the trainee to the Training Committee but can be considered informing rather than reporting provided that no further information is divulged. It should not be taken as a judgement by the training therapist about the suitability of the trainee for training, as this assessment is solely the responsibility of the Training Committee.

Role of the Training Committee when a training therapy is altered or terminated

It is the responsibility of the Member Institute to specify how the Training Committee is to deal with these various circumstances, whether ordinary or exceptional, in which the training therapy is altered or terminated.

Where there is an end to the training therapy (for any reason other than a change in the circumstances of the training therapist), and the trainee has requested permission to begin a new training therapy, the Training Committee must determine whether to grant this request. The termination of a training therapy should be taken very seriously, and the Training Committee must satisfy itself, again, that the trainee is suitable to train. The general principle remains that, having been informed by the training therapist of the change to the training therapy, there shall be no further communication between training therapist and Training Committee. The Training Committee must then make its own explorations and reach its decisions through discussion with, for example, training supervisors, tutors, the external examiner and even the original interviewers of the trainee. In the absence of reporting it is necessary for the Training Committee to be especially searching and demanding of the trainee, such as by requiring one or more external analytic interviews. All circumstances must be taken into account, for example whether on discussion with the trainee it emerges that the training therapist has terminated the training therapy with or without an offer of personal therapy.



If the Training Committee agree that the trainee may start with a new training therapist, they will specify what time frame that is to happen within and make recommendations as to what other conditions may apply to the trainee's training. A new training therapy will need to be established, and this will of necessity take time. It is likely that the Training Committee will recommend that the trainee's progress to the next stage is deferred until the new therapy has been going for a specified period of time. The length of deferment is unlikely to be less than six months and may extend to eighteen months or more.

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