

# CPJA Standards of Education and Training

## 1.0 Introduction

1.1 Training Organisations in CPJA aim to provide theoretical and clinical trainings that reflect CPJA's core commitment to psychoanalytic theory and technique, alongside the development of professional competence and ethical standards in psychotherapy. Trainings are expected to comply with the generic **Standards of Education and Training** of UKCP and the following modality specific criteria.

### 1.2 Labels

CPJA currently registers psychotherapists as:

1. psychoanalytic psychotherapist
2. psychodynamic psychotherapist
3. psychoanalyst
4. group analyst
5. group analytical psychotherapist
6. Jungian analyst- analytical psychotherapist
7. analytical psychologist
8. attachment based psychotherapist
9. educational psychotherapist

Each training should make it clear in its statement of objectives which UKCP Register labels will apply to its graduates.

1.3 Each training should have a clear statement of its aims and philosophy and its specific requirements. The aims and philosophy should be in keeping with those of CPJA as expressed in the flag statement above, in particular with CPJAs psychoanalytic orientation. The requirements should fulfil at least the minimum requirements for training of both CPJA and UKCP.

1.4 The Training for Psychotherapists shall be at postgraduate masters or masters' equivalent level and is understood to be a specialist level of training.

1.5 Training organisations shall clearly indicate where attendance is mandatory and shall be able to evidence attendance on all aspects of the training.

## 2. Selection

2.1 The UKCP entry requirement is a first degree or equivalent. Training courses must state minimum requirements and criteria for selection clearly. These normally include:

- 2.1.1 Experience in a relevant work area;
- 2.1.2 One year of personal psychotherapy with an approved psychoanalytic or psychodynamic therapist prior to the commencement of the training. Organisations will need to decide when this year must be. This is because personal psychotherapy is seen as a most important component for becoming a psychoanalytic psychotherapist and therefore important for potential students to know this process of being a patient before entering the training process.
- 2.1.3 Personal suitability for the training and the work;
- 2.2 Organisations must have an equal opportunities policy and not discriminate on grounds of age, sex, race, religion, disability or sexual orientation.
- 2.3 The CPJA training courses may have in place a policy of acknowledging and processing applications under the principles of Assessment of Prior Learning (APL), Assessment of Prior Experiential Learning (APEL) and Credit Accumulation Transfer System (CATS). Such policies should include clear guidelines of application principles, criteria and assessment processes, including provision for appeal. Normally no more than 50% of any training should be achieved through the above schemes.
- 2.4 UKCP training organisations must be able to demonstrate that their UKCP accredited training courses and course components are clearly addressed in their business plan. Organisations have a duty to consider and to take appropriate action in relation to the effects of business planning and activities (such as relocation, expansion, ability to remain in UKCP membership, sale or closure) on their accredited trainings and students/trainees.

### 3. Diversity and Equality Requirements

- 3.1 UKCP training organisations should have, publish and apply clear criteria relating to relevant health conditions. These criteria must be consistent with current UK Diversity and Equalities policy and relevant legislation.
- 3.2 UKCP training organisations should have an appropriate and up-to-date published policy covering diversity and equalities.
- 3.3 Organisations must also have published procedures to ensure that applicants, students, trainees and staff are not discriminated against on the grounds of mental wellbeing, political belief, gender and gender identity, sexual preference or orientation, disability, marital or partnership status, race, nationality, ethnic origin, heritage identity, religious or spiritual identity, age or socio-economic class. Procedures should include what someone can do if they are experiencing discrimination, for example how and where they can report the discrimination, and what action they can expect the training organisation to take.

3.4 Training organisations must ensure that they have appropriate processes for gathering relevant diversity and equalities data in relation to applicants, students, trainees and staff. Organisations should be able to evidence how this data is used.

**4. Course Components:** an adequate training should have all the following components:

#### 4.1. Theory

- 4.1.1 The length of the theoretical part of the course should be a minimum of four years part-time study. The course should not be less than 250 hours (not including an introductory year) and around 500 hours if tutorials, supervisions, time spent in library, group, observations, etc. are counted. This is roughly equivalent to a part-time MA in terms of the course and it should be roughly equivalent in terms of academic standard
- 4.1.2 The course should reflect the centrality of psychoanalytic thinking and practice, and the particular form of psycho-analytically based psychotherapy taught. It should make clear the core theoretical stance of the organisation. We recognize that trainings need to reflect the philosophy and practice of their organisation, and therefore need to keep a balance between making psychoanalytic core theory central to their training alongside modules reflecting their special ways of practice.
- 4.1.3 The trainees should work on original texts and through presentations and written work, or other comparable means, demonstrate a grasp of theory and its relevance to clinical work. A capacity for critical appraisal of theory should be developed.
- 4.1.4 Training should include a sufficient understanding of research developments within the field of psychotherapy. this should include a critical understanding of the relevance of studies and research on research findings in human development, psychopathology, sexuality, ethics and social science. Trainees should acquire a basic understanding of research techniques and their application to the investigation and evaluation of psychotherapeutic interventions from assessment to ending of treatment. This imply that training should provide sufficient opportunities for their students and trainees to develop the capacity for a basic understanding of different approaches to research in psychotherapy practice; a capacity to critically understand a research report in relevant clinical and professional journals; a capacity to evaluate the significance of research findings with respect to practice and a working knowledge of research findings in relation to assessment for therapeutic intervention and a capacity to critique these.

#### 4.2 Diversity and equality in training

- 4.2.1 The course should developing a working understanding of equality and diversity theory including, but not limited to, models of cultural competence and cultural humility, and of the principles and provisions of the Equality Act 2010 as a minimum benchmark for understanding these issues.
- 4.2.2 Develop critical understanding of cultural, racial, socio-economic, gendered and

heteronormative bias in the theory and culture of psychotherapy and when it is necessary to challenge these biases

- 4.2.3 Develop a research informed understanding of the processes and effects of Unconscious Bias as unavoidable thinking patterns to which no one is immune. Trainees should be empowered to recognise and increase insight into their Unconscious Bias that impacts working with sameness and difference, and to be open to reflection on explicit and implicit challenge to these thinking patterns, from peers and clients.
- 4.2.4 Develop critical understanding and self-reflexive recognition of interpersonal and intra-personal phenomena that require attention from an equality and diversity perspective including:
  - 4.2.5 The dynamics of privilege, oppression, marginalisation and assumption as they impact psychic and social development and shape life experience
  - 4.2.6 How these dynamics, and the resulting power differentials, impact the therapeutic process and relationship
  - 4.2.7 Develop knowledge, sensitivity and understanding of general and specific issues and challenges that impact individuals, couples, families, organisations and communities due to inequalities and discrimination based on, amongst other things, gender and gender identity, sexual orientation, race, culture, religion, socio-economic group, body type, age and health, and the intersection of these dimensions
  - 4.2.8 Develop awareness, effectiveness and courage to communicate and take action to reduce harm and trauma caused by discriminatory practice and insensitivity to power differentials, within the therapeutic, service provision, training and supervisory frames
  - 4.2.9 Training organisations should ensure that any learning or teaching methods including those associated with practice placements / supervised clinical practice, respect and address the rights and needs of patients or clients, students, trainees and colleagues

### 4.3 Placements

- 4.3.1 **Mental health Placements** offer trainees who do not come from a mental health background an opportunity to recognise severe disturbance and develop knowledge of the role and contribution of other mental health professions. Such placements are a requirement and can be arranged at any stage of the course and should normally be part time over at least six months.
- 4.3.2 Some training organisations require, or offer, an opportunity to participate in infant observation courses, residential and non-residential work in therapeutic communities, research leading to a Masters Degree or work in a low-cost clinic. CPJA encourages these activities as long as they fit the approach of the training and it is made clear to trainees whether or not they are optional and what part they will play, if any, in the final assessment.

## 4.4 Personal Therapy

4.4.1 Trainee therapists need to obtain as full an understanding as possible of unconscious processes in order that they can be of greater value to their patients. This involves to be able to work “in” the transference, to “develop the capacity to be an object for the patient so as to receive and be open to the projections and transference issues from the patient’s internal world and to hold, maintain, observe, reflect and interpret from this” (taken from the WPF’s definition of a psychoanalytic psychotherapist). Personal therapy is a potent means of advancing this understanding. We believe that individual, couple and group psychoanalytic psychotherapy are treatments “in depth”. The requirements for personal therapy must, therefore, be appropriate to the aims of the course. Trainees should be in an appropriate psychoanalytically based psychotherapy for about twelve months before the commencement of the course, throughout the duration of the training and for as long as necessary after graduation. Organisations within CPJA differ in the way they define the ‘depth’ of a treatment. Some see it as directly related to the frequency of sessions while others take it to mean the relation of the interpretation to unconscious material. Overall it is the ability to create a space for entering the process of ‘being in therapy’ (or being a patient) Accordingly, CPJA agreed that the frequency of a training therapy/analysis should be decided by the needs of the trainee and the appropriate approach. . This may take the form of a prescribed frequency, of sessions of variable length or of varying frequencies.

4.4.2 In 1992 and 1999, however, CPJA adopted the convention that ‘not less than twice weekly therapy for trainees’ should form the outer parameter of acceptability with CPJA. In 2010 this has been changed to be a recommendation. There have been trainings within CPJA where personal psychotherapy has normally been not more than once a week, or held within monthly block trainings. The rationale for this is largely to do with the particular form of therapy offered ( educational psychotherapy and working within the NHS), or the potential lack of availability of therapy on offer ( twice a week group psychotherapy) As we believe that more frequent psychotherapy for trainees will more likely provide the space needed for entering this process of ‘being in therapy’, we ask training organisations to communicate clearly in their documentation the importance of personal psychotherapy, and to assess trainee’s needs of frequency accordingly.

4.4.3 Training organisations might also consider the provision of group psychotherapy or an experiential group for trainees as part of this process.

The training therapy should be with an approved psychoanalytic or psychodynamic individual, couple or group psychotherapist, as appropriate.

4.4.4 A clear boundary around the personal training therapy is necessary. The training therapist should not be in the position of supervisor or tutor, or other position of organisational responsibility for their analysands. Opinions and experience differ about the analyst as teacher but in all arrangements the priority of the therapeutic process must be safeguarded

(see Appendix 1. Training organisations should pay attention to the choice of training therapists and have a clear policy about their selection.

## 4.5 Supervision

- 4.5.1 Trainees must be in personal weekly individual or group supervision from the time that the trainee is deemed ready to take on training cases and throughout the period of the clinical component of the training. Supervisors should be experienced practitioners and approved by the training organisation.
- 4.5.2 The question of clinical responsibility of patients needs to be given great care, and included in a formal agreement where the clinical work is undertaken and supervised in another agency. Where two different supervisors (or consultants) are involved it is essential that the training organisation has a clear and written agreement with the placement organisation about the roles and responsibilities of the two and hence their relationships with the trainee. This document should also spell out the communication required between the two supervisors, and it should be made clear to the trainee where clinical responsibility for his work lies. If this is held within the placement we suggest that any 'in house' case discussion should not be called 'supervision'
- 4.5.3 Most training courses require two supervisors in the course of the training, though one of these may be within a group supervision. Each training case should be supervised individually and separately. The supervisors will supply written reports to the training body at regular intervals, but not less than yearly. Training cases should be supervised for the duration, or until qualification. Departures from this practice should be related to the aims and objectives of the course.
- 4.5.4 The training organisations should be aware of diversity issues for selection or recommendation of supervisors to their trainees

## 4.6 Clinical Work

- 4.6.1 Clinical requirements will relate to the aims of the course and future practice of the trainees. It will mostly take the form of two supervised training patients or groups or couples, for not less than a minimum of 18 months, though organisations may require a longer period of supervised work. The frequency will also be in keeping with the stated aims of the course. For group trainings, the second training group need not be a dedicated therapy group and could be time-limited and/or theme focused.
- 4.6.2 Other clinical work, and in particular individual work with patients for group-analytic or couple psychotherapy trainees, may also be supervised and assessed but not to the exclusion of the long term work (it may include specialised work such as crisis intervention, short term work, assessment, etc.).

4.6.3 Students will be expected to provide reports, written or oral, (usually six monthly) and to make presentations based on their clinical work.

4.6.4 A specified number of assessments may be carried out and supervised.

## 4.7 Clinical seminars

4.7.1 For individual trainings, clinical seminars should begin at least from the time that a trainee has clinical cases and will continue throughout the training. Their purpose is to provide the opportunity for trainees to present and discuss their work together.

4.7.2 These seminars will be led by experienced practitioners trained in the appropriate speciality who will help trainees understand their work and to link it to their theoretical studies. Seminars will also provide an opportunity to look comparatively at different theories and therapeutic approaches. These seminars may provide a forum for linking issues such as outcomes, boundaries, ethics, and legal and practical aspects of clinical practice if they are not covered in other parts of the training programme.

## 4.8 Tutorial/Advice

4.8.1 Trainees should have a tutor/advisor to guide them during the training, to liaise with the Training Committee, and to assist in dealing with appeals and other personal difficulties. The tutor will also provide a bridge between the different components of the course. Organisations use tutors in a variety of ways and the role of the tutor should be made clear to trainees from the outset.

4.8.1 Students and trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs.

## 4.9 Ethical Code and Grievance Procedures

4.9.1 Trainees must be familiar with, and abide by, their organisation's Codes of Ethics and Practice. These must be in keeping with UKCP requirements and the practice of psychoanalytically based psychotherapy with individuals, couples or groups. These Codes, together with documents setting out clearly the mechanisms for dealing with complaints and grievances both from the public and from within the organisation, must be easily available to the public. All trainees, from the inception of their clinical work, must have professional indemnity insurance.

4.9.2 Each organisation must have a Code of Practice for Training Organisations and Trainees in accordance with UKCP requirements. The Code should be available to all trainees and should clearly set out the mechanisms for making and dealing with the complaints and grievances of trainees.

## 4.10 Safeguarding

- 4.10.1 There is a duty to report safeguarding issues to the local authority. Training Organisations should familiarise themselves with relevant legislation and procedures addressing the protection of the vulnerable adults from abuse. A vulnerable adult is a person aged 18 years or over: who is or may be in need of community care services because of their mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself from significant harm or exploitation (see appendix 2).
- 4.10.2 Everybody who works with, or who has contact with children, parents and other adults, should be able to recognise and know how to act upon evidence that a child's health or development is, or may be, being impaired or the child is suffering or at risk of suffering significant harm (see appendix 3).
- 4.10.3 The curriculum must include developing an awareness of safeguarding issues in relation to clients and those likely to be impacted by their actions/inactions.
- 4.10.4 Students must be equipped to understand their responsibilities as these relate to relevant and up-to-date safeguarding legislation.
- 4.10.5 Trainings must ensure that they equip students to work in particular settings and to understand how to ensure compliance with safeguarding rules in accordance with that setting.
- 4.10.6 Knowledge should include: UKCP's reporting mechanisms and how you safeguard yourself including risk assessment and management.

## 4.11 Assessment

- 4.11.1 Each trainee's progress should be assessed throughout the period of training. Assessment should include the theoretical and clinical aspects of the training, an assessment of how well the trainee is coping with the course and ultimately an assessment of the trainee's readiness for the responsibilities of a professional psychotherapist. Each organisation must clearly state its criteria and procedures for assessment and final qualification, as well as the route to the UKCP Register.
- 4.11.2 Training organisations must be able to demonstrate that the input to their trainings in terms of core curriculum, observational standards, supervised clinical work and personal therapy relates to the Standards of Proficiency in Psychoanalytic Psychotherapy on page 9. These are deliberately brief but complex statements which are not directly assessed as such but attestation that the trainee has achieved them will be a logical consequence of the trainee having satisfied the assessment for all the coursework completed in each year of the training.
- 4.11.3 There must be a range of modes of assessment and scope for reasonable adjustments to address a range of learning styles and taking into account personalised learning needs. This must include a



significant research-based project. This may be a dissertation, an extended case study or a literature review.

- 4.11.4 It should be clear where the authority is held for monitoring the trainees' development and for ultimately conferring a qualification. This is usually done by the Training Committee in consultation with teachers, supervisors, external teachers and sometimes with a trainee's input. Reports should be openly discussed with trainees who should be able to appeal an unfair assessment. Trainees should not be assessed by their own therapists. Training organisations must be clear about all the modes of assessment being used and must provide written statement of them in their guidelines.
- 4.11.5 The final assessment should involve a substantial presentation of the trainee's work which normally takes the form of a written paper, usually with both clinical and theoretical elements. For some schools this paper should also make links to insights from the personal psychotherapy. This should be a substantial dissertation length paper, or its equivalent, formally presented and referenced. Training Organisations must make provision for external assessment or independent verification of the qualification and graduation.

## 4.12 Security and confidentiality

Trainings should equip students to assess risk and to develop their own policy and practice which is compliant with legislation and the UKCP Code of Ethics and Practice, and regarding the following areas:

- Social media
- phone and messaging technology
- data protection regulations and principles, including data management and retention, and protocols for sharing of data
- email protocols
- innovative technology including apps and web-based tools in clinical practice
- payment processes
- practice management
- implication of local jurisdiction and working internationally.

## 4.12 Teachers

- 4.13.1 There should be a clear policy about the choice/selection of teachers, usually based on their qualifications, experience, professional reputation and ability to teach.
- 4.13.2 There should be a method of assessing the quality of the teaching through feedback from colleagues and trainees.

#### 4.14. Structure

- 4.14.1 Each Training Organisation should have a clear and coherent management structure in which both the authority for, and the accountability of, the training are identified. This structure should make clear how the various components of the training are overseen, questioned and changed, and how the Training Committee is appointed or elected and what are its duties and powers.
- 4.14.2 All information regarding the course, including information on the management structure and matters of formal and informal questioning and complaint should be contained within a Trainees Handbook which should be made available to all trainees and all concerned in the training as teachers, supervisors, training committee members etc.
- 4.14.3 Each Training Organisation should also have a clear and coherent constitutional structure which enables it to carry out its training tasks and where responsibility for the different functions can be easily identified. The trainees should have a voice through representation on committees and by personal feedback.
- 4.14.4 Safeguarding
- 4.14.5 Training courses shall have mechanisms for safeguarding the rights of students and trainees including consultation procedures and complaints and grievance procedures. These should be readily available.
- 4.14.6 Training organisations should be able to evidence that they have obtained informed consent from students and trainees in relation to any participation as patients or clients in practical and clinical teaching, and in relation to any relevant experiential or group work incorporated into the training.

#### 4.15 Continuing Professional Development

- 4.15.1 Each Training Organisation should make provision for an ongoing graduate body either as an integral part of the organisation or clearly linked to it. Training organisations should encourage their graduates actively to consider their continuing professional development needs and may choose to draw up a formal programme providing, for example, opportunities for further study, clinical supervision, workshops, seminars, conferences and discussion of clinical work. Continuing professional development may be undertaken in association with other Organisational Members of CPJA. It should be clear to trainees what paths are open to them for membership of the organisation following their training.
- 4.15.2 Organisational Members should consult both UKCP and CPJA policies for continuing professional development to ensure compliance with these requirements.