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Combining Training and Treatment

Tony White

Introduction

Teaching is probably the oldest profession. How to transfer knowledge from a person who has it [teacher] to the person who does not have it [student], is a problem that has confronted humans from the very earliest times.

The differing theories and teaching systems abound. We have the traditional model where the teacher is out the front and the students are sitting in rows in a class learning from the blackboard. Then there are open learning systems, group learning, 'free' schools, Montessori systems, Rudolf Steiner schools, mentor learning and so on.

Of course the teaching of psychotherapy is no different to the teaching of anything else. The knowledge needs to be transferred from teacher to student. As with all other areas there is debate as to how to transfer that knowledge. This article looks at the transfer of knowledge in the area of psychotherapy, in particular the teaching of people to become Transactional Analysts. Specifically this article will address the debate as to whether:

1. The student [TA trainee] should not be a client of the trainer, or
2. The student [TA trainee] must have been at some point a client of the trainer.

These questions are not new. They basically address the question of mentoring as a teaching system. The Chinese have been advocating the process of mentoring for many years. The debate mentioned above is questioning the same topic. Thus it is necessary to begin with a discussion of the system of mentoring.

Mentoring

If one is combining trainees and clients then one is subscribing to the mentoring of teaching. The teacher is more than just a supplier of information. The mentor supplies information as well as having a relationship with the student that is personal, protective and guiding. A recent article in the *TAJ* (Nykodym et al, 1995) provides many insights into this form of teaching. They see the mentor as "...usually older and more experienced; they provide information, support, and direction to proteges, who are usually younger and less experienced. Mentoring relationships usually last for extended periods and require a serious emotional commitment by both parties" (p. 170). Many of the qualities described here are the components of a therapeutic relationship. Indeed Nykodym et al (1995) state that the good mentor is also a counsellor to the protege. As a result the benefits and minuses of mentoring arc not possible if one separates

training and psychotherapy.

Some of the benefits of mentoring outlined in the article are as follows: Firstly it can benefit the mentor. It can give the person in mid-life, "a sense of competence, effectiveness, and self-worth" (p. 175). The mentor can identify with the younger protege and feel more youthful. It is also a way of leaving behind a legacy. In addition the protege can reciprocate help and support in the future as well as being given more technical responsibilities so the mentor can deal with more important work.

However, without a doubt it is the protege who receives the most benefits. It is the protege who "...finds support for who he or she is becoming in a new work role." (p. 175). This person finds support and sponsorship that can be obtained regardless of one's qualifications. They also have a chance to learn the informal as well as the formal things that are necessary to know.

As a result of this, in the case of psychotherapy, the other party to benefit from mentoring is the client. It is better for them if the protege knows how things work by the book, and how they work in actual practice. They must benefit from the protege getting informal and formal instruction from the mentor as well as receiving personal counselling.

Some of the difficulties which Nykodym (1995) see as happening with mentoring arc as follows. In mentoring, risks enter the relationship. It can lead to problems with independence and separation. The mentor can cause problem for the protege if he has difficulty with that person becoming himself and doing things differently from the mentor. It also involves an emotional commitment and that takes energy. This can lead to other problem when there is some form of sexual attraction between the two or an emotional bonding which then causes problem in either party's other relationships.

Other Issues

There are other issues which need to be taken into account other than those mentioned in the above article. The following will outline some of these and clarify other points covered in the article.

If one chooses not to train clients or have trainees become clients then there is no problem with keeping boundaries between the two roles. As a trainer I have different reactions to the trainees as compared to a client. I expect different things from them and expect different things from me to them. For instance as a therapist I am more in tune with what is going on inside the client. As a trainer I expect to at least some degree, that the trainee will take more responsibility for making sure that they are not getting into a 'bad' place.

There can be less problems with exploitation of the trainee or client. With the development of transferential feelings a therapist could increase her/his income by unfairly persuading the client into becoming a trainee. If one keeps the two roles separate this cannot happen.

If the roles arc separated the trainer does not know trainees' personal issues at any depth, hence parallel process and counter transference issues are less obvious. Also the trainer's assessment

of the trainee's personal readiness for taking on clients is less clear, as indeed are those occasions when trainer suggests that the trainee refer a client on the basis of counter transference issues.

Another danger with combining the two roles is the development of what Zweben and Deitch (1976) call the emergence of 'Prima Donnahood'. This excellent article clearly outlines the process of how psychotherapists and trainers can 'get up themselves'. This can happen in any relationship where a person develops transference feelings towards the other person. This can lead the helper or one in charge to develop feelings of self aggrandisement or megalomania. Combining training and treatment adds pressure on the helper to fall into this trap.

Some people enter TA training programmes for personal reasons rather than as a means of gaining certification as a transactional analyst. This I have found to be most fruitful for some people. It provides considerable cognitive structure for the therapy that the person is receiving, it allows the individual to see the therapist in a different light and that often means as a more 'real' person. Finally the training group can provide an invaluable support structure for the person and a forum to work out relationship issues with others in the group in a safe and health promoting environment. If one does not allow clients to become trainees then obviously these features are not attainable.

Some Solutions

At this point it would be nice to be able to answer the question of: Should one combine training and treatment or not?--with either a yay or nay. Unfortunately I do not feel that is either possible or wise. Those who never train clients or always treat trainees, in my opinion, are not addressing the question in a realistic manner. My solution is to suggest that one trains and/or treats based on the following four points:

1. the type of treatment being used to counsel the client
2. the type of treatment style one is training people to use
3. the personality of the client
4. the personality of the therapist/trainer.

I suggest these four factors need to be taken into account in each individual case rather than making and absolute rule one way or another.

For example, the style of psychotherapy is an important factor. If one is training people in a system that is clinical, short term and/or crisis intervention, then it would seem quite applicable to have trainees and clients being separate. On the other hand if I am training people in a style that uses the transferential relationship, then it would seem most appropriate that I have a transferential relationship with the trainee. I would suggest that them will be one there anyway between trainer and trainee. However to highlight it, use it and address it in the training relationship would appear to be important. How can I ask my trainees to value it in their contact with clients when I do not value it in my relationship with them?

If one chooses to combine training and treatment then I suggest a hierarchical system. The

therapeutic relationship takes top priority and the training contract is secondary. If the training relationship starts to affect the therapeutic relationship then the training relationship is cancelled. I have never had to do this. Also it needs to be stated that this arrangement is easier for the therapist than the client. The client will have more intense emotions about the therapist/trainer than the other way around. All these points should be acknowledged clearly and openly in the initial contracting in the relationships.

In addition there are some clients whom I would not have a training contract with. This can be for a variety of reasons. I may not feel that I could teach them adequately, I do not feel they could keep the boundaries separate, I do not think we would get on. If asked to train them I would refer to another trainer. This has never happened that I can recollect. Those clients whom I would not train have never seemed to ask me to train them.

Finally, I strongly suggest that the trainer/therapist *always* remain humble. Training and treatment can easily become ego-inflating. If some one says something to you that you do not like, then listen to it. It is very easy to brush it off as 'that person's own issue'. There is usually a grain of truth and it may be just one grain or a whole truckload of grains. If one does not see the grains then Prima Donnahood will set in, and the power has begun to corrupt.

References

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Tony White