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Self and Peer Assessment: A Personal Story

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Self and peer assessment is an extremely good model for people who are training to become, or are working as, psychotherapists. It is a process that mirrors what we hope to achieve with our clients. It models and reminds us of good practice. If our aim is to empower our clients to see themselves in their wholeness and make decisions based on their self knowing, then self and peer assessment is an appropriate process for us to go through ourselves, for it has these same aims at heart. We believe that it would be hard for these principles to be applied in sessions by therapists who have trained in a hierarchical organisation. A structure in which power is exercised from the top is less able to engender trust in the therapist's ability to know their own skills and develop their authenticity.

Our intention in this piece is to describe our own experiences of self and peer assessment and to give an outline of the model we used, its history, how it was useful to us, and how it might be problematic or need adapting with a different or less experienced group.

We have both been involved with self and peer assessment as a practice for many years through our association with the Institute for the Development of Human Potential (IDHP)¹, which has been developing this model over the past twenty years. As founder members of the Independent Practitioners Network (IPN), we needed to set up our own IPN group, and had to find a basis for standing by each other's work. So we naturally looked to self and peer assessment as our model. After adapting it we find that it is working well.

When we were setting up our IPN group it became clear that we wanted to limit our membership to experienced psychotherapists, and later members were invited on that basis. The actual composition of the group represents a great diversity of experience. Although we are all humanistic, our training and preference ranges from psychodynamic, co-counselling, gestalt, psychosynthesis, to Reichian/shamanic. Far from being a source of confusion, this diversity has enriched and expanded our understanding of therapeutic methods. Because we were not always familiar with one another's style we had to confront our doubts about appropriate practice. This meant that we really had to learn about one another's techniques and find a way of experiencing each group member's integrity and skills.

We had some hairy times now and again. One of us would gulp at hearing a detail of the other's practice. Have I been mistaken? Can I really stand by this person: 'You answer the doorbell during a session?' 'You are seeing an ex-client's brother?' Also there were moments of excitement: 'You dare to ... how exciting! Could I incorporate such an idea into my practice?' We discovered how hard it is to make general rules as each particular situation was unravelled in all its detail.

The model of self and peer assessment that we developed in our group was intended to be rigorous and yet not too stressful. It grew out of a long period of discussion, and was a modification of

the IDHP model. We were at pains to ensure that the structure we finally worked with would honour the principle of supporting and challenging each other, while also meeting the needs of this particular group.

Self and peer assessment is a mutual activity. The practitioner and her peers work together to produce an assessment that they can all agree upon. We chose to base it on a written statement followed by verbal feedback. A key part of the aim is to explore how close a 'fit' there is between the practitioner's self description and the other group members' experience of her, both as a person and in relation to the supervision they have shared. We are looking to bring to awareness areas that may have been overlooked: blind spots, lack of self care, anything that might get in the way of good practice. We might also draw attention to a tendency on the part of the practitioner to underplay her strengths. The aim is to help her produce as clear and accurate a picture as possible, keeping in mind the important point that the assessment always belongs to the practitioner.

It is an interesting and democratic alternative to other methods currently in use. It is an opening-up process rather than a limiting one. It empowers the practitioner, who shares in the setting of the conditions, and writes the report on which the assessment is based. The content of the assessment is generated by the practitioner rather than the parameters being set from the outside.

We decided to start with a practice statement.

Annie: I found this tremendously exciting. To give myself time to sit down and write about my practice, my philosophies, my ethics. We were careful, with the first drafts, to give no guidelines and to give ourselves a deadline so that nobody should read anyone else's work before they had completed their first piece. We wanted to give ourselves absolute freedom to formulate our ideas and make choices about what we felt was important without influence. I found it a creative and empowering experience. I was also surprised at how much relief I felt as I ordered and clarified my ideas and discovered that I could address these issues and I did have coherent thoughts on them.

At this stage we started to look at each other's writing and to notice our differences: how some people had put in a curriculum vitae, some had spent more time on philosophical issues, some were more pragmatic. This was a time when we could see the range and diversity of our approaches and thus honour our individuality. After this we spent some sessions considering the whole issue of assessment, and brainstormed, considered and finally drew up a list of guidelines for ourselves around issues that we thought it would be appropriate for each of us to cover. This is what we came up with:

Self reflection including motivation, curriculum vitae and relevant history, own therapy; supervision, peer support, weaknesses and strengths; who we can and can't work with, gender, race, class, ethics, power; beginnings and endings, practice management, self care.

Juliet: We were definitely in the creative soup at this time. The group had several times reached the point of embarking, only to realise we weren't ready. First we needed to give more consideration to the form: how much time for presentation, feedback and other details. How did it need to be different from the IDHP model which some of us had worked with, but some hadn't. Later, the group took in three new members. We had to meet several times over a period of some months and give time to supervision before we all knew each other well enough.

Finally we got started and here is the outline we came up with.

Two group members agree to go first and circulate their written pieces among their peers. They read it and formulate their own opinions without communicating with one another. So when we meet for our first discussion, each person is unaffected by the others' views. We start the assessment by giving the practitioner ten minutes to talk about her work and this is followed by an hour for clarifying questions and general discussion. If we are all happy with the presentation, then we declare that we're prepared to stand by this person's work.

If we fail to agree or we come across problems that we can't resolve at this point, we then adjourn until a later meeting. This gives the practitioner time to amend her statement in view of

comments received. It also gives her peers an opportunity to communicate with her and one another before coming together for a second attempt to come to agreement. At this point it may be appropriate for the practitioners to choose a member of the group as a support person or ally. This person can then contact, support, lovingly confront and generally be a resource for the practitioner. We have decided that if one member gets stuck on an issue that doesn't trouble the rest of us, we will also look for signs of projection or whether there are unresolved interpersonal issues. We have also agreed that no more than one group member can be absent on the day for an assessment to be valid.

How did we find this?

Annie: The second piece proved less fun to write. I was nervous about including everything that I 'should'. I had started to compare my written pieces to those of others, not just the content but also the style and presentation, even though I knew that such matters should carry little weight. After all, I was being assessed neither for my writing nor my presentation skills, but on how I operated as a psychotherapist. I was reminded of the growing emphasis on academic qualifications and written work in current training. Neither of these skills are central to what is primarily an oral profession. I also remembered how important it had been for me to grope my way fairly blindly as a new therapist (all the while within the protection of weekly supervision). The skills that I have found most useful over the years have been my developing intuition (an umbrella term for a collection of skills) and what I call 'seeing emotions around a person'. Had I had a more traditional training, my ways of experiencing others would have been in danger of remaining buried under a collection of other people's theories assimilated by a fairly formidable intellect. At the time, I thought I was recovering a feminine way of experiencing the world. Now I might further describe it as 'right brain activity'.

Juliet: When it came to my turn, I felt full of anticipation. Giving feedback, and hearing my peers expand and elucidate their self and peer assessments had been a great relief. This wasn't so alarming. It felt as though the preparation had brought me to a place where I felt relatively clear. I could give an account of myself which felt true to me to the extent that I can have insight into my process. It is also overwhelmingly important that I feel, with this group, that they have insight into me and are willing to challenge me. I have to be prepared to expose myself, and I can only do that where I can trust, so all the time we've spent struggling, learning, running forwards and holding back, has been essential to bring us to this stage of preparedness.

We found that it took a long time to establish a trusting relationship between group members. The route we took was laborious as many of us were unfamiliar with one another's work and we are scattered geographically between Bristol, Bath, Chiswick and Norwich. It would clearly be easier or at least quicker for an established peer supervision group to put themselves through this process.

It is clear that this way of proceeding is open to accusations of collusion. This problem is addressed by the commitment to stand by one another's work. The fact that we are taking responsibility for accrediting² this colleague to practice means that we share at least moral liability in the event of a public complaint. Everyone involved in the process will clearly need to be convinced of the reliability of the others. They will therefore be at pains to be rigorous: self protection can transform the most friendly co-supervisee into a formidable challenger.

We see this as a healthy system which is designed to support the autonomy of the practitioner. If there is doubt or disagreement, the assessors have to take the time to understand the detail of the practitioner's case. They cannot override her arbitrarily. If they are unable to accept her self assessment as it stands, the system allows for one or more 'caveats' to be added. For example, these might limit her client group; they might ask for further training in particular areas to be completed within a time limit; they might ask for increased supervision.

Our disquiet about the move towards psychotherapy becoming a postgraduate profession is based on the knowledge that gaining academic qualifications requires skills that are often not relevant to the practice of psychotherapy. Neither of us feel that our academic qualifications contribute to our

ability to 'be with' another human being or give us insight into individual process. It would be more useful for every practitioner to have some individual psychotherapy and experiential learning of process prior to formal training, than to have an academic degree. When considering applicants other qualifications could be given equal weight to academic ones. For example life experience – as in rearing children – career experience and travel, spiritual discipline etc. The focus needs to be on the trainee's ability to show her awareness of her own learning thus far rather than on their skill at absorbing theories.

Our own early experiences of being assessed had been unsatisfactory and left us feeling cynical about the university system and the status of qualifications.

Juliet: My experience of gaining a first degree as a mature student encouraged me to believe in my intellectual abilities. Beyond that, it offered me nothing that I can identify as contributing to my skills. I discovered early on that I was part of a system that had to be manipulated in order for me to come out with a reasonable degree. I learned how to write a competent essay, how to develop topics that were part of the curriculum, how to be curious only to the extent that it was useful. On the whole, my abilities were assessed by people who hardly knew me, and the experience of taking finals left me determined that I would never submit myself to such a system again. I felt the weight of the external examiner behind me.

Annie: On gaining an Oxford degree, I was surprised to discover how people who had previously paid little attention to my opinions now deferred to me. So by the time I came to train as a psychotherapist I was fairly disillusioned with paper qualifications which seemed to me to encourage hypocrisy.

Self assessment (in the model we have used) requires a substantial written piece, describing the work of the practitioner in all its aspects. It requires great depth of self reflection. You can't be clever with intellectual arguments or apposite quotations, or hide behind theories or philosophies. While philosophies are important, the bulk of the work really does focus on our own practice, the methods we have developed and examples drawn from client work.

We do feel the need as individual psychotherapists to have a relationship both with our colleagues and with the wider world. The support and fellowship of belonging to a professional group is certainly welcome and necessary. It is important, however, that the group you join shares your beliefs and aims. As the UKCP system started to gain ground, many of us realised our own need to form a group that would represent our values, one that could be a support and protection to therapist and client alike.

Juliet: I want to belong to an organisation that I respect and that respects me, and I want that organisation to have sufficient gravitas so that I can name it as my professional body.

Annie: And I want it to support me so that I don't become isolated, excluded and marginalised. I hope that my self assessment will lead to accreditation through a system that is inclusive rather than exclusive. It is a way for me to get out into the world and be recognised on my own terms.

We struggled with all these issues in the early months as we worked our way to a point where we were ready to go through the process of self and peer assessment. So what was it like for us both?

Annie: I was surprised at how relieved I felt. I approached it with some familiar paranoia. They're going to find me out at last. Something that I have been doing by myself, building up by myself without a clear (or accredited) training, can't be good enough. When I centred myself, I became aware of a much stronger reaction – a feeling of confidence. I know what I'm doing. I have worked for fifteen years without a complaint and with a lot of positive feedback from both my clients and my peers. I realised that I do feel solid. Even if some people questioned my work we would sort it out. They were not going to fail me as a therapist.

I remembered the self and peer assessments I had been through in the past and realised that I found each one an empowering experience. I have grown in my ability to stand by my own judgement. I have been supported in my statements and through this support and the challenges have learned to know myself. So I realised that in fact I was looking forward to this process. Also I knew that my assessors would honour my statement, and that it would be the basis for the final outcome, however much it might be altered along the way. This allowed me to be self revealing and vulnerable. Again, it was a relief to be honest and describe what I saw as my weaknesses, to admit to my fears as well as describe all the areas in which I felt confident.

And my expectations were well-founded. I did feel met. I felt held by the scrutiny of my peers who worked hard to explore my statement and to root out blind spots. What I did not expect was the relief I felt when it was over. For the first time in my career I had held my work open to scrutiny by experienced people whom I trusted. I felt safe and as if I were now part of a group rather than sitting out there on my own. I had revealed my inadequacies and fears; they had questioned some statements and still they decided to stand by me.

Juliet: There was a lot of joking at first. I remember noticing the humour and realising it was helping me to deal with my anxiety. As soon as I got started I felt fine. I knew the questions were aimed at clarifying, not at trying to catch me out. It was all right to say that I was not sure or that I needed to stay aware of something or give it further thought. Sometimes I could hear myself getting clearer as I spoke, discovering something about my ability or my ideas in the moment of communicating.

When it was over I was cheerful and relieved, then, briefly, I was filled with anxiety. The fear that I had been sitting on before the event had a brief rampage through my body, then it dissipated. My strongest feeling afterwards was of being treated respectfully by these people who were prepared to stand by my practice, who believe that I act in good faith, that I am good enough.

After the event we realised how well this model suited us as a group of experienced psychotherapists. The process we went through was one of evaluating our practice rather than testing our training. This raises the interesting question of whether a group of fledgling practitioners could follow this process meaningfully. Relatively inexperienced therapists would need to bring in a facilitator to help them through the process and ensure that they really understood the pitfalls. This would in some ways be similar to an external examiner, except that the final assessment would still have been initiated and hammered out by the practitioner and her colleagues. The facilitator would bring an experienced eye to the proceedings. If they were to work with the rule of consensus the facilitator's agreement would only be as important as any other individual's. Alternatively, a facilitator could be brought in to observe and comment on the process but have no formal role or vote in the assessment.

If people form a new group – as we did – then a great deal of commitment and stamina is required before they are ready to do self and peer assessments. This process is very rewarding and for us has resulted in a high level of engagement, strong affection, respect and humour.

There is a distinction to be made between the way in which this process serves the individual and the group. For the individual, the close scrutiny of their work helps them to cast light into areas which may be shadowy. To acknowledge the extent of their experience. To pull together the different strands of their work and make a coherent picture. More broadly, it supports the individual in terms of balance between work and the rest of life, to look at their self protection and boundaries. It helps them to deepen their awareness of their strengths and weaknesses; to illuminate blind spots. They can be encouraged to explore areas for further development. By writing about their work they have the opportunity to clarify their own style and hold it up for others to see.

An important aspect of self and peer assessment is that it is ongoing and the process lends itself to a regular repeat. It is organic and alive. It works well when a person is struggling to make a major change in her method, or has lost a sense of her style. This is an ongoing process that provides support throughout a working life.

For the group as a whole, self and peer assessment makes us feel solid, bonds us. Group members are reassured of the capacity of the individual to do the work. The formality of the procedure

is useful. It ensures rigorousness and equality, everybody has to consent to be part of the same process. It is a ritual acceptance, a rite of passage.

We hope that by describing our own experience we have been able to communicate the value we put on the self and peer assessment process. As a group, we have tested this procedure to ensure that it is good enough to satisfy our requirements: that it demands and achieves transparency; that it ensures, to the best of our ability, holding of and respect for the client; that it can be returned to and re-used as we change and develop as practitioners.

FOOTNOTES

¹The IDHP redesigned itself in 1996 and now operates as Facilitator Development Associates (FDA).

²We are using 'accredit' here as meaning 'vouch for'.