

CENTRAL DYNAMICS IN CLIENT-CENTERED THERAPY TRAINING

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ABSTRACT: *This paper is the first of a series of publications which seek to stimulate dialogue on the issues involved in offering a professional level of training for client-centered therapists in a fashion which is both consistent with the person-centered approach as well as accountable to the professional world of therapists and clients. Rather than withdrawing from the world of mainstream education on the grounds that it is incompatible with person-centered philosophy, the writer prefers to use the person-centered approach to inform higher education. The present paper explores four training dynamics around "responsibility," "self-acceptance," the "individualising of the curriculum" and the "individualisation of assessment" as central to the relationship between trainees and Faculty.*

INTRODUCTION

In ten years of the specialist person-centered journals, *Person-Centered Review* and *The Person-Centered Journal*, there have been only two papers on the training of client-centered therapists, the most recent in 1987 (Combs, 1986; Thayer, 1987). It is appropriate that client-centered therapy addresses its training needs and processes. This paper, which is presented as forerunner to a book on CCT training (Mearns, 1997), seeks to stimulate discussion of this agenda.

With the exception of the contribution of the Chicago Counselling Center, formal, qualifying, training courses in client-centered therapy have not been prevalent over the past 20 years in the U.S.A. Some individuals have created a training for themselves following what we might call the "apprenticeship" model, by aligning with a prominent individual practitioner, or group of practitioners, for a learning period. Other therapists have found their way into practice as client-centered specialists after earlier generic training, or training in some other approach, followed by an influence from client-centered writing and workshops.

However, over the same 20 years, the demand for CCT training in Europe has been so great that more formalised training structures have had to be developed simply to cope with the numbers involved. For example, numerous structured training pathways are on offer in Holland, Germany, Belgium, Greece and Britain with smaller, yet strong, developments in France, Hungary Italy, Switzerland, Portugal and Croatia.

There is a supposition among critics of client-centered therapy that the approach is sloppy and ill-defined but more likely to be ineffectual than positively dangerous (Masson, 1992). Such criticism challenges those involved in professional CCT training to define its characteristics and create learning contexts which facilitate the development of students in terms of those characteristics. Furthermore, the inevitable institutionalisation of the profession, clearly apparent in

Britain, increasingly constructs functional and even structural criteria for the content of such training. For example, the British Association for Counselling (BAC) identifies eight elements which would be expected in any training course applying for its highly valued "Certificate of Recognition" (BAC, 1990 and Dryden, Horton & Mearns, 1995).

Some of those involved in the earlier stages of development within client-centered therapy might throw up their hands in horror even at this level of definition of training. Certainly, Carl Rogers was a prominent fore-runner of an anti-institutional trend within the approach in his own movement away from the University sector to Western Behavioral Sciences Institute and later to the Center for Studies of the Person. It might be argued that while this move away from mainstream centers of education reflected the popularisation of the approach and the conservatism of higher education (Truax & Carkhuff, 1967), it did a disservice to the development of CCT training in the U.S.A. by abrogating the University sector.

In Europe there has been a greater willingness to work within institutions, including Universities. Here the challenge has been to improve the communication between the institution and the client-centered approach and considerable progress has been made in that regard with CCT training firmly established in the countries already mentioned. In Britain, for example, the graduates of British Association of Counselling (BAC) "Recognised" client-centered courses outnumber those of any other therapeutic approach. In a recent large contract, won by our University Counselling Unit, to recruit and manage fourteen counsellors for work in primary health care settings, the commissioning Health Board required specialist client-centered training since that was deemed to be most appropriate for work within the institution of primary health care.

Work within Britain in professional CCT training over these past twelve years has helped us to identify four of what may be the central dynamics within CCT training:

- *The "Responsibility Dynamic"*
- *The Development of Self-Acceptance*
- *Individualisation of the Curriculum*
- *Individualisation of Assessment*

These are critical areas of potential conflict and struggle for students and Faculty alike. They are not independent "axes" in any presumed factor analysis of CCT training – far from it, indeed, each of these dynamics interacts with every other. That is precisely what we should expect in CCT training, for it is an integrated whole fundamentally derived from the therapist's evolving personality. The paper which follows focuses on each of these dynamics in turn and offers a discussion which, hopefully, will have heuristic value in promoting consideration in other parts of the world.

THE "RESPONSIBILITY DYNAMIC"

An essential dynamic within client-centered therapy itself is that the therapist maintains a professional responsibility to the client while not accepting responsibility for the client (Mearns & Thorne, 1988; Mearns, 1994a). Similarly, in CCT training, the trainer will maintain a responsibility to the trainees but will endeavour not to take responsibility for them. Empowerment of clients and trainees alike is not engendered by taking responsibility away from them, but by creating a context where the trainee or client more and more takes responsibility for himself or herself.

Being responsible to the trainees

Maintaining a professional responsibility to the trainees in CCT training means being clear about the *contract* which defines their relationships with staff and, thereafter, being consistent in meeting the trainer's part of that agreement. Hence, the trainer would be maintaining his or her responsibility to the trainees by consistently fulfilling agreed aspects of their contract such as the following:

- attending scheduled meetings;
- preparing promised workshop introductions and lectures;
- giving feedback on written work;
- giving feedback on the tutor's view of the trainee's progress;
- enquiring about client work in supervision;
- integrating the therapeutic conditions, including congruence, appropriate to a training (not a therapy) relationship;
- maintaining the boundaries between the course and the training institution;
- taking responsibility in the selection of trainees.

Different CCT training courses might take issue with some of these areas of responsibility deemed to be appropriate to trainers. Let us explore just one contentious issue. For example, it might be argued that it is "not person-centered" for trainers to take responsibility for the selection of trainees. Courses exist where enquirers are given details of the training and offered consultation, before self-selecting or otherwise. Looking only at the relationship between the tutor and the individual enquirer, this procedure appears consistent with the person-centered principle of not taking responsibility *for* the prospective trainee. However, the internal logic within this conclusion is flawed. Indeed, it is based on a common error within the person-centered approach whereby inferences are taken from the therapy relationship and inappropriately applied in other contexts. While the client-centered therapist has an exclusive relationship and responsibility to the client, the trainer *also* has, often competing, responsibilities to the *other trainees* on the course and to the prospective *clients* of the trainee therapist. The result of this is that the trainer cannot abrogate responsibility for selection though he or she can, and should, make the process as transparent as possible. For example, the trainer needs to be aware of the fact that some applicants are attracted to CCT training courses as an alternative to the therapy they need but are not aware of needing. Taking on "clients" as trainees slows down a training course considerably and, indeed, a training course with too many clients can come to a complete halt. The reason is that the *conditions* created on the training course represent a translation of the *therapeutic conditions* into a training context and do not offer the same kind of exclusivity of attention and intensiveness which is required by therapy needs. Most often this entry into training as a therapy alternative is not a conscious matter for the applicant – probably it could not even be covered by warning prospective applicants. The personality often referred to as *borderline* and well investigated from a person-centered framework (Swildens, 1990; Bohart, 1990; Lambers, 1994) represents just such a case where the possibility of more intimate and fulfilling relating promised by CCT training would be as attractive as it was impossible to sustain. The trainer who abrogates responsibility for selection does a disservice to inappropriate applicants and creates fearful obstructions for the process of the course – a serious individual pathology within a training course proves to be the *plug-hole* to the energy of the group – all the energy of the group disappears down it. Fellow trainees try ever harder to find ways of making *contact* with the person for whom such contact represents an insurmountable existential fear as well as attraction.

Not being responsible for the trainees

Having highlighted and exemplified some of the ways in which CCT trainers would hold their responsibility to the members of a training course, there will also be many areas where the trainer avoids taking responsibility for the trainee. The following represent just a few of the demands which trainees might make to the trainer to take responsibility for them.

- tell me how I should start my sessions with clients;
- tell me how I should work with this client;
- tell me why my client is doing this;
- look after me more during training;
- tell me how to behave in the different training groups;
- protect me when I am under attack from other course members;
- don't be so "hard" on me with your feedback;
- find a place for me to do my counselling rather than leaving that to me;
- tell me whether I should "pass" or "defer."

In training for other therapeutic approaches the trainer might happily fit into the "parental" role in response to demands such as these. However, the person-centered trainer would be inclined to push the responsibility back to the trainee, inviting him or her to become more central in their locus of evaluation. Following the concise yet symbolic language of Transactional Analysis, the CCT trainer is endeavouring to maintain an unswerving Adult-Adult relationship with the trainee and resisting any demands to slip into Parent-Child.

This firm line on the responsibility dynamic may demand some accommodation for CCT training on the part of accrediting bodies, who, influenced by other traditions, may generally expect more Parent-Child practices. For example, unless informed by the different responsibility orientation of the person-centered approach, accrediting bodies might carry expectations such as the following:

- a training course should expect reports from the individual therapy supervisors of trainees rather than regard the supervisory relationship as confidential;
- a training course should organise therapy experience for trainees rather than expecting trainees to do that for themselves;
- a training course should operate a system of tutor-assessment rather than student self-assessment.

Rather than run away from the inappropriate demands of such accrediting bodies, it behoves CCT trainers to make their case for practices consistent with their own model. For example, in Britain, CCT training courses have established their case so well that investigating panels from the main accrediting body (BAC) would *expect* course practices like the above to be consistent with the model. If, for example, a CCT training course operated a system of tutor assessment, the panel would want the course to justify that deviation from self-assessment practice which would be more consistent with the model. This accommodation, relevant in different ways to all therapeutic approaches, is achieved by dialogue with institutions rather than by withdrawing from them.

In therapy training we can never fully escape responsibility *for* the trainee because it is a logical derivative of having some responsibility *to* the trainee's clients. An extreme example serves to illustrate the point: if it was clear from therapy audiotapes that the trainee was being abusive to

certain clients then the CCT trainer would feel both a responsibility to the trainee but also, in some regard, to the client and the profession. Once any responsibility is felt *to* the client or the profession then the logical derivative is that the trainer has an element of responsibility *for* the trainee. In this extreme situation the trainer would want to help and support the trainee as much as possible and in that way be responsible to him or her, but the trainer would also be intent on stopping the abuse which is a different kind of responsibility. Such an extreme case serves to illustrate the point that CCT trainers cannot adopt a simple position on the responsibility dynamic whereby there are consistently responsible *to* trainees but not responsible *for* them. However, equally, an exceptional case such as this does not remove the central importance of the responsibility dynamic for CCT trainers. The challenge for trainers is to draw the line of responsibility very close to the trainee rather than too close to the trainer, so that it is only in the exceptional situation where the trainer must intervene by taking responsibility to protect the client or the profession and even then only after helping the trainee to identify his or her own responsibility in the matter.

Maintaining the tension within the responsibility dynamic

Trainees frequently find difficulty with the responsibility dynamic within CCT training because it can challenge many deeply held cultural presumptions. This is particularly true in Britain where education at all levels is dramatically authority oriented. Even mature students are generally expected to fit into a ubiquitous Child-like sycophancy in relation to the “teachers.” It can be difficult for people coming from such a culture to make the transformation whereby they will take responsibility for themselves in an educational relationship.

Maintaining the tension in the responsibility dynamic by refusing to take responsibility *for* the trainee encourages the further internalisation of the trainee’s locus of evaluation. In a training relationship we can expect the trainee to have a locus of evaluation which is at least fairly internalised from the outset, otherwise they should be clients rather than trainees (as discussed earlier in this section). As the trainee takes more and more responsibility for their own development and their own assessment of their development in all areas of the training across personal issues, therapeutic skill, and even understanding of theory, the trainee is constantly being encouraged by the very process of the course to exercise their own locus of evaluation. Hence the internalisation process is continually being exercised to a point where the trainee can become the *reflective practitioner* so valued within the profession (BAC 1990, Dryden, Horton & Mearns, 1995).

Holding the tension of the responsibility dynamic and thereby encouraging the further internalisation of the locus of evaluation also contributes to the trainee’s development in relation to his or her self-acceptance explored in the next section.

THE DEVELOPMENT OF SELF-ACCEPTANCE

The major consideration within the personal development dimension of CCT training is the trainee’s achievement of a degree of self-acceptance. Many factors contribute to the development of self-acceptance and many more derive from it. For example, we might consider that the trainee therapist’s *conditionality* in relation to certain client groups would demand work specifically in relation to those groups. Such work is certainly appropriate but also the therapist’s degree of self-acceptance will be relevant to his or her prejudice. This causal link between self-acceptance and other-acceptance is well described in Proposition 18 of Rogers’s personality theory (Rogers, 1951):

When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more

understanding of others and is more accepting of others as separate individuals (p 520).

Interpersonal challenge in the context of the therapeutic conditions

Intensive personal development work on CCT training faces the student with himself or herself more surely and effectively than any amount of individual therapy. The trainee becomes aware of the *introjections* which have been formative in his or her past and those which continue to have life in the present. The interpersonal challenges of both large and small training groups inevitably raise not only a number of *blind spots* for the trainee but those much more common areas which, though not wholly blind, are dimly illuminated and substantially feared. For example, the trainee who allowed himself to become fully aware of his presumption that “*If I really get close to people I will be dangerous for them.*” In this trainee this was an example of a long-held introjection about self. For months the trainee had used his many self-protective strategies to remain ever so slightly but firmly detached from others on the course. In training such as this, however, the challenge from others continues, but continues within the context of the therapeutic conditions whereby he is heard, valued and congruently challenged. Once this powerful combination of conditions had allowed him to face this fear he found that it had little life in his present and was relatively easily laid aside. This element of personal development contributed significantly to the trainee’s self-acceptance: he had faced a significant area of self-doubt squarely and had gained strength within his self-concept not only by the reason that his fear was relatively groundless but for the very fact that he had found the courage to face it.

Even in the case of those *ghosts from the past* which still have some life in the present, they are not usually as powerful as the fear attached to them. For example, the trainee who discovered: “*I actually got thoroughly angry with him (another trainee) – it was painful, but the sky did not fall down – the world did not end.*” This trainee had expressed congruent anger for one of the few times in her life. It was not a pleasant experience but neither was it traumatic. She could now begin to accept this part of herself rather than spending most of her relational life seeking strategies to avoid congruent spontaneity lest any angry content should be released.

The interpersonal challenging in conjunction with the therapeutic conditions is vital within CCT training and relatively unparalleled in training from other therapeutic approaches. In Gestalt training, modelled on the example set by Fritz Perls, the challenge certainly exists but may serve to drive the fear underground if the therapeutic conditions are absent. Object relations training also offers considerable challenge through its use of *learning groups*, but once again, in the absence of the therapeutic conditions the intense challenge may simply induce trainees to find more sophisticated ways of *hiding*.

The unconditional positive regard of the trainers

Another active ingredient which contributes to the trainee’s development of self-acceptance is the unconditional positive regard of the trainers in relation to those parts of the trainee’s personality which he or she may be rejecting. Just as in therapy, unconditional positive regard on the part of trainers can initiate a “counter-conditioning” effect (Lietaer, 1984) as exemplified in the following dialogue between trainee and trainer.

Trainee: “I am thoroughly disgusted with myself – just because he (the client) is a *man* I seem to be ready to find that he is a bastard – all the time. I am fighting with a part of me which is angry – angry and scared – I wish I could get rid of that part.”

Trainer: “I see how frustrated . . . how angry you are at your own anger. I also wonder how important that anger is for you, or was for you at some time . . . I guess it may have been quite an important part of you”

This kind of intervention is typical of the difference between a CCT trainer's response and that of a therapist. It includes the empathy of the therapist but it also presumes more internalisation of the locus of evaluation on the part of the trainee in actively pointing to one part of the trainee's personality. In affirming the possibility of at least the historical importance of even the most dismissed part of the personality it opens the door to the trainee's integration and a further step towards self-acceptance. With *clients*, whose locus of evaluation might be more externalised, a client-centered therapist would not make such a pointing intervention because it would be in danger of leading the client and further alienating him or her from their own locus of evaluation. The trainee, on the other hand, can be trusted to treat the trainer's suggestions as hypotheses which may or may not have veracity. For a discussion of locus of evaluation as a determining variable in the process of client-centered therapy, see Mearns (1994b).

"Coming out"

CCT training also provides a variety of contexts in which the trainee can "come out" in relation to feared, disliked or even hated parts of his or her Self. Owning, publically, these parts of Self both indicates and engenders a gain in self-acceptance. Three of the training contexts in which trainees may "come out" are:

- (i) Numerous one-to-one relationships between trainees, between trainees and staff, in practice therapy sessions, and between trainees and counselling supervisors;
- (ii) Small groups, designed to focus on group supervision and personal development;
- (iii) Unstructured large group meetings involving the whole course membership including staff.

Trainees often use these as three *levels* of "coming out." The more private one-to-one relationships may provide the security and exclusivity which allows the first awareness or at least the first public mention of feared, disliked or hated parts of the Self. With the confidence arising from this first statement the trainee may then disclose the issue and explore its ramifications in the small group context. The unstructured large group, which can be very large with perhaps 40 members, offers a more spectacular arena that may be used by the trainee who wants to "come out" to this part of his or her Self in as public a way as possible. These various public levels of disclosure may reflect a progression within the trainee's integration of this part of the Self. Certainly, when trainees use the large group in this kind of way the consequent gain in self-acceptance is clearly apparent.

When the feared or hated parts of the Self are publicly exposed and the "public" does not reject or pillory, and when those same feared or hated parts are faced as legitimate parts of the Self with a basis and a function in the development and survival of the Self, they become accepted and integrated into the Self. They may still be disliked, but the person no longer dislikes his or her whole Self because of them – thus self-acceptance has progressed.

This internalised self-acceptance may make its major movement even very late in the training in some trainees for whom the internal battle has been memorable. No matter how late such gains are made, it is the fact that they happen which is important.

INDIVIDUALISATION OF THE CURRICULUM

The person-centered approach has a special awareness of the importance of the trainee being at the center of his or her learning. It would, of course, be impossible to design a training entirely around the evolving needs of each and every individual trainee but careful design can maximise the possibilities for that individualisation of the curriculum.

Limits to Individualisation

The limits on this process are not only created by the fact that there will be more than one trainee in the training and therefore a competition of needs, but also because professional training confers some expectation in the mind of other professionals and also prospective clients that the client-centered therapist will have covered, or at least been introduced to, those areas considered to be important for professional practice. Hence, a dynamic is created between the person-centered principle of an individualised curriculum and the need to ensure a degree of core and comprehensive coverage. An extreme person-centered learning perspective would say that the whole matter can be left entirely open to the individual trainee who will be sufficiently responsible to ensure that their coverage is up to professionally acceptable standards. This is a reasonable stance but it might also be argued that any professional training course should take responsibility for at least introducing the trainee to both the breadth and the depth of the area of study and that the course might make further suggestions on structures which might maximise the student's ability to use other trainees in relationships which advance the learning of all. Having made such suggestions it is also incumbent upon trainers to be open to other ideas as these emerge from the training course membership because different course groups can find alternative structures which are effective. An example of this occurred on one of our courses which devised the notion of small (4 or 5 members) leaderless "study groups" where members would help each other to study different aspects of the theory of the course and also prepare presentations on these to the student body. This structure proved very effective for the course which invented it and also with numerous other courses who accepted this as a suggestion later offered by staff. However, inevitably, there came a course where this idea fell flat on its face and was seen as an inappropriate staff construction.

A classic mistake in person-centered training is to throw the whole decision-making process about the curriculum open to the student body in the naive belief that this is a "person-centered" way to proceed. One trainee summed up her experience of this approach with the question "How could I know what would be useful to me if I didn't even know what existed?"

This method of throwing open the whole curriculum to the decisions of the student body is appropriate to certain learning contexts, for example in person-centered experiential large group work or in person-centered encounter group learning. In these learning contexts there is no defined curriculum beyond the experienced and evolving needs of the participants, hence the relevance of an entirely open-learning approach. However, it is both pedagogically naive, not to mention irresponsible, simply to transpose this methodology on to other learning contexts such as professional therapy training where the learning needs are not entirely open and where there are limiting features felt both by trainers and professional bodies around issues such as:

- trainees should have experience of actual therapy work with clients;
- trainees should engage "therapy supervision" in relation to that client work;
- trainees should look at the issues of their personal development which impinge, or are likely to impinge, upon their client work;
- trainees should be aware of the elements within their core theoretical model of practice.

Individualising within the limits of the field

These are concerns which define the field in which the therapy trainee and trainer are working – they cannot simply be ignored. However, it is eminently possible to individualise the curriculum within these boundaries by creating learning contexts where the students can bring to the fore those elements which are of greatest relevance to them. Hence, individual supervision relationships, supervision groups, personal development groups and the unstructured large group are

contexts where any individual participant can strongly influence what happens. Although many of these have a defined area of relevance, in total they offer openings to any personal or professional area of concern or interest for the trainee and actively encourage the trainees' structuring of events rather than these being dictated by the trainers.

In most training courses which seek to find a workable position in relation to this dynamic of the individualisation of the curriculum, there would be a "moving feast" of lectures, workshops, videos, reading and visiting specialists which would run alongside the less structured individual and group contexts. Though the presentation of this material may be systematised in a way which makes sense to tutors and course validators, there is no serious expectation that each element will be being introduced at its optimal time for every trainee. However, the aim in this presentation is not that it should represent meaningful learning on presentation for every trainee but that it will help the trainee, at least, to become aware of the boundaries of the core model and the many elements which it includes. Such information is power: in this case it is the trainee's power to return to any of these now known areas once they are meaningful. For example, when the trainee is introduced to the theoretical distinction between self-actualisation and the actualising tendency along with the possible conflict which can arise between these, the matter may be of a purely theoretical concern and not at all meaningful. However, failing to introduce the trainee to this crucial dynamic within client-centered personality theory does him or her the enormous disservice of not offering him or her one of the potentially most useful of Rogers's constructions for understanding disorder.

Denying the trainee information is not an empowering way to proceed, neither is the presumption that elements of theory will be meaningful in the order in which they are provided. Hence, a practical approach to the dynamic of the individualisation of the curriculum is not one which leaves the trainee entirely to flounder on his or her own but one which helps him or her at least to become aware of the field and offers contexts in which he or she might operationalise an individualised curriculum.

INDIVIDUALISATION OF ASSESSMENT

Assessment procedures in higher education are traditionally neurotic endeavours whereby huge amounts of time are devoted to the minutiae of fairness and reliability in order to mask the much more important and problematic question of validity.

Assessment is happening all the time in client-centered therapy training. Indeed, with its considerable emphasis on feedback from trainer to trainee and between trainees, probably more time is being devoted to formative and diagnostic assessment than in most other higher education endeavours.

Individualising assignments

In the setting of assignment work it is perfectly possible to individualise the process by denoting the general area of an assignment but encouraging the trainee to choose his or her own assignment title and contents from within that broad area. This methodology offers an extremely effective way to cope with the fact that the mature entry to therapy training creates a situation where there is a wide range of prior educational background among trainees with some having completed a doctorate in a related subject such as psychology and others having had very little prior educational experience, though perhaps a considerable amount of practical experience. Hence, if we were to set one essay title within the area of, say, "The Therapeutic Conditions" we would inevitably be setting a task which was too simple for many and too complex for many. However, if we individualise the process by inviting trainees to produce an assignment *within the area of* "The Therapeutic Conditions" by choosing a title and task which is meaningful to them and represents an attainable challenge, then the possibility is there for each trainee to use

that assignment meaningfully and for it to become a medium through which they can express their attainment. Hence, one trainee for whom this theoretical material was new might choose to explore the three main therapeutic conditions, examining the contributions to the area in three main texts and exemplifying the conditions in relation to his own experience. Another trainee, with considerable background in the area, might set a completely different task which represented a challenge for her. Her challenge to herself might be "to evaluate research into the therapeutic conditions to explore Rogers's hypothesis of their necessity and sufficiency." If this latter task had been set for the first student the result would be despair and if the first task was set for the second student the consequence would be boredom, and in both cases alienation from the assessment procedure. Assessment is a means of both student and staff gaining and sharing information on the student's attainment. To that end it is surprising to note that individualisation of assessment assignments is not the norm within higher education.

Giving feedback

Assignment feedback from staff can be a feared process in the eyes of trainees more used to the bizarre attempts by mainstream education where the scrawled comments in red pen can carry little in the way of sensitivity and respect. A much more creative, less threatening and also complete way to give feedback to students is by means of audiotaped comment where the full meaning of the speaker's words can be heard. Our investigation over many years into this process shows that audiotaped feedback is much preferred by students and, also, that such feedback is experienced as coming from a real person rather than simply from an impersonal authority.

Summative self-assessment

The most problematic area is not diagnostic or formative assessment or even the assessment of individual assignments, but the concept of a summative assessment. Carl Rogers was clearly in favour of dispensing with summative assessment and any kind of certification. His argument, espoused regularly in the Center for Studies of the Person, was that assessment and certification gave entirely the wrong messages to the individual, implying that he or she had reached a point of acceptable sufficiency in regard to training or expertise. Carl might have been slightly more in favour of self-assessment had it been prevalent at the time but he was certainly against the idea that an external judgement such as that of staff was at all relevant.

While that position of Carl's was philosophically coherent, it allowed for little dialogue with conventional training and learning institutions. In more recent years CCT has attempted the bigger challenge of staying within institutions of higher learning but justifying and validating the superior effectiveness of student summative self-assessment. Some examples of courses which have obtained the approval of professional and educational institutions for their self-assessment systems include PCAII (London and Athens), PCT Britain, The University of East Anglia Diploma in Counselling and The University of Strathclyde Diploma in Counselling.

In designing a summative assessment policy and procedure trainers have to pay regard to their training institution and the conventional thinking about assessment which is prevalent within that institution. This does not mean that CCT trainers should feel slavishly required to fit into conventions laid down for other courses, simply that it is important to consider the context when determining the assessment policy which is to be argued during validation of the training. The validation process of any course actually encourages educators to put forward the procedures they want and to justify these by argument. Too often trainers are over-awed by validation procedures and feel obliged to accommodate to existing conventions. Recently I took part in a University validation meeting where the organisers of the person-centered course had put forward a system of tutor assessment only to be challenged on the inconsistency of that with the person-centered core model!

In an attempt to include at least an element of self-assessment yet to conform broadly to the conventions of tutor assessment within the institution courses sometimes promote a case for “an element of self-assessment” which might count for, say 20%, towards the final summative assessment decision. Another approach is to initiate a self-assessment system along the lines detailed below but to cope with the conventions of the institution by introducing a caveat whereby tutors have the power, though rarely used, to veto a trainee’s decision. While this has the effect of taking the trainees through the important processes of self-assessment it will not contribute positively to the aforementioned responsibility dynamic because, in effect, the trainee is not actually being given an absolute decision-making responsibility. Even although the veto is *never* used, in the eyes of the trainees it still remains a power retained by staff. *It is only when the power of decision-making is actually divested to the trainee that a summative self-assessment system exists.*

The outline which follows details one such summative self-assessment process, used by the University of Strathclyde, Scotland’s largest University.

A Self-Assessment System

Steps in the process:

- *Trainees are informed of the self-assessment system in pre-course publicity;*
- *The rationale for the self-assessment system is described during the first day of the course;*
- *Throughout the course trainees maintain a “personal journal” recording their progress;*
- *Before the start of the final term one workshop is devoted to “Self-Assessment Processes” where trainees are taken through the remaining steps in the self-assessment system;*
- *Early in the final term trainees participate in a workshop on “Personality Mapping” which includes much reflection and assessment of development of parts of their Self;*
- *During a residential period and also in and around course time, trainees undertake numerous consultations with peers, trainers, individual supervisor and sometimes with clients, on their progress in relation to therapy and the course;*
- *Over a period of weeks trainees draft their 10,000 word “Self-Assessment Statement” which details all aspects of their functioning on the course, in external individual supervision and within their counselling practicum;*
- *A copy of this statement is presented to the course for access to all trainees and trainers;*
- *Each trainee spends between 30 minutes and 1 hour in presenting their Self-Assessment to members of their supervision group for detailed feedback;*
- *The final stage of the process involves trainees presenting their Self-Assessment decision, on whether to take their Diploma or to defer, to the whole course community, with time available for reaction to their decision.*

On the most recent run of the above course nine out of twenty-eight trainees chose to defer their award for at least one year. This is typical of one important facet of self-assessment – that there is a much higher rate of deferment than in any system of tutor-assessment. This higher rate is not caused by a self-deprecation factor on the part of trainees because that is readily challenged by other trainees and trainers. The real reason for the higher deferment rate on self-assessed courses is that these rates are *realistic* – it is tutor-assessed courses which tend to produce too high pass rates because their external tutor assessment is both less valid and less reliable. As person-centered theory would have predicted, self-assessment gives the power to the person who

is in the best position to make such judgements. The trainee knows better when he or she is not ready; the trainee knows when he or she has not fully enough used the opportunities of the course; the trainee knows when he or she has had a counselling practice which is somewhat too narrow to give confidence for future working; the trainee knows when there are still uncertain "holes" in the personality; the trainee knows when their otherwise excellent assignment performance disguises rather low validity in predicting counselling practice. An adequate self-assessment system has released into the assessment process an assessor who has a much more intimate knowledge of the object of assessment. In tutor-assessed systems the trainee, understandably, gets into a game of hiding weaknesses and portraying whatever they think the assessor will perceive as strengths. Within that process the trainee is taken away from his or her locus of evaluation. Looking specifically at the recent course mentioned, most of those nine trainees who deferred would have passed conventional assessment systems. Indeed, their assignment work, on which tutor-assessment would be based, was extremely good in most cases. The nine trainees who deferred on this recent therapy course will likely take their Diplomas within one, two or perhaps three years, having met their own learning objectives. At that time they will take a Diploma which is truly *theirs* and which will have meaning throughout their lives.

The success of self-assessment in intensive therapy training should not be taken to presume that it will be successful if transported either into shorter training or other learning contexts. As with any aspect of pedagogy, the *context* is vital. Self-assessment will certainly not work where the trainees have not themselves made large personal commitments to the course, where the trainees do not have respect for the course and where the trainees are, otherwise, treated in a Parent-Child manner by trainers.

It is possible to "slip through" any assessment system, but that is more difficult with self-assessment. It is easier to fool trainers than to fool oneself. Also, the prospect of the challenge of peers and trainers is a powerful experience – in self-assessment the trainees realise that the decisions which others make affect the value of their own qualification, so there is little hesitation in voicing dissent if a trainee perceived as weak should be proposing to take the Diploma.

Fortunately, there are occasions when, in the eyes of other trainees and tutors, an individual trainee does "slip through" and chooses to take the Diploma despite widespread disagreement. Thank goodness that there are some such instances because these prove that the system is not tyrannical – in any case, such an individual may be *correct* in his or her decision!

CONCLUSION

This paper has been written from *inside* client-centered therapist training. The four dynamics which are highlighted around responsibility, the development of self-acceptance, the individualisation of the curriculum and the individualisation of assessment represent *live* issues, active every day for CCT trainers and trainees determined to establish a pedagogy which honours both person-centered principles and also public accountability. At an earlier time Carl Rogers understandably despaired of the practices within graduate therapist education (Rogers, 1971). However, the current challenge is to use his wisdom in creating a meaningful, yet institutionally recognised, system of training for client-centered therapists so that the profession can be extended to future generations. We should not be apologetic or deferent in our relations with mainstream education because the science underpinning our pedagogy is well founded in the work of Carl Rogers and others. Decisions to teach in ways which are responsible *to* students rather than *for* them, which seek to advance self-acceptance and which endeavour to individualise both the curriculum and assessment, are based on sound theory and can be argued in those terms. It is hoped that this paper and further publications (for example, Mearns 1997) will stimulate the growth of person-centered literature on training.

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