

**5-Step Assessment Competency Sheet:
Example of Good Practice in Completing the Assessment by Expert Assessor
(NB: This has been adapted and extracted from a number of differing sessions with
differing practitioners)**



Name of Practitioner: Richard M
Name of Rater: GV
Code for FM: AFMF05

Session Date: 1 Aug 2016
Completed Assessment Date: 1 Oct 2016

Scoring: 0 = No Evidence. 1 = Very Poor. 2 = Poor. 3 = Acceptable. 4 = Good. 5 = Excellent. Can use .5 scores as necessary e.g. 3.5
FM=Family Member. *FMQ= Family Member Questionnaire. L=Tape Length in Mins- applicable for those recording their tapes

Table 1: 5-Step Skills

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
1	Step 1: Listen, reassure and explore concerns		
L	Tape length = 48 mins		
1.1	Beginning of session - introduce 5 step, confidentiality, purpose of Step 1. Complete FMQ* (if not already completed) and use to guide the session. Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.	4.5	Beginning: Good overview of the 5-Steps, the purpose of the 5-Step Method and introduction of step 1. He covered confidentiality with FM. This covered circumstances where this would have to be broken. A relationship was created immediately by a friendly warm style. Comprehensive use of FMQ. Ending: A good summary was given of all the issues. Gave FM the handbook to use. Date of next session was discussed with FM, and discussion around contacting by phone in the interim. Improvements Need to check and explore if the session was helpful. <ul style="list-style-type: none"> • <i>“Can I check if this session has been helpful.....How has it been helpful”</i> • <i>Although the handbook was given, there could have been more focus on encouraging its use</i> • <i>“In the handbook there is x exercise on page z, you might find it useful to try this out before the next session”</i>
1.2	Allow FM to describe situation and tell their story, listen to and ask about the FM's concerns and fears. Summarise the situation to check if understood correctly. Acknowledge emotions being expressed.	4.5	The FM did describe her story and Richard M gained a good picture of concerns and fears. She began by asking the FM <i>“In your own words, would you like to tell me about your story”</i> . FM found that she was constantly worried about her son's safety both in and outside the home. FM feared that he would get aggressive with someone, lash out and hurt someone, end up hurt himself or in prison. FM was most concerned about his mental health and was also worried about his physical health. Richard M did very well to acknowledge all of the emotions being expressed by the family member and was very genuine in her responses with the FM, <i>“Wow that must have been a big shock to you”</i> . Richard M also generally reflected back well to the FM, <i>“So just let me ask you so that I can be sure I understood you correctly?”</i> . Improvements The use of slightly more silences and summarising would have helped the FM to acknowledge how

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			<p>drastic the current situation is.</p> <ul style="list-style-type: none"> “You have told me that you are living in a constant state of fear, fear for your son as to what will happen to him, fear as to what mood he will be in when he is at home and fear that he will lash out and hurt you or some other member of your family. What impact has that level of anxiety had on you?”
1.3	Identify relevant stresses and how the FM has been affected.	4	<p>Richard M was clear in identifying how the FM had been affected by her son’s addiction – “So it sounds like you’re main concern is the fear of physical violence from you son”. He identified some other areas of stress and how the FM had been affected including anxiety.</p> <p>Improvements</p> <p>However, it sounded like the FM was under a huge amount of stress, which might have been explored a bit further by Richard.</p> <ul style="list-style-type: none"> “So you say you were vey stressed and this makes you anxious. How else does this affect you..., could you sleep, eat etc? Were you getting headaches?”
1.4	Identify relevant stresses and how others have been affected.	3.5	<p>This was done quite well: “How would you describe how this has impacted on your other son and your daughter”. Again Richard M reflected back the FM’s concerns, as she described the effect of her son’s addiction on his brother- he had become withdrawn and quiet and stopped interacting with his brother.</p> <p>Improvements</p> <p>A lot of focus here was on the FM’s eldest son. Richard M could have focussed a bit more on how the FM’s daughter has been affected. He did not ask how her husband and anyone else were affected.</p> <ul style="list-style-type: none"> How has your husband been affected by this? Is there anyone else e.g. grandparents/aunts/uncles who have been affected by your son’s addiction.
1.5	Normalise the experience of FMs giving an indication that they are not alone with their experiences.	5	<p>Richard M did this extremely well in the session, “From my work with lots of families who live with addiction, it’s very normal to feel like this, you are not alone”.</p> <p>Normalising was done well and often throughout – “You are an ordinary person who is dealing with extraordinary circumstances”. This was done particularly well when the FM became upset towards the end of the session.</p>
1.6	Step 1: Total Score No/%	21.5/25 (86%)	Pass
2	Step 2: Provide relevant, specific and targeted information (both about drugs/alcohol and/or other key issues of relevance)		
L	Tape length = 35 mins		
2.1	<p>Beginning of session - check if previous session helpful. Give purpose of Step 2.</p> <p>Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.</p>	4	<p>Beginning: Richard M did ask if the previous session was helpful. He briefly gave the purpose of Step 2</p> <p>Ending: Not much of a summary was given. The use of the handbook was emphasised and arrangements were made for the next session.</p> <p>Improvements</p> <p>Give a summary at the end and check that this is correct.</p> <ul style="list-style-type: none"> “We covered information on x,y today and we discussed x,y- does that summarise it correctly”

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
2.2	Identify/check areas where FM needs more <u>Addiction-related information</u> (about the substances or behaviours involved – eg details of drugs, units of alcohol, forms of gambling - or about addiction/dependence - eg how difficult it is to give up, reasons for relapse etc.), present targeted & relevant information to FM, and discuss this with FM.	2.5	Richard M did check what information was needed but then gave what came across as a lecture on addiction. Information covered was about being a dependent drinker and why it is difficult to give up. There were few pauses or checking with the FM whether what was being said was helpful or if anything else might be more helpful. Improvements The counselling style could have been improved here with more pauses and open questions so that the information could be more targeted to the FM needs. <ul style="list-style-type: none"> “You mentioned in the last session that it would be helpful to have some information on why giving up alcohol can be difficult. I have a leaflet here, shall we go through it together and see if you have any questions?”
2.3	Identify/check areas where FM needs more <u>General information</u> (about anything not directly addiction related - e.g. anxiety, sleeping and other health issues, housing, debt management, benefits, educational courses), present targeted & relevant information to FM, and discuss this with FM. Utilise results of FMQ to guide the session.	3	There were some topics discussed which would fall under the general information criterion. These included meditation courses, and the potential of FM going back to college. Improvements Not a huge amount of specific information given here. Some areas were missed which had been picked up from the FMQ. <ul style="list-style-type: none"> “You mentioned when filling in the questionnaire that you often had sleep problems- would any information be useful to you to help with this?”
2.4	Identify/check areas where FM feels other family members may need information - both addiction and general information.	4.5	This was covered well by Richard M by asking “ <i>Is there information your husband would find useful</i> ” and “ <i>You have mentioned that your daughter is often quite stressed, is there any information that you feel would help her?</i> ” Improvements <ul style="list-style-type: none"> You needed to check fully on the types of information needed ie addiction and general.
2.5	Support FM to find out more for themselves about identified issues e.g. FM could use websites, reading, library, organisations, etc.	2	Richard M told the FM that there were a range of websites on addiction. However this was not really explored and he did not encourage the FM to find out more for herself. <ul style="list-style-type: none"> “<i>Would it help if we logged onto the computer after the session to have a look at useful websites, you could then look up more information when you want?</i>”
2.6	Step 2: Total Score No/%	16/25 (64%)	Pass with reservations
3	Step 3: Explore coping responses		
L	Tape length = 58 mins		
3.1	Beginning of session - check if previous session helpful. Give purpose of Step 3. Ending session - summarise the main FM issues, use of handbook	4.5	Beginning: FM thanked for coming back to this next session. Asked how the previous session had been and FM had found it very useful. Richard M gave a brief introduction to the current session. Ending: Good close of the session with discussion of the practicalities of contact and date of next session with the FM. Good summary of what was covered, and reference to the Handbook. Improvement

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
	and next steps. Check if session was helpful. Practical issues of contact and date of next session.		Remember to check if the session has been useful and how.
3.2	Ask FM about current coping responses. Get specific examples and situations. Discuss the 3 main ways of coping.	5	There was a good exploration of the FM's current coping responses. This centred around the FM's current coping style in terms of withdrawing from her daughter somewhat and specifically around setting boundaries regarding her own house and keeping her own space. The 3 main ways that family members cope was explained.
3.3	Explore advantages and disadvantages of current coping responses. Again, use specific examples and situations.	3.5	This was a difficult process throughout the step as the FM needed direction to continue to focus on the purpose of the step. Richard M did try to summarise to enable the session to get back on track but this could have been done more frequently. Discussed several situations and how the FM responded to her daughter, and how she has adapted her responding style over recent years with some success. This part of the session could have been a slight bit more structured. It might have been helpful to elicit the most recent examples of a situation at home and identify FM's current response. Following this, take each responding style and look at the advantages/disadvantages of these. This would have given this section a clearer structure. Improvements Identify recent specific examples and explore these in detail. Keep the session focussed and structured. Ensure the advantages and disadvantages are explored fully <ul style="list-style-type: none"> • <i>"Let's look in more detail at what are the advantages and disadvantages of coping like this. Tell me what the advantages are...Now tell me what the disadvantages might be"</i>
3.4	Facilitate FM to see that there is no right or wrong way of coping.	5	Richard M did mention this to the FM during the session: <i>"So family members all over the world try these different methods of coping, whether it's engaged, tolerant or withdrawing"</i> . This was emphasised this later on in the session: <i>"You know there are no easy answers, you don't know what you're going to do in these situation until you're in it...that's another reason why there are no right or wrong answers here...your heart is in the right place"</i> Overall this was very well done throughout.
3.5	Explore advantages and disadvantages of alternative ways of coping, again utilising specific examples and situations.	3	This was discussed briefly but the FM found it hard to think of alternatives. This limited the discussion on looking at advantages and disadvantages. The session then moved on quite quickly to the ending. Improvement Summarise the situation and generate alternatives. <ul style="list-style-type: none"> • <i>"I can see you are finding it quite hard to think of alternative ways of coping, shall we look at the handbook and see what other Family Members have found helpful"</i>
3.6	Step 3: Total Score No/%	21/25 (84%)	Pass
4	Step 4: Discuss social support and communication		
L	Tape length = 65 mins		
4.1	Beginning of session - check if previous session helpful. Give purpose of Step 4.	5	Beginning: Richard M gave a very good introduction to step 4. Good explanation of the purpose of this step and recap of step 3 – also checked in with FM to see if alternative ways of responding had gone well over the previous fortnight.

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
	Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.		Ending: summarised well and introduced step 5. Good use of the handbook and practicalities of contact and next session discussed. Asked how the session had helped and FM said that it had really made her think about her support mechanisms
4.2	Discussion of who/what/why is helpful and unhelpful in terms of social support utilising a network diagram - to include people, activities, other agencies/groups.	4.5	Richard M gave an excellent introduction to this part of the step, introduced this topic and discussed the various different types of support which a person/activity/organisation could give. Following this, he facilitated a discussion whereby the FM discussed her social support. A number of family members, friends were discussed as part of the FM's support network. Improvement For future practice, it may have been helpful if Richard M spent a little longer on this part of the step. This would allow the FM to take each person/activity/organisation and go through the +’s and –’s in terms of support for the FM.
4.3	Explore how to develop/continue to develop positive social support.	3.5	Richard M asked the FM throughout the session about areas of her social support that she would like to improve on. However this was made rather difficult by the FM who did not seem to want to discuss her family/friends as social support and kept repeating that they were all very helpful <i>“They’re all great”</i> . Instead the FM was quite fixated on the lack of support she perceived from various state services. Improvement From previous steps, the FM mentioned various craft activities that she is involved in and how beneficial she finds these as a stress reliever. These were not brought into the network diagram, nor into the discussion about where one can get support from. Could use more summarising and probing skills to explore the support of friends. • <i>“You have said that all your friends are great which is good to hear. However you have said you get quite low sometimes, could your friends support you in any other ways?”</i>
4.4	Explore potential new sources of support (could be linked to those named in the network diagram or filling in gaps in social support).	5	Richard M did well to identify a new source of support for the FM in the Family Support Worker. FM said she would make contact with the service to ensure she is allocated a family support worker as she had found this helpful in the past. He checked to see if there were any other areas in terms of support which could be improved upon. <i>“Is there anything else that would be helpful to support you?”</i>
4.5	Discuss how family members can support each other and agree on approaches when communicating with the using relative.	4	Richard M attempted several times to discuss this with the FM saying <i>“In terms of a common approach to dealing with your son, would the family as a whole approach it in the same way?”</i> He tried this again later in the session asking <i>“What about the four of you who live together, how would the communication be? What would it be like for you to sit down and have a family meeting?”</i> The FM did not appear to want to engage on this matter. Improvement Could reflect more what was happening in the session and ask why this was. • <i>“I am wondering if you are OK with how your family all communicate with your son as you said you were quite angry with your husband in how he interacts.. it sounds as if this is difficult to discuss? Maybe you could both discuss this at home, and here as well?”</i>

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
4.6	Step 4: Total Score No/%	22/25 (88%)	Pass
5	Step 5: Discuss and explore further needs (can be about drugs/alcohol and/or other key issues of relevance)		
L	Tape length = 35 mins		
5.1	Beginning of session - check if previous session helpful. Give purpose of Step 5. Ending session: summarise the main FM issues; check if session was helpful; remind on use of handbook; agree post-5-Step work; inform FM that will send another FMQ at 3 months. Inform that will contact them in about 6 weeks to check how they are.	2.5	Beginning: Richard M started Step 5 by welcoming the FM back and then facilitated a good check-in since the previous week. But there was not a clear introduction to the purpose of Step 5, nor did he ask about whether the previous session was helpful. Ending: There was no summary at the end and a rather brief closure. Reminded FM about the follow up in 6 weeks Improvements Clearer introduction to step 5. <ul style="list-style-type: none"> • <i>The purpose today is to review how the previous sessions have gone and to think about any further needs you or your family may have</i> • <i>Summarise the changes or ask the FM to do this</i> • <i>Could you summarise what changes you have made over the last x weeks?.</i> • <i>Remind about 3 mth follow up FMQ</i>
5.2	Review Steps 1-4 to explore what FM has found helpful about the sessions and what changes FM has made. Redo FMQ from 1 st session to clarify changes. FM/Practitioner to summarise key issues and progress to date.	3.5	Richard M emphasised the changes the FM has made in previous weeks with a very brief re-cap of the previous 4 sessions. <i>"You've come a long way in recent weeks"</i> . The FMQ was done but felt a little rushed. Following this, he could have discussed any changes she has noticed in the FM. Improvements It would have been beneficial to spend a little longer on the re-cap of the previous steps, discussing each step and the topics which were covered in a systematic way. <ul style="list-style-type: none"> • <i>"Okay so you looking back on what we have covered to date, Step 1 you told your story, you told me about X and Y, and how this has affected you. Step 2, I gave you information on X, and Y etc."</i>
5.3	Discuss FMs need for further help and how this can be actioned.	3	Richard M asked about any further needs for the FM. The FM said she did not need any further support. FM had previously mentioned interest in non-addiction related, e.g. gym and a potential holiday but these were not explored Improvements Richard M could have kept the discussion open by exploring potential situations in the future and where the FM might go for support in these cases. <ul style="list-style-type: none"> • <i>"You mentioned x, y in previous sessions, shall we just check each of these issues and see that you feel you have enough help in these areas"</i>
5.4	Discuss help needs of other FMs/key people and how these can be actioned.	2.5	Richard M very briefly discussed the FMs husband here and offered further support for him. He rushed this and did not ask about any other family members. Improvements Summarise and probe more so there is a fuller exploration of needs <ul style="list-style-type: none"> • <i>"We have talked about x, do you feel any of other family need any support or help (and if so what)?."</i>

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing /Summarise main information gained. <i>If any criterion scores less than 5, give feedback on improvements.</i>
5.5	Discuss help needs of the using relative and how these can be actioned.	3	This was quickly checked but not explored and RM moved onto the ending of the session. Improvements Explore the issue fully • “Do you think that your daughter needs any other help? Is she interested in getting more help?”
5.6	Step 5: Total Score: No/%	14.5/25 (58%)	Fail - resubmission
6	Total Score All Steps: No/%	95/125 (76%)	Pass, Step 1, 3, 4. Pass with reservations Step 2. Resubmission Step 5.

Table 2: Counselling & Other Skills

No	Skill	Score 1-5	Comment on where and how to improve
1.1	Creation of a relationship of trust (warmth, genuineness, and empathy)	5	There was a great relationship between Richard M and family member. It was clear that there was warmth, understanding, trust and mutual respect. There was also a good sense of humour between them both.
1.2	Careful listening, the giving of minimal encouragers, the asking of appropriate questions, reflecting both the verbal and emotional content of what has been said, summarising, and sensitivity to cues whether verbal or non-verbal, direct or indirect.	4	The sessions would have benefitted from Richard M summarising the feelings of the FM more and picking up on negative comments made by the FM. Richard did attempt to summarise at the end of sessions, however this could have been done a lot more throughout.
1.3	Allowing silences and the expression of emotions - anger, anxiety, depression, sadness; expression of feelings can be cathartic, alter feelings and improve self-esteem.	3	The sessions would have benefitted from Richard M exploring the feelings of the FM more, allowing for more silences and acknowledging the negative thoughts of FM.
1.4	Offering positive encouragement, reassurance and support, reminding people of their strengths and expressing hope and optimism that change is possible.	5	Offered encouragement throughout the session to FM that things can change and that it is important to have hope. Identified the FM's strengths throughout for example he commended the FM for being self-aware, resilient and for her capacity to laugh.
1.5	Management of issues associated with risk and safety if relevant – e.g. domestic abuse/ violence, safeguarding concerns and/or mental health.	5	The issue of domestic violence on the part of the FM's son ran throughout the sessions and he dealt with it throughout the 5 steps. FM discussed that she may possibly need sheltered accommodation. Richard M did check in with her as to whether she had considered leaving before. Also discussed that she and her husband are living in fear of their son. Discussed and created a safety plan with FM.
1.6	Total Score/%	25/30 (83%)	Pass

Rating - State A, B, C: C

- A) Pass: Table 1, 5-Step Skills:** Above 65% for all Steps (majority of scores are 3.5 and above) **AND Table 2, Counselling & Other Skills:** A total of above 65% (majority of scores are 3.5 and above)
- B) Pass with Reservations: Table 1, 5-Step Skills:** Generally 60% and above and below 65% (some scores of 3 or below) **OR Table 2, Counselling & Other Skills:** Generally 60% and above and below 65% (some scores of 3 or below)
- C) Resubmission required for a Step or all Steps: Table 1, 5-Step Skills:** Below 60% (scores of mainly 3's and below) **AND Table 2, Counselling & Skills:** Below 60% (scores of mainly 3's and below)

SUMMARY: Overall Comments on Tables 1 & 2. State improvements and action plan as needed.

Richard passed steps 1, 3, 4 of the 5-Step Method, with a high overall score of 82%. I was most impressed by the relationship of warmth and empathy that was so evident throughout and the mutual respect on the part of both Richard and family member towards each other. It was lovely also to hear a sense of humour during the sessions. Richard was faithful to the use of the intervention; he was clearly well prepared for these sessions. It was also very obvious that he had listened to his tapes between sessions, had reflected on what he could have improved on and incorporated this into his next step. This level of commitment by Richard was of real benefit to the family member he worked with. As with all 5-Step Method practitioners, he will become more comfortable with the trickier aspects to the 5-Step Method such as exploring alternative coping responses and developing on social supports, with time and more sessions. One area which I think could be improved on is allowing for the family member to explore her situation in more detail and express her emotions in relation to this. More silences and summarising would have helped with this, particularly as this FM was evidently very resilient and was quick to brush her feelings to one side.

Richard passed Step 2 with reservations and some suggestions for future improvement. Firstly, the information provided by Richard should be presented in a more user-friendly manner. This information (specifically on addiction) came across more as lecture to the FM, with very little checking to see if she understood what was presented. Furthermore, in future it would be helpful if Richard spent a little more time supporting the FM to find out more information for herself – this should be realistic given the FM's resources and ability. For example, if a FM is not confident using computers, Richard could suggest they find information on the internet together. Another alternative could be a "warm handover" with another professional who can help the FM, e.g. social worker, librarian.

Unfortunately, Richard did not pass Step 5 and will have to resubmit. There were a number of improvements that could be made for future practice of step 5. Firstly, as with other steps, a thorough introduction as well as check-in regarding the previous session is always helpful. Following this, Richard should not move as quickly through this step, re-complete the FMQ and facilitate the FM to see how far she has come since the first session. Finally, Richard should spend a bit more time on determining and offering support with regard to the future needs of the FM themselves, other members of the family and also the drug using/drinking relative. All of these components would constitute a thorough Step 5.

Action: Resubmit Step 5. For Step 2, this can either be resubmitted or an alternative is a demonstration session with your supervisor or peer to show that the competence is reached on 2.2 and 2.5.