

### Remember the Key Principles

**5-Step Method: Key Principle:** In reviewing each Step, the key question is: From listening to this recording, have you demonstrated enough skill to become a 5-Step Method Practitioner?  
Did you structure the session so that all aspects of the Step being undertaken were covered and did you ask the right questions?  
If I just listen to myself and not the Family Member, would I hear evidence of good 5-Step practice?

**Counselling & Other Skills: Key Principle:** Have I demonstrated enough competency in counselling skills?  
You may want to ask yourself some questions “*Did I create the conditions in the session that allowed the FM to explore the issues?*”;  
“*Was there evidence from what the family member said that they felt this was a positive session and would come back*”.

- A. **Prior to session 1 or in session 1:** Discuss purpose, evidence base, how long sessions are, confidentiality, recording of session, introduce and agree use of self-help handbook, complete FMQ etc.
- B. **Session pace/Timing:** If the tape is much less 45mins, then (especially for Step 1), it is highly unlikely that the step (including the start and end of the session) can be completed in enough depth. Also, if you don't pace the session well and do not give time to each criterion, it is unlikely that the session will be completed satisfactorily.
- C. **All criteria covered:** Many practitioners do not cover each criterion, and therefore lose marks. Having the checklist or assessment criteria in front of you helps ensure that you cover all areas.
- D. **Session starting:** The most effective 5-Step Method interventions are always good at introducing each session and the purpose of each Step, thanking the person for attending, and creating a relaxed atmosphere and a good relationship.
- E. **Sessions generally:** Most effective sessions make sure they follow and cover each Step and work through each Step (and with Step 1 in particular, not jumping ahead to later steps), keep focussing back by summarising and getting the FM to explore their own solutions rather than telling them what to do or making too many suggestions, and using the handbook to provide structure. Other issues are: the practitioner to not talk too much; it can also be that the FM talks a great deal - this is fine but the practitioner needs to intervene by summarising and refocussing on the Step.
- F. **Keep control of the process:** do not let the session turn into too much of a 'chat' - keep it structured by re-summarising and focussing on the purpose i.e. the Step and asking FM to think of options. The FM is in charge of the content of sessions but the practitioner is in charge of the process.
- G. **Session ending:** Most effective sessions always end with a summary, asking the family member whether they found the session helpful and in which ways. Some practitioners use a brief relaxation session to end, and this has been positively received.

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
1	This is the most important step - therefore there should be at least 45 minutes spent on this (although more is recommended). Even if the practitioner has known the FM for years, the Assessor for the 5-Step Method does not. Let the FM tell their story from the beginning: the more information that is elicited, the more you have to work with as practitioners in this and subsequent steps. Using the FMQ is a great way to ensure you gain maximum information on all issues from the FM. Ensure you make reference to the information collected so the Assessor knows that it has been completed.	
1.1	Beginning of session - introduce the 5-Step Method, confidentiality, purpose of Step 1. Complete FMQ (if not already completed).	<p><b>Common problems.</b> Session not clearly introduced with the purpose.</p> <ul style="list-style-type: none"> <li>• <i>“The 5-Step Method is a way of helping family members who are having to deal with the fact that a close relative has developed some problems with their use of alcohol or drugs or gambling.”</i></li> <li>• <i>“The purpose of this session is for you to tell me your story and explain your concerns and fears.”</i></li> <li>• <i>“Ok, so to start off we might run through this questionnaire, called the Family Member Questionnaire. It will just ask you how you have been affected by your son’s problem in the last 3 months. It will help me get a sense of how things are for you, and then we can have a discussion around it in a bit more detail. Is that alright with you?”</i></li> </ul>
1.2	Allow FM to describe the situation and tell their story, listen to and ask about the FM’s concerns, fears and emotions. Ongoing summarising to check understanding of the situation. As necessary, utilise results of FMQ to guide the session.	<p><b>Common problems.</b> Practitioner asks questions and listens but could probe more to find out more about concerns and fears. Could acknowledge emotions more. Need to use more summarising to check understanding - sometimes can come across as more of a chat. Carries out too passively. FM is saying what it is like for the user rather than themselves so need to focus back on FM. Try to summarise at least every 10 mins.</p> <ul style="list-style-type: none"> <li>• <i>“Have I understood correctly, the situation is.....”</i></li> <li>• <i>“You have spoken about the problems for your son but what is it like for you?”</i></li> <li>• <i>“So, for you, the main issues have been .....”</i></li> <li>• <i>“You said in the FMQ that one of the big impacts has been ....., tell me more about how this has affected you?”</i></li> </ul>
1.3	Identify relevant stresses and how the FM has been affected. As necessary, utilise results of FMQ to guide the session.	<p><b>Common problems.</b> Not probe enough on what the stresses are for the FM or not enough clarity on what the main stresses are. It can turn into a general chat about the situation. Too much of a focus on the effects on the user, not enough on the effects on the FM.</p> <ul style="list-style-type: none"> <li>• <i>“It would be helpful to understand clearly how these worries are affecting you, can you tell me more about this?”</i></li> <li>• <i>“It sounds as if the main effects on you are x, is that correct?”</i></li> <li>• <i>“From the questionnaire and what you have said, the key stresses are x, with the main ones being y- is that correct? Are there any others?”</i></li> <li>• Better to be more concrete eg <i>“So your son’s alcohol use affects you due to x” “You feel concerned as you worry about his health, and you are not sleeping properly”</i></li> </ul>
1.4	Gain an overview of family/network structure, and use this to identify how others have been affected by these stresses.	<p><b>Common problems.</b> Session can be very general and information is gained on FM but not about how others affected, or even who else there is in the family/close network. Make sure that you ask the FM for a list of key others in the family/close network so you can accurately ask about how they are affected throughout the session (and what this all means for the FM that you are working with).</p> <ul style="list-style-type: none"> <li>• <i>“So we have talked about how you are affected, are there other people in the family who have been affected ....tell me how they have been affected”</i></li> </ul>
1.5	Normalise the experience of FM’s, giving an indication that they are not alone with their experiences.	<p><b>Common problems.</b> Normalising the experience is not mentioned enough. A common problem picked up by assessors is missed opportunities <b>throughout</b> a session to normalise the family member’s experience.</p> <ul style="list-style-type: none"> <li>• <i>“Your situation sounds very stressful. You know, from having talked to quite a lot of family members, your</i></li> </ul>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<p><i>feelings and reactions are very normal</i></p> <ul style="list-style-type: none"> <li>• <i>“I can hear you have been very upset and anxious...this is very normal to feel like this, given what you are experiencing”</i></li> </ul>
1.6	Ending session - summarise the main FM issues, use of handbook (and any risk issues with it being taken home) and next steps. Clarify what the information needs are to be discussed in next Step. Check if session was helpful. Practical issues of contact and date of next session.	<p><b>Common problems.</b> Issues not summarised towards end of session. Need to end the session in a more effective way by summarising what has been covered/introducing what will happen at next session/reminding to use the handbook etc. Not starting the process of clarifying what the information needs are for the next session.</p> <ul style="list-style-type: none"> <li>• <i>“Let me summarise what you have said today, and go over what we will do next time”</i></li> <li>• <i>“In the handbook is x exercise, you might find it useful to try this out before the next session”</i></li> <li>• <i>“Step 2 is about providing you with some targeted information about addiction and about any other related issues which may be around. Is there anything you would like me to prepare for you”</i></li> </ul>
2.		<p><b>TARGETTED INFORMATION:</b> There are two separate criteria here whereby the practitioner should give BOTH addiction specific AND non-addiction specific information to the FM. The purpose of this step is to provide information which is relevant and targeted to the FM. WHAT this information is should have been asked about in Step 1 and delivered during Step 2, while also using Step 2 to identify any additional information needs. This might seem obvious but some practitioners have only tried to ask the FM about what they would like information on, during this Step 2, and hence do not actually record giving the information to the FM. Use the <b>‘<i>elicit, provide, elicit</i>’</b> process: a) establish what the information needs are (at end of Step 1); b) provide targeted information (in Step 2). c) check the information has helped them and discuss any further questions that arise (in Step 2). This will ensure you work through all aspects of information. Also a lot of people do not cover criterion 2.5 – Supporting the FM to find out more for themselves. Remember to use the results from the FMQ to help identify information needs; and to look at the Practitioner’s and the Self-Help handbooks where there is a lot of information; and that you don’t have to know all of the answers – if you don’t know, you and the FM might look for the answers together.</p>
2.1	Beginning of session - check if previous session helpful. Give purpose of Step 2.	<p><b>Common problems.</b> No checking of if the previous session was helpful, and if so, in what ways. This session not clearly introduced with the purpose of Step 2.</p> <ul style="list-style-type: none"> <li>• <i>“We spent a lot of time last time talking about how things were for you. What did you feel about that session? Was it helpful at all? In what ways?”</i></li> <li>• <i>“The purpose of this session today is to look at what information would be helpful to you, Lots of family members tell us that not knowing or understanding what is going on contributes a lot to their stress and strain, so this Step is about trying to help you get a better understanding.”</i></li> </ul>
2.2	Identify/check areas where FM needs more <u>Addiction-related information</u> (about the substances or behaviours involved – e.g. details of drugs, units of alcohol, forms of gambling - or about addiction/dependence – e.g. how difficult it is to give up, reasons for relapse etc.), present targeted & relevant information to FM, and discuss this with FM. As necessary, utilise results of FMQ to guide the session.	<p><b>Common problems.</b> Not exploring in enough detail what information is needed. Some practitioners start to tell the FM what they (the practitioner) think is needed. Session strays into other areas/later steps (eg coping) and so needs to get back on track to the purpose of Step 2. It’s a good idea to particularly use the self-help handbook in the session.</p> <ul style="list-style-type: none"> <li>• <i>“You mentioned in the last session (Step 1) that you found his broken promises to stop really frustrating. There is something called the ‘Cycle of Change’ which can be really helpful to understand why many people with addiction problems say that they’ll stop and mean to stop but often lapse or relapse.”</i></li> <li>• <i>“We have talked about information on the effects of alcohol on health; but is there any other information about alcohol and its effects that would be useful for you?”</i></li> <li>• <i>“Okay, so coming back to the purpose of Step 2, which is to provide information relevant to you. I’m going to tell you a bit about X which you indicated you would find helpful, is that okay?”</i></li> <li>• <i>“Is there any other information about alcohol/drugs/gambling that we could look at that might be relevant to you?”</i> <i>“Would it be helpful to go over how I find out the answers to these questions, so that you could look for yourself if other things come up for you?”</i></li> </ul>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
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. As necessary, utilise results of FMQ to guide the session.	<p><b>Common problems.</b> Not actually checking whether the family member needs information about non-addiction related areas. The FMQ will show up some areas but make sure you explore wider issues.</p> <ul style="list-style-type: none"> <li>• <i>You said in Step 1 (and I saw this from what you put in the FMQ as well) that information on improving your sleeping would be useful. I've got some information here - shall we go over this?</i></li> <li>• <i>"When we did the FMQ, you talked about the problems you were having with anxiety, would some information to help manage this be useful?"</i></li> <li>• <i>"You have talked about x, would some more information about this be helpful, do you think?"</i></li> <li>• <i>"The handbook has lots of useful information sources, would it be helpful for us to go over that together, now in the session?"</i></li> </ul>
2.4	Identify/check areas where FM feels other family members may need information - both addiction and general information.	<p><b>Common problems.</b> Not exploring in enough detail the types of information that the FM feels that other family members may need.</p> <ul style="list-style-type: none"> <li>• <i>"You said that your daughter was thinking that going away and volunteering for a period might help her relieve her worries about her brother's drug problem. Would it help if we got some information together about volunteering opportunities?"</i></li> <li>• <i>"You say your son may be interested in getting help for his drug problem, would it be helpful to give you some information to take away"</i></li> </ul>
2.5	Support FM to find out more for themselves about identified issues e.g. FM could use websites, reading, library, organisations, etc.	<p><b>Common problems.</b> Not supporting and exploring with the FM options to find out more information</p> <ul style="list-style-type: none"> <li>• <i>"Would it help if we logged onto the computer together, now, to have a look at useful websites?"</i></li> <li>• <i>"I agree, it is difficult to know if the information we look at on the internet is truthful. Shall we look together and I can go through how I decide whether to trust internet information or not?"</i></li> </ul>
2.6	Ending session - summarise the main FM issues, use of handbook. Clarify what the next session will focus on/describe the Step. Check if session was helpful. Practical issues of contact and date of next session.	<p><b>Common problems.</b> Issues not summarised towards end of session. Lack of use of handbook. Lack of introduction of what will happen at next session.</p> <ul style="list-style-type: none"> <li>• <i>"Let me summarise what you have said today."</i></li> <li>• <i>"Can I suggest that you look at Step 2 in the Handbook I gave you last time, and see if by doing some of the exercises that is helpful?"</i></li> <li>• <i>"So, today has been about how feeling more informed information can make you feel a little more 'in control' of this very difficult situation. Next time we will get to Step 3, which is about how you are dealing with the situation, and what you feel is going well about that, and whether you feel that there are any things that you could, or might want to, do differently?"</i></li> <li>•</li> </ul>
3.		<p><b>COPING:</b> In this step, some practitioners rely very heavily on the Handbook. While the Handbook can be used throughout the session, you should not read verbatim from it, rather ask the family members to describe some specific real situations that they have experienced with their relative, ask them how they responded and then discuss the advantages and disadvantages of each specific step that they took in that real situation, emphasising that there is no 'right' or 'wrong' way of coping, but that every way has both advantages and disadvantages, and helping them to see what those are, for each part of their coping response. It is very useful to link these to the three main ways or styles of coping that research has shown most FMs use. Again just follow the assessment criteria, and make sure that you discuss both the advantages and disadvantages of each of a number of ways of coping that the FM has used, and a number of situations that they have needed to deal with. Throughout the session, make sure you stress to the family member that there is not one right way to respond to addiction in the family. For each situation they raise where the advantages and disadvantages of how they dealt with it are explored, you also need to adequately explore with the FM alternatives to each of those ways, and the advantages and disadvantages to those alternatives. You need to remember TAAA (There Are Always Alternatives).</p>
3.1	Beginning of session - check if previous session helpful. Give purpose of Step 3.	<ul style="list-style-type: none"> <li>• <b>Common problems.</b> No checking of if the previous session was helpful, and if so, in what ways. This session not clearly introduced with the purpose of Step 3.</li> </ul>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<ul style="list-style-type: none"> <li>• <i>“We spent a lot of time last time getting more information, both about X’s (your relative’s) addiction and how that is affecting him, and about other things (such as your concerns about housing, or about anxiety, or about sleeping, etc). What did you feel about that session? Was it helpful at all? In what ways?”</i></li> <li>• <i>“The purpose of this session is to look at how you currently respond to the situation with your son. How to respond is always really difficult, and I’m not here today to tell you that there are better ways to respond – but I often find that talking about what is working well about how we respond, and what maybe is working less well, can be really helpful.”</i></li> </ul>
3.2	Ask FM about current coping responses. Get specific examples and situations. Discuss the 3 main ways of coping. As necessary, utilise results of FMQ to guide the session.	<p><b>Common problems.</b> Not getting enough details about responses with specific examples. Talking about ‘general’ or ‘typical’ ways of responding vs getting specific examples of exactly what was said or done. Not making use of handbook to give the summary of ways of coping. Some counsellors giving too much information of how they might cope.</p> <ul style="list-style-type: none"> <li>• <i>“It would be really helpful if you could identify some recent situations when your son has been using drugs or when the issue has come up, and talk me through how you responded – what you and he actually said and did.”</i></li> <li>• <i>“You have talked about how, when your son comes in, you ignore the situation and go out of the room. As we can see from the handbook, this is a very common way of responding.”</i></li> <li>• <i>“In the handbook, this shows various ways of coping, shall we look at these and see which ones you may have used in the past or may find useful to use in the future.”</i></li> <li>• <i>“So, looking at these three instances where the problem came up last week, and looking at these three main ways of coping in the handbook, it looks like you mainly used X style of responding, is that right?”</i></li> </ul>
3.3	Explore advantages and disadvantages of current coping responses. Again, use specific examples and situations.	<p><b>Common problems.</b> Not exploring in enough detail the advantages and disadvantages of each coping response that is discussed, so the FM can come to their own conclusions. Also not gaining specific enough examples of advantages and disadvantages.</p> <ul style="list-style-type: none"> <li>• <i>“Okay, so coming back to your ways of responding and Step 3, we want to look at your different ways of responding. You said that you did ‘X’. In any way of responding, there are always good bits, things that work well or make us feel better, and less good bits, things that don’t work well or make us feel unhappy. What were the good bits, the advantages, about you doing ‘X’? And what were the disadvantages about you doing ‘X’?”</i></li> <li>• <i>“Let’s look in more detail at what are the advantages and disadvantages of you coping like this. Tell me what the advantages are when you did x last week...Now tell me what the disadvantages might be”</i></li> </ul>
3.4	Facilitate FM to see that there is no right or wrong way of coping.	<p><b>Common problems.</b> Not stating that there is no right or wrong way of coping.</p> <ul style="list-style-type: none"> <li>• <i>“You have talked about your ways of coping and said that you want to know what the ‘right’ thing to do is. Lots of FMs feel there ought to be a best way to cope, but there isn’t one right answer - there is no right or wrong method, there are just advantages and disadvantages to every way of dealing with things, depending on the situation.”</i></li> </ul>
3.5	Explore advantages and disadvantages of alternative ways of coping, again utilising specific examples and situations.	<p><b>Common problems.</b> Not exploring alternative ways of coping and their advantages and disadvantages in sufficient detail and with reference to specific examples. Not using the handbook enough to give potential examples if the FM finds it difficult to come up with alternatives.</p> <ul style="list-style-type: none"> <li>• <i>“Are there any other alternative ways you might use, to cope with the situation you were in last week..., OK, let’s look at the Handbook and see what suggestions there are there ... Let’s think about the three ways of coping – you have used X way, so what would using the other two look like?”</i></li> <li>• <i>“So we’ve discussed today the different ways you tend to respond to your relative at home: X, Y, we’ve also looked at the advantages and disadvantages of these X, Y,...You’ve said that you might try Z way of</i></li> </ul>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<p><i>responding in the future and see how that goes, does this summarise what we discussed so far? Ok, if you are going to try Z, what might the advantages be about coping in that way? ... And what might the disadvantages be?"</i></p> <ul style="list-style-type: none"> <li>• <i>"Ok, so we've talked a lot about Xs mother and siblings, I was just thinking, are there any alternative ways that we might consider, of responding to X himself? What would the potential advantages and disadvantages of this be?"</i></li> <li>• <i>"We discussed that you think it may be better to talk to your son the next day about the effect his behaviour has on you, as opposed to discussing it immediately: what would the advantages and disadvantages be of this?"</i></li> </ul>
3.6	Ending session - summarise the main FM issues, use of handbook and next steps. Clarify what the next session will focus on/describe the Step. Check if session was helpful. Practical issues of contact and date of next session.	<p><b>Common problems.</b> Issues not summarised towards end of session. Lack of use of handbook. Lack of introduction of what will happen at next session.</p> <ul style="list-style-type: none"> <li>• <i>"Let me summarise what you have said today."</i></li> <li>• <i>"So we've discussed the different ways you tend to respond to your relative at home today X, Y, Z... we've also looked at the advantages and disadvantages of these X, Y, Z... You've said that you might try X way of responding in the future and see how that goes, does this summarise what we discussed today?"</i></li> <li>• <i>"Can I suggest that you look at Step 3 in the Handbook, and see whether, by doing some of the exercises, that is helpful?"</i></li> <li>• <i>"So, today has been about how you deal with this very difficult situation, and about how there isn't one right way of dealing with it, but that there are always alternatives, and that each alternative has both advantages and disadvantages, and how by going through all of these different ways and thinking about what's good and less good about that way, you can feel better prepared to deal with things as they come up in the future. Next time we will get to Step 4, which is about who and what is in your 'support network' and how you might be able to use that network to make you feel more supported, and less alone with this problem."</i></li> </ul>
4.		<p><b>SOCIAL SUPPORT.</b> A very common criterion which is often left out or done poorly is 4.5: <i>"Discuss how family members can support each other and agree on approaches when communicating with the using relative."</i> This criterion comes from the fact that often members of the same family disagree on how to treat their drug using relative. This simply means that you ask the family member (eg): <i>"So are you and your husband/son/daughter/etc on the same page in terms of how to deal with your son's drug use? If not, why not? In what ways is that a problem? How can you change this (either the disagreement, or the problems that the disagreement leads to)?"</i></p>
4.1	Beginning of session - check if previous session helpful. Give purpose of Step 4.	<p><b>Common problems.</b> No checking of if the previous session was helpful, and if so, in what ways. This session not clearly introduced with the purpose of Step 4.</p> <ul style="list-style-type: none"> <li>• <i>"We spent a lot of time last time looking at how you dealt with this difficult situation, and what the advantages and disadvantages are with how you currently cope and with any alternative ways that you might cope differently in the future. What did you feel about that session? Was it helpful at all? In what ways?"</i></li> <li>• <i>"The purpose of this session is to look at your social support and what you find helpful or unhelpful. Lots of people find it helpful to draw a diagram so shall we look at this in the handbook and then we can fill it in together."</i></li> </ul>
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.	<p><b>Common problems.</b> Not exploring in enough depth what is helpful and unhelpful for each person or activity identified or summarising any common themes. Not building up a comprehensive enough picture of a FMs social network. Not asking about what the FM does to support themselves.</p> <ul style="list-style-type: none"> <li>• <i>"So you have identified 3 supportive people, what do they do that is helpful or that supports you. The 2</i></li> </ul>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
	As necessary, utilise results of FMQ to guide the session.	<p><i>people who are unhelpful – what do they do and why is this unhelpful for you?”</i></p> <ul style="list-style-type: none"> <li>• <i>“You have identified quite a few people who are supportive – what about things or activities which you find supportive? .... Some people tell me that going to the gym is helpful, or going for a walk, or attending their book reading group .... Are there any activities that you do that make you feel better or more supported?”</i></li> </ul>
4.3	Explore how to develop/continue to develop positive social support.	<p><b>Common problems.</b> No exploring or facilitating how to develop the social support that the FM may find helpful.</p> <ul style="list-style-type: none"> <li>• <i>“You mentioned doing more exercise, how would you action this?”</i></li> <li>• <i>“You have mentioned some areas where you do feel supported, such as from your sisters. Are there ways you would like this to develop even further to give you even more support?”</i></li> </ul>
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).	<p><b>Common problems.</b> Counsellor being too quick with coming up with their own ideas rather than firstly asking the FM.</p> <ul style="list-style-type: none"> <li>• <i>“You have identified ‘family support’ from your sister, are there any other people (in the family? .... or from work maybe .... or maybe friends) who could also give you support?”</i></li> <li>• <i>“You mentioned some friends as support, are there any activities you enjoy doing that you could do with them, that might make you feel more supported?”</i></li> </ul>
4.5	Discuss how family members can support each other and agree on approaches when communicating with the using relative.	<p><b>Common problems.</b> This element of Step 4 is often not explored in any detail at all.</p> <ul style="list-style-type: none"> <li>• <i>“Is there anything else you think would help so that all the family members agree on the approaches that can be taken with your relative?”</i></li> <li>• <i>“You mentioned that your husband takes a different approach and confronts your son which you say doesn’t help, what would like to say to your husband so that he can take an approach that is more helpful?”</i></li> <li>• <i>“Shall we try a role play so you can rehearse what you want to say- many FMs find this helpful.”</i></li> <li>• <i>“There are lots of situations where you might have different views about what is best to do. Have you considered that it is OK to have different ways of dealing with it – as we discussed last time, no way of coping is ‘the right one’ and there are advantages and disadvantages to every way, including the different ways that your husband and you deal with things.”</i></li> </ul>
4.6	Ending session - summarise the main FM issues, use of handbook and next steps. Clarify what the next session will focus on/describe the Step. Check if session was helpful. Practical issues of contact and date of next session.	<p><b>Common problems.</b> Issues not summarised towards end of session. Lack of use of handbook. Lack of introduction of what will happen at next session.</p> <ul style="list-style-type: none"> <li>• <i>“Let me summarise what you have said today.”</i></li> <li>• <i>“So we’ve discussed how you are supported in dealing with this problem by lots of different people and activities, and how it might be possible to increase the amount of support that you get – and we know that the more support you get the easier it is to deal with these very difficult issues. Does this summarise what we discussed today?”</i></li> <li>• <i>“Can I suggest that you look at Step 4 in the Handbook, and see whether, by doing some of the exercises, that is helpful?”</i></li> <li>• <i>“So next time is Step 5, the last Step in the 5-Step Method. What we will do next time is look at each of the 4 Steps we have gone through so far, and review what that step was about and whether you found it helpful, and in what ways. Then we’ll look at what further help you might need (if any) and what help any other members of the family might need, and how to get that help to them, and what help your using relative might want, and how s/he can access that help.”</i></li> </ul>
5.	<b>REVIEW AND FURTHER HELP:</b> Not mentioning some criteria is the most common cause of failing this step. This step is about reviewing the Steps to date, and providing further support for the family members themselves, the drug using relative and then ANY other relatives who might want support. Sometimes the entire step is taken up in reviewing what has been undertaken and then offering the FM further support and the other two criteria are missed entirely. Even if the family member’s relative is in treatment or not living at home, there are supports that can be discussed, including online	

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
5.1	Beginning of session - check if previous session helpful. Give purpose of Step 5.	<p><b>Common problems.</b> No checking of if the previous session was helpful, and if so, in what ways. This session not clearly introduced with the purpose of Step 5.</p> <ul style="list-style-type: none"> <li>• <i>“We spent a lot of time last time looking at how much support you had, and how you might increase it even more. What did you feel about that session? Was it helpful at all? In what ways?”</i></li> <li>• <i>“The purpose of this session is to review progress to date, clarify further needs and develop an action plan and to look at the needs of other FMs and of your misusing relative.”</i></li> </ul>
5.2	Review Steps 1-4 to explore what FM has found helpful about the sessions and what changes FM has made. Redo FMQ and compare with FMQ from 1 <sup>st</sup> session to clarify changes. FM/ Practitioner to summarise key issues and progress to date.	<p><b>Common problems.</b> Not looking back over previous 4 sessions to highlight what the key points are and so further help is not targeted. Ideally the counsellor would be asking the FM to do this and adding as appropriate. Not being encouraging enough over any changes to date. Not asking the question to review the session in terms of what they have found helpful, what changes have been made. Not re-doing the FMQ, or not comparing the answers to highlight any changes.</p> <ul style="list-style-type: none"> <li>• <i>“Over these last weeks, we’ve looked at each of the 5 Steps and I know it’s been an emotional journey for you. It’s excellent to see the changes you have made which you have said are making you feel better.”</i></li> <li>• <i>“Could you summarise what changes you have made over the last x weeks?”</i></li> <li>• <i>“What have you found helpful about these sessions?”</i></li> <li>• <i>“Your plan for the future things you want to do includes x,y,z, does that summarise that correctly, How do you think you will ensure these happen? ... Let’s have a think about what steps you can take.”</i></li> <li>• <i>“From what you have said, you have made some really substantial changes and are feeling better about thing, are there other changes you would want to make?”</i></li> <li>• <i>“You’ll remember that we completed a questionnaire at the start of our first session, I want us to complete it again, so we can see if any of your answers have changed, and if so how, and why you think that things have changed.”</i></li> </ul>
5.3	Discuss FMs need for further help and how this can be actioned.	<p><b>Common problems.</b> Not asking and probing enough to find out if any other needs.</p> <ul style="list-style-type: none"> <li>• <i>So looking back over our last sessions, you said that these are the areas you wanted some further help in, are there any others needs you have? Does that sound about right or are there other areas? Shall we just check each of these issues and see that you feel you have enough help in these areas</i></li> </ul>
5.4	Discuss help needs of other FMs/key people and how these can be actioned	<p><b>Common problems.</b> Not asking about other FM needs.</p> <ul style="list-style-type: none"> <li>• <i>“You mentioned that your husband finds the situation very difficult, would it help if we all had a session together to discuss the issue?”</i></li> <li>• <i>“We have talked about x, do you feel any of your other family need any support or help (and if so what)?.”</i></li> </ul>
5.5	Discuss help needs of the using relative and how these can be actioned.	<p><b>Common problems.</b> Sometimes the Step is not actually covered.</p> <ul style="list-style-type: none"> <li>• <i>“Do you think that your son/husband needs any other help? Is he interested in getting more help?”</i></li> </ul>
5.6	Ending session: summarise the main FM issues; check if session was helpful; remind on use of handbook; agree post-5-Step work. If possible, inform that will contact in about six weeks to check how they are.	<p><b>Common problems.</b> Issues not summarised at the end. Not emphasising the continued use of handbook. Not getting agreement to send out the FMQ / not explaining that will receive the follow up FMQ and how important it is to fill in.</p> <ul style="list-style-type: none"> <li>• <i>“We’ve discussed what further work you may need to do now we’re finishing. Don’t forget the handbook which has got lots of useful material in it.”</i></li> <li>• <i>“Also don’t forget you are not alone in how you feel - there are lots of people who are affected by a relative’s alcohol / drug / gambling use.”</i></li> <li>• <i>Remember you can always come back to see me if you feel you need to or (as we have discussed) you could start attending the Family Support Group.“</i></li> </ul>



**Table 2: Counselling and Other Skills**

No	Skill	Common problems on session. <i>Examples in italics of what could have been said.</i>
1.1	Make a relationship of trust (warmth, genuineness, and empathy) so that it create the right conditions for the family member to talk.	Occasionally the practitioner rushed the session or instead of being empathic was a little judgemental with their view. <ul style="list-style-type: none"> <li>• <i>“It must be very difficult to live with that worry every time he goes out in the evening”.</i>{Example of empathy rather than judgement}</li> </ul>
1.2	Careful listening and summarising, the giving of minimal encouragers, the asking of appropriate open and closed questions and probing, reflecting both the verbal and emotional content.	Not summarising enough to accurately convey the views of the FM or not summarising the emotional content enough. Not using enough reflections or open questions during sessions. <ul style="list-style-type: none"> <li>• <i>“So let me try to summarise what you’ve said .....”</i> <i>“Have I got this right, you feel x,y,z.”</i></li> <li>• <i>“From what you are saying, the main things that cause you concern are x,y,z,”</i></li> <li>• <i>“So just to see where we have got to, you feel the reasons you can’t communicate with x are x..y,.z”</i></li> <li>• <i>“I can see that you are very upset about the situation at the moment and you also feel frustration that x won’t change. This is very normal amongst family members.”</i></li> </ul>
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.	Not allowing enough time for silence ie saying something too quickly or changing the topic. <ul style="list-style-type: none"> <li>• <i>“Yes, I can see that that is really difficult ..... ”</i></li> <li>• <i>“Hmm – I wonder, what else could you do? ..... ”</i></li> <li>• <i>“I can see that you feel very emotional about x - it looks as if you are angry but also very sad”</i></li> </ul>
1.4	Offering positive encouragement, reassurance and support, reminding people of their strengths and expressing hope and optimism that change is possible.	Not being encouraging enough or not giving a sense of hope or that any change is possible. <ul style="list-style-type: none"> <li>• <i>“I hear from what you have said that you are doing lots of positive things and that although your son may not be ready to change at the moment, that you are changing the way you cope; and that is excellent.”</i></li> </ul>
1.5	Clarification about risk and safety issues and management of them if appropriate – e.g. domestic abuse/ violence, safeguarding concerns and/or mental health.	Not asking about risk at every session. Even if a full risk assessment has been done, the FM’s circumstances may change from week to week. Ignoring an issue that comes up by not referring it to a supervisor or informing the FM that a safeguarding concern will have to be reported. <ul style="list-style-type: none"> <li>• <i>“Can I check this week about your safety and the safety of any others in the family- has anything changed.”</i></li> <li>• <i>“What you have just said is really important, and it does make me a bit concerned about your / your child’s safety. What I want to do after this session is to talk to my supervisor about this – I’m not saying this to make you even more concerned, but simply because we discussed in the first session that what you told me would remain confidential, unless things came up that made me concerned about someone’s safety, and this does concern me, so I do need to discuss it.”</i></li> </ul>

**Gill Velleman, 5-Step Method Assessor and Trainer  
July 2020**