

Remember the Key Principles

5-Step Method: Key Principle: In reviewing each Step, the key question is: *“From listening to this recording, have I demonstrated enough skill to become a 5-Step Method Practitioner?”*

“Did I structure the session so that all aspects of the Step being undertaken were covered and did I ask the right questions?”

“If I just listen to myself and not the Family Member, would I hear evidence of good 5-Step Method practice?”

Counselling & Other Skills: Key Principle: *“Have I demonstrated enough competency in counselling skills?”*

You may want to ask yourself some other 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 early in session 1:** Discuss purpose, evidence base (including the SSCS Model), how long and frequent sessions are etc., confidentiality, recording of session (if relevant for accreditation), introduce and agree use of self-help handbook, complete FMQ etc.
- B. Session pace/Timing:** If the tape is much less than 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 when they are assessed. 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 (eg 'Our plan today is to cover the following ...' or 'I'm just going to take a few minutes to outline what we'll be doing today') 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. **Keep control of the process:** do not let the session turn into too much of a 'chat' - keep it structured and demonstrate good time management by re-summarising and focussing on the purpose i.e. whichever Step you are covering in the session, 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.**
- F. Session ending:** In addition to the other competencies that are required, 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 in the FMQ so the Assessor knows that it has been completed.	
1.1	Beginning of session - warm welcome, set a clear and structured agenda for the session, communicate this to the FM and ensure that this agenda is followed throughout the session. Introduce 5-Step Method and relate it to the Stress-Strain-Coping-Support Model, confidentiality, purpose of Step 1 and complete FMQ (if not already completed).	<p>Common problems. Session not clearly introduced with the purpose; FMQ not completed.</p> <ul style="list-style-type: none"> • <i>“Thank you very much for coming to the first session of the 5-Step Method work that we are going to be doing over the next few weeks. I’m just going to take a few minutes to outline what we’ll be doing today if that’s okay. First, I’m going to take a couple minutes to outline for / remind you what the intervention is about, to remind you of our confidentiality policy, and to summarise what the aim of today’s session is. We’ll then spend the session focusing on Step 1 of the 5-Step Method. I’ll keep an eye on time and make sure that I leave 5 minutes or so at the end to wrap things up, look ahead to and arrange the next session, and check in with how you are and how you found today’s session. How does that sound to you?”</i> • <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. There is a simple but clear model which the people who developed the 5-Step Method worked out, called the Stress-Strain-Coping-Support model. That says that living with a close relative with a problem with alcohol or drugs or gambling is very STRESSFUL, and that causes a great deal of STRAIN for family members like you. And the amount of STRAIN someone experiences is influenced by how well INFORMED they are, what ways of COPING they have available to them, and how much SUPPORT they can access. So the 5 Steps in this Method allow us to look at and try to help you with these things – stress, strain, information, coping, support.”</i> • <i>“The purpose of this session is for you to tell me your story and explain your concerns and fears. I want to get an idea of the stress you have been under, and the strain that it is making you feel.”</i> • <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>
1.2	Allow FM to describe 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>Common problems. 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 concentrates on what it is like for the user and his/her problems, rather than on themselves so need to focus back on FM. Try to summarise at least every 10 mins.</p> <ul style="list-style-type: none"> • <i>“So, Step 1 is all about giving you the opportunity to tell me your story about your daughter’s drug misuse. That can be broken down into a number of things and I’d like us to try and cover them all during our session. I’m keen to hear what things are like for you, and how you and key others in your family have been affected. There are some exercises in the self-help handbook that I gave you when we did the assessment the other day, and we can use those to help with this session if you’d like. You’ll remember also that you completed a questionnaire at the assessment – I’ve got it here and I’d like us to refer to some of your responses as they relate really well to this first Step. The key thing to remember about Step 1, and this whole intervention, is that it is about you. You’ll remember that I said that the 5-Step Method is based on the Stress-Strain-</i>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<p><i>Coping-Support model? If by the end of this session we can have a really clear idea as to what things are like for you and your family, what sort of stresses you are under and what sort of strain they are putting on you and the family, then it will really help us to make the most of the later sessions which are about information, coping, and support."</i></p> <ul style="list-style-type: none"> • <i>"Have I understood correctly, the situation is....."</i> • <i>"You have spoken about the problems for your son but what is it like for you?"</i> • <i>"So, for you, the main issues have been"</i> • <i>"You said in the FMQ that one of the big impacts has been, tell me more about how this has affected you?"</i>
1.3	Identify relevant stresses and how the FM has been affected. As necessary, utilise results of FMQ to guide the session.	<p>Common problems. 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"> • <i>"It would be helpful to understand clearly how these worries are affecting you, can you tell me more about this?"</i> • <i>"It sounds as if the main effects on you are x and y, is that correct?"</i> • <i>"From the questionnaire and what you have said so far, I'm hearing that the key stresses for you are x and y, with the main one being y - is that correct? Are there any others?"</i> • Better to be more concrete eg <i>"So your son's alcohol use affects you due to x"</i> or <i>"You feel concerned as you worry about his health, and you are not sleeping properly"</i>.
1.4	Gain an overview of family/network structure, and use this to identify relevant stresses and how others have been affected.	<p>Common problems. 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. If you don't know who the others are in the family, you cannot know if they have been affected, so 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 also, what this all means for the FM that you are working with). You don't need to do a full network diagram (that is for Step 4) but you do need to know who the key people are.</p> <ul style="list-style-type: none"> • <i>"So we have talked about how these things are affecting you; are there other people in the family who have been affectedtell me how they have been affected"</i> • <i>"You've mentioned other people in the family as we've been talking and I'd like to take a few minutes to explore this a bit more if that's okay – it would be good to hear more about how they are affected, and how all of this also affects you. So, there's your husband, and your other child as well as your sister and brother-in-law who you've said you are all really close too. Is there anyone else significant to mention at this stage? What can you say about how each of them have been affected?"</i>
1.5	Normalise the experience of FMs giving an indication that they are not alone with their experiences.	<p>Common problems. Normalising the experience is not mentioned enough. A common problem picked up by assessors is missed opportunities throughout a session to normalise the family member's experience.</p> <ul style="list-style-type: none"> • <i>"Your situation sounds very stressful. You know, from having talked to quite a lot of family members, your feelings and reactions are very normal/ common".</i> • <i>"I can hear you have been very upset and anxious....it is very normal to feel like this, given what you are experiencing".</i> • <i>"Lots of people think that no-one else has these experiences, but unfortunately, alcohol/drug/gambling problems are really common, so actually, these sorts of things happen to lots of people".</i> • <i>"It is really important to realise that you are not alone in how you feel – there are large numbers of people who are family members of someone who has a problem with alcohol/drugs/gambling, and most of them feel very much like you do."</i>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<ul style="list-style-type: none"> • “Almost everyone who is going through what you are going through will be feeling really bad, although everyone will show it in different ways. But really, it is incredibly normal to feel like you are – in fact, it would probably be rather unusual NOT to feel like that, given what’s been happening”.
1.6	Ending session - summarise the main FM issues, use of handbook (and any risk issues with it being taken home). Check if session was helpful. Give purpose of next session on Step 2 and clarify what the information needs might be. Practical issues of contact and date of next session.	<p>Common problems. Poor time management and structure, with practitioners not leaving nearly enough time to properly end the session. Issues not summarised towards end of session: need to end the session in a more effective way by summarising what has been covered. Not reminding to use the handbook etc. Not covering what the next session will cover, and its link with the SSCS model. Not starting the process of clarifying what the information needs are, for the next session. Not finding out what was helpful and why, about this first session.</p> <ul style="list-style-type: none"> • “So we have just over 5 minutes left so I’m going to wrap things up if that’s okay. I’m going to summarise what we’ve talked about today, check if there is anything else that you want to add, and see how you found today’s session. We can then book our next session – that will be to cover Step 2 which is about answering any questions that you may have and ensuring that you have all the information that you need.” • “Let me try to summarise what you have said today, and then you can tell me if I have got that right, or if I have missed some things?” • “Let me go over what we will do next time. You may remember that the SSCS Model shows that being better informed can help to reduce the impact of all of these stresses. So Step 2 is about providing you with some targeted information about addiction and also information about any other related issues which may be around. Is there anything that immediately springs to mind that you feel that you don’t understand very well, that we can discuss at our next session? Or things that you’d like to know more about, either about addiction or alcohol/drugs/gambling? Or about other things that are important to you – Other family members I’ve worked with have asked me to get information about how to sleep better, or how to reduce anxiety, or about activities that they could attend to maybe take their minds off these stresses? If so, I can see if there is information I can bring to our next session. You could also look at Step 2 in the self-help handbook to think about questions and information needs and bring any further thoughts that you have to our next session.” • “In the handbook you’ll see x exercise: you might find it useful to try this out before the next session?”
2.		<p>TARGETTED INFORMATION: 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. The conversation about WHAT this information is, should have been started in Step 1, with that information being 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 ‘elicit, provide, elicit’ process: a) establish what the information needs are (at end of Step 1); b) (in Step 2) provide targeted information; c) (also in Step 2) check that the information has helped them and discuss any further questions that arise. 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 that we are trying to empower FMs to be able to do these things for themselves, not to become over-reliant on the practitioner. Remember also 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 - warm welcome, set a clear and structured agenda for the session, communicate this to the FM and	<p>Common problems. No checking 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"> • “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?”

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
	ensure that this agenda is followed throughout the session. Check if previous session helpful. Give purpose of Step 2 and relate it to the Stress-Strain-Coping-Support Model.	<ul style="list-style-type: none"> • <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>
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>Common problems. Not exploring in enough detail what information is needed or targeting it to their needs; some practitioners start to tell the FM what they (the practitioner) think is needed. Some practitioners simply provide lots of information without checking if this is relevant or helpful. Session strays into other areas/ later steps (eg coping) and so needs to get back on track to the purpose of Step 2. Practitioners do not work through all 3 stages of the ‘elicit, provide, elicit’ process. It’s a good idea to use the self-help handbook in the session.</p> <ul style="list-style-type: none"> • <i>“You said you don’t understand why he simply doesn’t stop. It may be helpful to talk a bit about lapses and relapses, which are extremely common things when someone has this sort of problem. Would this be helpful do you think?”</i> • <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. Would you like me to go through that with you?”</i> • <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> • <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> • <i>“Other family members have found x,y,z useful, would any of these be useful to you?”</i> • <i>“From your step 1 and the FMQ, you mentioned a,b,c: would it be useful to go over information on x,y,z”. “Is there any other information about alcohol/drugs/gambling that we could look at that might be relevant to you?”</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>Common problems. Not actually checking whether the family member needs information about non-addiction related areas. The FMQ will show up some areas (especially areas related to ‘strain’) but make sure you explore wider issues. Practitioners do not work through all 3 stages of the ‘elicit, provide, elicit’ process.</p> <ul style="list-style-type: none"> • <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> • <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> • <i>“You have talked about x, would some more information about this be helpful, do you think?”</i> • <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>
2.4	Identify/check areas where FM feels other family members may need information - both addiction and general information.	<p>Common problems. 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"> • <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> • <i>“You say your son may be interested in getting help for his drug problem, would it be helpful to give you</i>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<p><i>some information to take away</i></p> <ul style="list-style-type: none"> • <i>“You talked about your husband and how he was finding it really difficult to deal with your son’s drug problem. Do you think that he might find some information about how many young people stop using drugs helpful”</i>
2.5	Support FM to find out more for themselves about identified issues e.g. FM could use websites, reading, library, organisations, etc.	<p>Common problems. Not supporting and exploring with the FM options to find out more information</p> <ul style="list-style-type: none"> • <i>“Would it help if we logged onto the computer together, now, to have a look at useful websites?”</i> • <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>
2.6	Ending session - summarise the main FM issues, use of handbook. Check if session was helpful. Give purpose of next session on Step 3. Practical issues of contact and date of next session.	<p>Common problems. Poor time management and structure, with practitioners not leaving nearly enough time to properly end the session. Issues not summarised towards end of session. Lack of reference to handbook. Lack of introduction of what will happen at next session.</p> <ul style="list-style-type: none"> • <i>“Let me summarise what you have said today.”</i> • <i>“There has been a lot to take in today, so can I suggest that you look at Step 2 again, using the Handbook I gave you last time, and see if by doing some of the exercises that is helpful?”</i> • <i>“So, today has been about how feeling more informed can make you feel a little more ‘in control’ of this very difficult situation. You’ll remember that the model we are using says that having information, having different ways to cope, and having access to support, can all be really helpful, so next time we look at Step 3, which is about how you are dealing with the situation at the moment, 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>
3.		<p>COPING: 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). It’s also crucial that practitioners do not make assumptions about, or tell FMs, how they should cope.</p>
3.1	Beginning of session - warm welcome, set a clear and structured agenda for the session, communicate this to the FM and ensure that this agenda is followed throughout the session. Check if previous session helpful. Give purpose of Step 3 and relate it to the Stress-Strain-Coping-Support Model.	<ul style="list-style-type: none"> • Common problems. No checking if the previous session was helpful, and if so, in what ways. This session not clearly introduced with the purpose of Step 3. • <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> • <i>“The purpose of this session is to look at how you currently respond to the situation with X, 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>
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>Common problems. Not getting enough details about a specific incident and detail about how the FM responded – you need 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 the 3 ways of coping. Some counsellors giving too much information of how they might cope. Not using the FMQ to see common ways that this FM has used in the past 3 months.</p>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<ul style="list-style-type: none"> • <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> • <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> • <i>“When we looked at the FMQ in our Step 1 session you said that you ‘often’ responded in these ways. Can we look at one or two of them in some more detail. Which of these did you use in the last couple of weeks? ... Ok, let’s look at one of them – can you describe the situation to me, and what he said and did, and what you said and did?”</i> • <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> • <i>“So, looking at these two 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>
3.3	Explore advantages and disadvantages of current coping responses. Again, use specific examples and situations.	<p>Common problems. 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"> • <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>” • <i>“Let’s look in more detail at what are the advantages and disadvantages of you coping like this. You told me that, when he came in, you ignored the situation and left the room. Tell me what the advantages are of ignoring the situation and leaving the room? Ok, any other advantages?.... How about ‘x’ as another advantage? OK, there are always disadvantages too, of any way of coping, so tell me, what were the disadvantages of doing that?”</i>
3.4	Facilitate FM to see that there is no right or wrong way of coping.	<p>Common problems. Not stating that there is no right or wrong way of coping; and it is useful if practitioners emphasise this point a few times during the session (without going over the top).</p> <ul style="list-style-type: none"> • <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> • <i>“You just said ‘I am sure that what I’m doing isn’t the best way of responding’ but in fact, there IS no ‘best’ way! These situations are really, really difficult to respond to, and there isn’t one ‘right’ way to respond.”</i>
3.5	Explore advantages and disadvantages of alternative ways of coping, again utilising specific examples and situations.	<p>Common problems. 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"> • <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 used X way in that situation, so what would using the other two look like?”</i> • <i>“So we’ve discussed today the different ways you responded to your relative last week: 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 responding in the future and see how that goes, does this summarise what we discussed so far? Ok, if you</i>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
		<p><i>are going to try Z, can you talk me through what you's actually do and say? OK, what might the advantages be about coping in that way? ... And what might the disadvantages be?"</i></p> <ul style="list-style-type: none"> <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> <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 first the advantages and then the disadvantages be of this?"</i>
3.6	Ending session - summarise the main FM issues, use of handbook. Check if session was helpful. Give purpose of next session on Step 4. Practical issues of contact and date of next session.	<p>Common problems. Poor time management and structure, with practitioners not leaving nearly enough time to properly end the session. 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"> <i>"Let me summarise what you have said today."</i> <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> <i>"There has been a lot to take in today, so can I suggest that you look at Step 3 again, using the Handbook, and see whether, by doing some of the exercises, that is helpful?"</i> <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. You'll remember that the model we are using also says that having access to support can be really helpful, so 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>
4.		<p>SUPPORT. The biggest problem here is that the range of support discussed does not cover a wide enough range, encompassing all of: people in various categories (family, friends, colleagues, professionals, etc), activities which people get support from, types of support (social, financial, practical, etc), and things that FMs do to support themselves. 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</i> (either the disagreement, or the problems that the disagreement leads to)?" Crucially, this criterion does not mean that family members need to agree on a SINGLE approach, but we are aiming to get them to <i>agree between themselves</i> on possibly a variety of approaches. For example, some practitioners use the example of 'good cop/ bad cop' to show how 2 cops/ parents might say very different things and say them in very different ways, whilst in fact the 2 cops/ parents have agreed on these different approaches and are in reality working together. Practitioners should also avoid giving advice or making assumptions about what they think of a FM's support or about what they think an FM needs to do to improve their support.</p>
4.1	Beginning of session - warm welcome, set a clear and structured agenda for the session, communicate this to the FM and ensure that this agenda is followed throughout the session. Check if previous session helpful. Give purpose of Step 4 and relate it to the Stress-Strain-Coping-	<p>Common problems. 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"> <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> <i>"The purpose of this session is to look at the support that you have available to you, and what you find</i>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
	Support Model.	<i>helpful or unhelpful about different types of support. Lots of people find it helpful to draw a diagram, so shall we look at this in the handbook and then we can draw one together.</i>
4.2	Discussion of who/what/why is helpful and unhelpful in terms of support, utilising a network diagram - to include people, activities, other agencies/groups, and what the FM does to support themselves. As necessary, utilise results of FMQ to guide the session.	<p>Common problems. Not explaining why support is so critical and relating this back to the SSCS model. Not exploring in enough depth the range of activities that may be helpful; what is helpful and unhelpful for each person or the range of activities or summarising any common themes. Not building up a comprehensive enough picture of a FMs 'social network'. Only asking about 'social' support and not finding out about the range of elements in the FMs life that may be supportive. Not asking about what the FM does to support themselves.</p> <ul style="list-style-type: none"> • <i>"We are going to discuss support today and I wanted to explain why it is so useful. To go back to the model I explained in Step 1: what we have found is that if you can increase the amount of positive support and reduce any unhelpful support, family members report their levels of stress and strain reduces and they feel better able to cope."</i> • <i>"It's really helpful in this session to draw a diagram of your support network and summarise the key points that you say, about what is helpful and unhelpful about everything that gets added to that diagram. Are you okay if that do that today? Would you like to draw the diagram as we talk, or would you like me to do that? – we can agree together what gets written on the diagram."</i> • <i>"We are going to draw a diagram together so we can understand the type of support that is helpful and unhelpful to you. Just to explain, by support, I mean four areas:</i> <ul style="list-style-type: none"> - people who are supportive (and unsupportive) to you - what it is that makes these people supportive or unsupportive to you (what is it that they say, or do, that makes them supportive/unsupportive) - activities that you find supportive – some of the many different 'supportive' activities that other FMs have told me about are book club, going to the gym, playing or listening to music, religious activities, being outdoors, going for a walk, and many more - the various ways that people / activities can be supportive – practical support (giving a lift, getting shopping), financial support, emotional support, informational support, etc" • <i>"So you have identified 3 supportive people, what do they do that is helpful or that supports you. The 2 people who are unhelpful – what do they do and why is this unhelpful for you?"</i> • <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? ... Are there any activities that you COULD do (or do more of) that might make you feel better or more supported?"</i>
4.3	Explore how to develop/continue to develop positive support.	<p>Common problems. No exploring or facilitating how to develop the social support that the FM may find helpful.</p> <ul style="list-style-type: none"> • <i>"You mentioned doing more exercise, how would you action this?"</i> • <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>
4.4	Explore potential new sources of support (could be linked to those named in the network diagram or filling in gaps in support).	<p>Common problems. Counsellor being too quick with coming up with their own ideas rather than firstly asking the FM.</p> <ul style="list-style-type: none"> • <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>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
4.5	Discuss how family members can support each other and agree on approaches when communicating with the using relative.	<ul style="list-style-type: none"> • <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> <p>Common problems. This element of Step 4 is often not explored in any detail at all.</p> <ul style="list-style-type: none"> • <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> • <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> • <i>“Do you think that there are any times when your husband’s more confrontational approach might be helpful? If so, is there a way that you and your husband could agree on when to use your approach and when to use his?”</i> • <i>“Shall we try a role play so you can rehearse what you want to say- many FMs find this helpful.”</i> • <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>
4.6	Ending session - summarise the main FM issues, use of handbook. Check if session was helpful. Give purpose of next session on Step 5. Practical issues of contact and date of next session.	<p>Common problems. Poor time management and structure, with practitioners not leaving nearly enough time to properly end the session. 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"> • <i>“Let me summarise what you have said today.”</i> • <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> • <i>“Can I suggest that you look again at Step 4, this time using the Handbook, and see whether, by doing some of the exercises, that is helpful?”</i> • <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>
5.	REVIEW AND FURTHER HELP: Not mentioning some criteria is the most common cause of failing this step or not reviewing each step in enough detail. Also not undertaking the review in enough methodical detail so that each element has enough time. This step is about reviewing the Steps to date, and providing further support for the family members themselves, ANY other relatives who might want support, and then the drug using relative. 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 supports, addictions services, mental health services etc. The FMQ needs to be done AFTER the review and the discussions about further support. Guidance on timing is: after the introduction, approx. 5 min per step and that the AFM is asked to reflect and the practitioner can reinforce this, then look at further support needs for FM, other FMs and the Relative and develop an Action Plan, THEN redo the FMQ. It is vital to leave sufficient time for this.	
5.1	Beginning of session - warm welcome, set a clear and structured agenda for the session, communicate this to the FM and ensure that this agenda is followed	<p>Common problems. 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"> • <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>

No	Step	Common problems in session. <i>Examples in italics of what could have been said.</i>
	throughout the session. Check if previous session helpful. Give purpose of Step 5.	<ul style="list-style-type: none"> • <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>
5.2	Review Steps 1-4 to explore what FM has found helpful about the sessions and what changes FM has made. FM to summarise key issues and progress to date, with Practitioner adding detail where appropriate.	<p>Common problems. 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.</p> <ul style="list-style-type: none"> • <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> • <i>“I’d really like us to review all the work that we’ve done in the previous sessions, and perhaps take a few minutes to discuss each of Steps 1-4 in turn. Is that okay with you? Let’s start with Step 1 where we looked at how things were affecting you.”</i> • <i>“Could you summarise what changes you have made over the last x weeks?”</i> • <i>“What have you found helpful about these sessions?”</i> • <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>
5.3	Discuss FMs need for further help and how this can be actioned.	<p>Common problems. Not asking and probing enough to find out if any other needs. Not developing an Action Plan.</p> <ul style="list-style-type: none"> • <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> • <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>
5.4	Discuss help needs of the using relative and other FMs/key people and how these can be actioned.	<p>Common problems. Not asking about other FM needs. Not asking about Using Relative’s needs. Not developing an Action Plan for either other FMs needs or Relative’s needs.</p> <ul style="list-style-type: none"> • <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> • <i>“We have talked about x, do you feel any of your other family need any support or help (and if so what)? How do you think that we could organise it to get X that help?”</i> • <i>“Do you think that your son/husband needs any other help? Is he interested in getting more help?”</i>
5.5	After this review has been completed, redo FMQ and compare with FMQ from 1 st session to identify and reinforce changes.	<p>Common problems. Not re-doing the FMQ, or not comparing the answers to highlight any changes.</p> <ul style="list-style-type: none"> • <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>
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>Common problems. Poor time management and structure, with practitioners not leaving nearly enough time to properly end the session. 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"> • <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> • <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> • <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>

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"> • <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}
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"> • <i>“So let me try to summarise what you’ve said”</i> <i>“Have I got this right, you feel x,y,z.”</i> • <i>“From what you are saying, the main things that cause you concern are x,y,z,”</i> • <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> • <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>
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"> • <i>“Yes, I can see that that is really difficult ”</i> • <i>“Hmm – I wonder, what else could you do? ”</i> • <i>“I can see that you feel very emotional about x - it looks as if you are angry but also very sad.”</i>
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"> • <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> • <i>“I can hear that you really have a lot on your plate, and it sounds as if you are managing to deal with all of these stresses very well.”</i> • <i>“Yes, these are really difficult things to have to deal with, but the good news is that the vast majority of people with alcohol/drug/gambling problems DO get themselves out of it.”</i> • <i>“You know, as well as helping family members I also work with people with alcohol/drug/gambling problems, and I feel hopeful about X’s ability to change – I’ve seen lots and lots of people with similar problems who do change and get on with their lives.”</i>
1.5	Clarification about risk and safety issues and management of them if appropriate – e.g. domestic abuse/ violence, safeguarding concerns, mental health or other circumstances of FM and/or key others.	Over the years we have learned that risk needs to be viewed in quite broad terms and in relation to both the affected family member but also other family members including the user themselves. Of course, it covers the key issues that can commonly arise in this work; particularly domestic violence and abuse, and safeguarding issues in relation to children. However, it can also cover other things such as the affected family member’s own mental health. Common issues are: Not asking about risk at every session (even if a full risk assessment has been done at the start, the FM’s circumstances may change from week to week). Viewing risk too narrowly. Also, 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"> • <i>“Can I check this week about your safety and the safety of any others in the family - has anything changed.”</i> • <i>“I can hear that you are a little worried about X’s potential for anger, and even violence’ when these things happen. What do you think you can do about this? Are there ways that you think you could reduce the chances of this anger flaring up? What might the advantages be of doing that? And what might be the disadvantages? Is there another way that you might try to deal with it? And what are the advantages and disadvantages of doing that instead?”</i>

No	Skill	Common problems on session. <i>Examples in italics of what could have been said.</i>
		<ul style="list-style-type: none"> • <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, as we discussed in the first session, what you told me will 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> • <i>“You have talked quite a lot about the stress you are under and your sleep issues, are there things you have tried that help you”</i> • <i>“I can hear that all of this is making you feel very low. What do you think that you can do about these feelings?”</i>

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