5-Step Method: Guidance for 5-Step Method Assessors who are Assessing Practitioners

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1. General Principles

You will need the tape and/or transcript, and the practitioner's own assessment. A transcript can either be obtained from the practitioner if they have set this up when doing the recording, or you can put the recording into 'otter' or other transcription programme and it will provide a transcript- it is often not perfect depending on accents but is generally good enough for the purpose of assessment. There are two key questions to ask yourself at the end of listening to a tape, or reading a transcript outlined in a) and b) below:

a) **From listening to this recording or reading a transcript, do you feel that the practitioner has demonstrated enough skill (in this Step) to become a 5-Step Method Practitioner?** Did the practitioner structure the session so that all aspects of the Step being undertaken were covered and did they ask the right questions? Did they demonstrate they understood and met the purpose of the Step?

- It is important that the scores you provide in Table 1 corroborate whatever answer you give yourself to these questions. So if you feel that they DID demonstrate sufficient skill, then your scores should give a Pass; if not, then either a Pass with Reservations or a Resubmit. Your scores should corroborate your overall feeling, NOT the other way round.
- The 5-Step Method is a semi structured intervention and it is important that the practitioner sets the agenda right at the beginning e.g. *Our plan today is to cover the following.* It is also vital that they control the timing of the whole session, demonstrate that they have control of the whole session and ensure all criteria are covered.
- For Table 1, the evidence we use should come from what the practitioner says and does, and not be over-influenced by whether the Affected Family Member (AFM) is especially talkative or forthcoming. Sometimes the AFM, just by talking, can appear to fulfil some of the criteria. But the criteria relate to what the practitioner says and does, not to what the AFM says. For example, the AFM might tell their story in great detail, even if the practitioner says virtually nothing; but when we are assessing a recording, we concentrate on what the practitioner says, so that we can score the practitioner's skills in delivering the 5-Step Method. **Remember that the practitioner should be in charge of the process and the AFM is in charge of the content.**
- Small changes to scores (as each 1 mark is 4% of the score) can make a difference to whether the total score is a Pass/Pass with Reservation/Resubmission, so if your scoring is borderline between two outcomes, go back to the key principles (above), decide which side of the borderline you think that this practitioner falls, and adjust the scores that you are giving accordingly.

For Table 1, the possibilities are:

A. After listening to the tape, if you feel that, if this practitioner were to deliver this Step at this level to other Affected Family Members, then that would be meeting the purpose of the 5-Step Method, then this practitioner should Pass.
Pass: 65% and over AND mainly scores of 3.5 or above. (If any are below 3 (or below 1.5 for each of the start and ending), then it should be Pass with Reservation).

B. If you feel that there are things that the practitioner really ought to change and improve on, for you to be confident that this would be a good Step, then it should be a Pass with Reservations.
Pass with Reservations: Generally 60% and above, and below 65% AND some scores of 3 or below (or below 1.5 for each of the start and ending)

C. If you feel that there are quite a few areas where they really ought to improve before you could feel confident in them delivering this Step, then it is a Resubmission.
Resubmission. Below 60% AND mainly scores of 3's and below. (If most scores are 3 and above (or below 1.5 for each of the start and ending), then it should be a Pass with Reservation).

NB. All assessments should state an action plan which summarise what the key areas are to improve and how these can be fulfilled. If the practitioner then fulfils the action plan by the next Step or within an agreed timescale, a Pass with Reservation can then turn to a Pass. For all Pass with Reservations, a Certificate will only be issued as an Accredited Practitioner, once all action plans are completed.
Role play can be one method used to allow the practitioner to demonstrate they have addressed the area for improvement.

b) **Has the practitioner demonstrated enough competency in counselling skills?**
You may want to ask yourself some questions: "*Would I want to attend a counselling session with this person?*"; "*Did the practitioner create the conditions in the session that allowed the AFM to explore the issues?*"; *Was there evidence from what the family member said that they felt that this was a positive session and would come back.* **For Table 2, the same percentage and scoring applies as per Table 1 above.** If you answer 'yes' to these questions, the practitioner ought to obtain 'pass' scores on Table 2. For Table 2, we CAN use evidence from the AFM – we can assess from their demeanour and responses whether they felt 'easy' with the practitioner and score accordingly.

2. 5-Step Method Practitioner Competency: Assessors Assessment Form
The sheet has been set up to automate all the bullet points for the comments. It has been set up on a style sheet. If there are any issues, you need to click on the tab bar called styles at the top and the first left hand side icon called bullet is the one to press - this will automate where the bullet is with the correct spacing.

3. Language and Addressing the Practitioner
a) For the comments stating facts, these can either be addressed to the practitioner ie "*You stated x, y*" or you could use the initial of the practitioner e.g. "*G stated x, y, z*".
b) For the improvements and summary, it is good to address the person directly e.g. "*Gill, you did a good Step 1.*"

4. Good Practice on Scoring
a) We want practitioners to use the 5-Step Method and hence we want practitioners to score as highly as possible. We want to encourage practitioners, not discourage them, where possible. As an example, if you are in a dilemma over whether it's a 3 or a 3.5, give it the upper score of 3.5.
b) On the other hand, your job is to be factual and accurate. I know some people want to be nice and find it hard to give low scores but if it justifies a low score then we must give it. And if there really is no evidence for a criterion, then do use a score of 0.
c) The difficulty comes more with the criteria where there are multiple areas to comment on, raising the question: what weight do you give each area; or on how frequently someone says something e.g. 1.5 normalisation – how many times does a practitioner need to 'normalise' for this to be well done? The other issue is around the quality and depth with which somebody has covered a criterion. These are quite difficult to give exact rules for, but some tips are:

- Using Step 1, 1.1 as an example (beginning), if they covered most areas but could have done them in more detail and maybe missed out one area, then this is likely to be a 2.5 i.e. below average. If they covered most areas quite well but missed out on one aspect (eg) explaining confidentiality in enough detail, then it's likely to be a 3.5.
- Using Step 1, 1.2 as an example, remember that the basis of the 5-Step Method is that it is for the Affected Family Member and not so much about the user. If the AFM talks about the effects on the user, then this is not a reason to score criterion 1.2 (telling the story and getting concerns/fears) highly. It is the task of the practitioner to steer the AFM to talking more about themselves and their concerns and the effects of these concerns and experiences on themselves. The practitioner needs to demonstrate that they were in charge of the process and that they asked/probed to gain the relevant information.
- Using Step 1, 1.4 as an example, if the practitioner hasn't asked about the family structure and wider friends' group, they can't even be sure that they know who these 'others' who are affected might be, so they cannot gain enough information and it will be well below average.
- Using Step 1, 1.5 as an example, if the practitioner only normalised once and not with much emphasis or a not very good example, then it's likely to be a 0.5. And the normalising needs to be about the AFM's experience, not the using relative's experience.
- Using Step 2, 2.2 as an example, the practitioner needs to ensure that there is a discussion around what types of information the family member would find useful. Sometimes, the family member may not know what they want and so it is useful if the practitioner gives some options, with them being open suggestions, not directives, eg "*Other family members have found knowing more about x,y,z useful, would any of these be useful to you?"*
- Using Table 2, 1.5 on Risk as an example, an important point to remember is that the practitioner does need to cover risk issues and should demonstrate awareness and discussion of these in every Step, because risk issues can easily change from one session to another. Risk does not just cover overt risks such as safeguarding, child protection, domestic violence, drink driving, etc; but needs to cover wide ranging areas of mental health. Furthermore, it is not just about risk to the AFM: practitioners need to consider risks to other family members (especially to any children), and also including risks to the user.

d) Table 1 scores can also reflect how well the 5-Step Method was done in terms of how good the counselling skills were which the practitioner used. As an example, someone may meet any particular competence, but the manner in which this was done may have been poor e.g. by asking lots of closed questions. In this case, you may mark them down by 0.5 or 1 mark, with explanation in the improvements section eg 'Using summaries, reflections and pauses more often would have enabled the FM to tell more of her story. Suggest you could have said "*So far, you have told me about your brother, and that it affects him in x,y,z ways and you have said you worry about him, can you tell more about how it affects you*".'

e) Remember to add up the scores/percentage in the total row at the end of each Table.

f) Scoring must be done independently; so do not look at the practitioner's own assessment until after you have completed the assessment.

g) **To note the '**Beginning/Ending' have TWO criteria within each Step, each scored separately, with the beginning being scored first (eg 1.1) and the ending scored last (eg 1.6). The score out of 5 that you give both the Beginning and the Ending needs to be divided by two – the reason being is that if both were put in as 'full' scores out of 5, then it gives too much weight to the beginning and ending, and reduces the weight accorded to 1.2/1.3/1.4/1.5, which are at the heart of the Step. (As an example, if 1.1 is a score of 4, you divide by 2 to give a score of 2. If 1.6 is a score of 3, you divide by 2 to give a score of 1.5.)

h) **To also note:** Getting the step 'right' is the most important item i.e. Table 1. The counselling skills in Table 2 are important but there are a wide variety of practitioner backgrounds and therefore this can be more lenient.

5. Good Practice on Writing Comments

a) It is essential that scores are justified by **writing down the evidence** that relates to the criterion, within the comments box. What is written needs to validate the score given - ie what is the evidence that the practitioner met the competence at the level shown (eg x.out of 5) for each criterion that makes up the Step.

b) Include a summary sentence at the start to indicate how well they did eg "*X got some of the story and gained some of the fears/concerns, although these could have been gained in a lot more detail*."

c) Include a summary of content to back up your evidence e.g. An example for 1.2 (the story & fears) could be: '*G's brother had a 30yr drug problem and G was worried he would die and she would feel guilt and remorse*'.

d) It is useful to actually write some of the sentences used verbatim (although you don't have to strictly use every word as this involves rewinding the tape a lot. You just need to give a sense of what was said). Eg the practitioner normalised the FM's experience by saying: "*what you have told me is very common for family members in this situation to experience"*

e) It can be useful to state what minute something was said.

f) Write in fairly short concise sentences. Do not overload the practitioner- they want to know the main points.

g) **Every criterion** must be evidenced in the comments ie what you heard and did not hear.

h) A good rule on scoring is "*if I just listen to the practitioner and not the Family Member, would I hear evidence of 5-Step Method good practice?*"

i) There may be additional comments to make which, although not part of the criterion, are part of the 5-Step Method philosophy eg "*the practitioner uses language which is inappropriate ('enable') or makes a judgemental comment*." These comments belong in the improvements section.

j) Another common area which needs commenting on is when the practitioner moves on too quickly in Step 1 onto how to cope or on who they get social support from, when these need to be left to Step 3 or Step 4. It is important to tell the FM that we will cover that in Step x. This demonstrates a good understanding of the whole model and can offer reassurance to the FM that what they are saying will be addressed.

k) Length of tape: if the tape is much less than 45mins then (especially for Step 1) it is highly unlikely that the step can be completed in sufficient depth. Also if the practitioner doesn't pace the session well and does not give time to each criterion, then you need to comment on this, as their scores will be lower.

l) Most assessors tend to write more in Table 1 than Table 2. This is because most practitioners are already experienced counsellors and may need less feedback. But sometimes the trainee practitioner is not an already experienced counsellor, and/or may be an AFM seeking to help other AFMs, in which case more (sensitive) feedback on Table 2 may be required.

6. Good Practice on Writing Improvements

a) If the score is less than 5, you need to state **how the practitioner would have to improve** in order to get a 5 out of 5 rating.

b) Make sure you comment on every criterion that needs to be improved. And it is useful to give some suggested sentences to help the practitioner improve. There is a sheet to help you titled: **5-Step Method Competency Assessment. Examples of Common Problems and Feedback Statements.**

c) Remember what helped you when you became an Accredited Practitioner. It is likely that you gained feedback from at least three different assessors over your 5 different Steps. Have a review of your own 5-Step Method assessments, undertaken by the experts while you were becoming an Accredited Practitioner, and use what you feel is helpful.

d) Again, write in fairly short, concise sentences. The practitioner wants key areas for improvement.

7. Practitioner's Self-Assessment

a) Practitioners have been asked to do the full self assessment and if time is a problem, this should be at least 3 out of 5 steps and will include Steps 1 & 3.

b) Only look at the self-assessment once you have completed your review.

c) The template has been revised so that you can put Practitioners' own scores from their self-assessment in. See **Self-Assessment (Score from P = x)**

d) Sometimes the practitioner may have written evidence that may make you adjust your score. An example is if they state that a risk assessment was carried out prior to the step as part of the organisation procedure. You would still expect to hear the practitioner summarise the issues and ask about risk issues in every step as a Family Members situation can change from week to week. However if it was the case that you are informed that a Risk Assessment was undertaken prior to Step 1, you may want to adjust your score upwards.

e) You need to give comments on the quality of the practitioner's self-assessment. If they have scored themselves below or above you, you need to comment on why they are inaccurate and how they can improve their own self-assessment. An example would be: "*You have stated that you fulfilled the competence and given yourself a score of 5 but this needs to be backed up with evidence e.g. a summary of the stresses or any verbatim/example sentences. I identified a number of improvements and that is the reason I gave you a lower score than you gave yourself*."

f) Encourage the practitioner to cite evidence that backs up their score and acknowledge when they have done this well, or where none has been cited.

8. How long should it take me to do an Assessment/Tips for Speeding up

a) To begin with, until you get use to the process, it can take a long time but you will get faster. Experienced assessors and those that are fast typists can generally finish an assessment in about 1.5 times the tape length, although this does vary, as it takes longer if there are more comments to make/ more improvements to give.

b) To speed up the process, it is possible to listen to the recording at a faster speed (eg at 1.5 or even up to 2.0 speed), as long as it is still understandable. You may need to convert the recording so that you can play it back on your system. You can convert it using any of these fast online conversion programmes
https://convertio.co/
https://online-audio-converter.com/
https://www.media.io/
These all upload the file (taking about 1 minute) and then convert it into MP3 (another minute) and then you download the resulting MP3 file and play it back on any player which plays MP3s, enabling you to alter speed etc.

c) If you find it easier to look at a transcript rather than listening to a whole audio, then this is possible. It also means you can cut and paste sentences into the competency assessment sheet. If you have the zoom audio file, you can import the file into otter.ai. There is a free account to sign up to and this gives you 600mins and 3 downloads a month (but please check as they often change what is allowable for free). It allows you to listen and read along with the transcript. There are also other download programmes that you can use. The practitioner should have been informed by their lead person that when recording in zoom or teams, there is an option to save the transcript.

d) If you are using a transcript, having two computer screens really helps with the assessment process especially. You can then have the transcript on one screen and the assessment form on another- this then makes it even easier to copy and paste the relevant quotes/evidence.

e) It is useful to have the competency sheet open on the computer and type directly on the sheet (into Table 1) as you listen to the recording. In addition, having a printed-out copy of Table 2 can also be useful so you can jot down notes as you listen to the recording. Or if you have two computer screens, you can have Table 2 on the second screen, type in the comments and then transfer to the main sheet after you have completed it.

f) There is a balance between time and quantity/quality of comments/improvements. The more you write, the longer it will take. So to reduce your time commitment, you may decide to just provide a couple of summary comments/improvements - but if so, do make sure they cover all criterion aspects.

9. End Summary

a) State A, B, C ie Pass, Pass with Reservations, Resubmit.

b) Occasionally, the practitioner passes on the total score but one area was very poor or even missed out; or they are a Resubmit on the total score but all scores apart from one criterion were a Pass. An example would

be they do not cover Risk in Table 2, 1.5 but all other areas Pass. This needs to be stated eg "*Pass for all areas except in Table 2: 1.5 Risk*." In these circumstances, the practitioner may not need to re-submit, but instead may need to cover the missed criterion in a subsequent Step, as well as receiving your feedback that they ought to have covered it in this Step (see f, Action Plan, below).

c) Occasionally, the percentage score is a Pass or a Pass with Reservations but there are several scores of 3 and below. These need to be stated and an Action Plan given for these areas eg if in Table 2, 1.4 '*Giving hope/encouragement*' was not covered, you may state in the Action Plan that it has to be covered in the next Step.

d) Start by summarising what went well with the assessment - be positive and encouraging. **We want them to carry on and not drop out**. You can offer (if you have time) a chat on video, which can be used for the practitioner to role play the area to be addressed.

e) Provide overall brief comments on both Tables 1 and 2. State clear concise improvements and an Action Plan as needed. Ensure that your comments relate back to the criteria and sub sections.

f) Provide overall brief comments on the Practitioner's own self-assessment and what they can do to improve the quality of this.

g) Action Plan: This can cover a variety of areas. Examples are:

- That they must demonstrate a missing area in the next Step (e.g. Table2: 1.5 Risk).
- For some areas, they may need to allocate some extra time in the next step to complete the tasks of the previous step e.g. in Step 1, the practitioner has not discussed the impact on other family members. Although Step 2 is about information, they may need to allocate time to cover this aspect from Step 1.
- That a specific criterion needs some improvements and hence they must do a role play with another Accredited Practitioner/Supervisor e.g. how to set the agenda for the session.
- That they need to read/discuss with their supervisor, their organisation's policy on Risk.
- That they must re-read the Handbook.
- The plan should also state a timescale for the action plan to be completed and submitted (suggest 4-6 weeks).

11. Review what you have written

a) Results on Pass/Pass with Reservation/Resubmission - does your result reflect the key principles? If you find a practitioner comes out as a Pass or Pass with Reservations but you feel that they do not really fulfil the necessary competencies to become a 5-Step Method Practitioner for that step, then the score needs to change.

b) Reading the comments should enable someone to know what score was given. A tip for reviewing whether your comments are adequate is: if there was no score allocated, would you/ someone else be able to give the score that you have given, purely by reading the evidence/comments and improvements provided?

c) Where needed, have you given a summary sentence at the start of each criterion to state how well the practitioner did?

d) Have you given a summary of content where necessary e.g. brief description of the story, their fears/concerns, their or other members stresses and how it affects them?

e) Do your comments relate to each criterion?

f) Have you covered all aspects of each criterion?

g) Have you given specific improvements giving examples where needed (See the Examples of Common Problems and Feedback Statements)?

h) Would you have found your improvements useful if you had them as feedback? Are they clear and succinct?

i) Are there other areas to comment on e.g. length of tape, use of language?.

j) Review your summary at the end - was it positive and encouraging, did it cover the key areas of improvement highlighted in Table 1 & 2?

k) Have you included a specific Action Plan and made reference to the Handbook, Checklist and Videos?

12. Confidentiality and Governance

At no time should there be any information which gives the name(s) of the family member or their relative. Only an identifying code should be recorded on any 5-Step form or the Family Member Questionnaire. After a recorded session has been listened to for accreditation purposes, this must be deleted off your computer or mobile device.

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