

## **1. General Assessment – how to get started**

- You will need the following:
  - the Competency Assessor's form
  - the Practitioner's tape and/or transcript
  - the Practitioner's Competency self-assessment form.
- If the recording is in a different language, google translate or other programmes such as DeepL (paid version) can be used.

## **2. Using Transcripts and Artificial Intelligence (AI) Tools**

- You must comply with your organisation's information governance policies regarding AI; in some settings, its use may not be permitted.
- AI tools (e.g., ChatGPT, Gemini, Otter.ai, Copilot) can be used to generate transcripts, identify potential evidence lines, summarise themes, or estimate talk-time ratios. These tools are particularly useful for demonstration sessions with colleagues where no identifiable information is involved.
- If only a recording is available, tools such as Otter.ai can be used to generate a transcript from an uploaded audio file.
- Using transcripts can support quicker and more accurate self-assessment, as key phrases can be copied directly into the evidence sections.
- AI can rapidly identify potential evidence by linking transcript excerpts to competencies (often with timestamps). However this will not capture all relevant material and must always be reviewed carefully.
- Some tools can estimate the proportion of time spoken by the practitioner and the family member. This can support reflection on pacing, use of silence, and whether sufficient space is given to the family member's voice (noting this may vary by Step).
- Competency frameworks can also be input into AI tools. With appropriate use, AI may assist in drafting assessments by identifying evidence, suggesting improvements, and generating action plans for section summaries.
- In training or supervision contexts, transcripts and recordings can be reviewed alongside the practitioner to support immediate, skills-based feedback and rehearsal of improved responses.
- However, AI must not replace reflective professional judgement. You remain fully responsible for the accuracy and quality of what you submit.
- All AI-generated outputs must be carefully checked against the original recording or transcript, as tools may miss, misattribute, or overlook important evidence.
- Identifiable information must not be uploaded. Always anonymise data by removing names, locations, and any other identifying details.
- Recordings and transcripts should be deleted in line with your organisation's data retention policies once the accreditation review process is complete.
- **Further guidance and videos on using AI to isolate evidence, and a video showing a feedback session between an Assessor and Practitioner are available on the website. NB As AI is evolving rapidly, do check how recent these recording are as more features may now be available.**

## **3. Competency Assessment Form/Feedback**

The Competency assessment form is used for providing full written feedback and is the standard method. Along with the use of AI, some assessors and practitioners are also utilising a face-to-face/tele-conferencing session and this needs to be agreed upon with the practitioner. The differences in using this are:

- You may make shorter notes on the Competency assessment form and along with a summary sentence just reference the transcript timeline for evidence.
- You can utilise the recording/transcript to give feedback. The practitioner and you can then jointly discuss the areas for improvement. The practitioner can also practice how to improve by demonstrating the competency in front of you. Once the competency is shown and understood, the assessor can alter the scoring accordingly and add additional comments to the summary.
- A useful way of running the feedback session is by utilising Otter ai or other similar programme. You can listen to the recording and show the transcript through Otter at an increased speed and fast forward to

the times of identified evidence/areas for improvement. This isolates the direct evidence quickly and then you can jointly discuss the area for improvement e.g. if they need to improve on setting an agenda, they can then practice the statements they would use in the session. The assessor can then provide further feedback. The whole session can be recorded as both a record of competency and a reminder to the practitioner of the skills to improve upon.

- **A demonstration video is available on the website showing this in practice.**

#### 4. Review Questions

There are two key questions outlined in a) and b) below, to ask yourself at the end of listening to a tape, or reading a transcript:

- 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 the Tables 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 your scores should reflect 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 uses that structure, and 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 1,2,3,4,5, 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.

The second key question is:

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*". If you answer 'yes' to these questions, the practitioner ought to obtain 'pass' scores on the Table for Counselling & Other Skills. **For this Table, the same percentage and scoring applies as per Step Table 1.** For this Table, 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.

#### 5. 5-Step Method Practitioner Competency: Assessors Assessment Form

- a) The assessment form 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 'Home' and then in the tab section labelled 'Styles', the first left hand side icon named 'Bullet' is the one to press - this will automate where the bullet is with the correct spacing.

#### 6. Language and Addressing the Practitioner

- a) For the comments stating facts, these can either be addressed to the practitioner i.e. "*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.*"

## 7. Good Practice on Scoring

### Rating – A B C

- **A.** Choose Pass if you feel that delivering this Step at this level to other Affected Family Members would represent good 5-Step Method practice.  
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.** Choose Pass with Reservations if you feel there are clear areas that need improvement before you would feel confident delivering this Step well  
Pass with Reservations: Generally 60% and above, and below 65% AND any scores of below 3 (or below 1.5 for each of the start and ending)
- **C.** Choose Resubmission if you feel there are several areas that need improvement before you could confidently deliver this Step. Resubmission. Below 60% AND mainly scores of below 3's (or below 1.5 for each of the start and ending). (If most scores are 3 and above (or 1.5 and above for each of the start and ending), then it should be a Pass with Reservation).
- NB. All Ratings must include an action plan which summarise what the key areas are to improve and how these can be fulfilled.
- If you then fulfil the action plan by the next Step or within an agreed timescale, a Pass with Reservations 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.

- 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 (e.g.,) 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, e.g. "*Other family members have found knowing more about x,y,z useful, would any of these be useful to you?*"
  - Using Table 1a, 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) The Step Table 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 e.g. '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) **To note the** 'Beginning/Ending' have TWO criteria within each Step, each scored separately, with the beginning being scored first (e.g. 1.1) and the ending scored last (e.g. 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.)
- g) **To also note:** Getting the step 'right' is the most important item i.e. the Step Table. The counselling skills in the next Table are important but there are a wide variety of practitioner backgrounds and therefore this can be more lenient.

## 8. 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 - i.e. what is the evidence that you are using to assess that the practitioner met the competence at the level shown (eg x out of 5) for each criterion that makes up the Step. Evidence can be gained from you listening to the video/reading the transcript, and by the use of AI to isolate such evidence.
- b) It can be useful to include a summary sentence at the start of each section 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 write some of the sentences used verbatim and give a timeline- this can be easily be done from a transcript and by the use of AI programmes to identify the transcript timeline. The essential point is to give a sense of what was said E.g. the practitioner normalised the FM's experience by saying (10 minutes into the session): "*what you have told me is very common for family members in this situation to experience*"
- e) Write in fairly short concise sentences. Do not overload the practitioner- they want to know the main points.
- f) **Every criterion** must be evidenced in the comments i.e. what you heard and did not hear.
- g) 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?*"
- h) 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.
- i) 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 these issues 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.
- j) Length of recording: if the recording is much less than 45mins then (especially for Step 1) it is highly unlikely that the step can have been 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.
- k) Most assessors tend to write more in the first Step Table, than the Table on Counselling & Other Skills. 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 the Table on Counselling & Other Skills may be required.

#### **9. Good Practice on Writing Improvements**

- a) If the score is less than 5, you need to state what was missing and give examples of how to show the competency 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 Issues and Feedback Statements. There is also a Competency Checklist with Examples**
- c) It is useful to have a review of what helped you when you became an Accredited Practitioner. It is likely that you gained feedback from at least three different assessors over your five different Steps.
- d) Again, write in fairly short, concise sentences. The practitioner wants key areas for improvement.
- e) All programmes will summarise what improvements the practitioner can make - this can be useful as a guide.

#### **10. Practitioner's Self-Assessment (Updated in March 26)**

- a) Look at the self-assessment once you have completed your review.
- b) Sometimes the practitioner may have written evidence that may make you adjust your own score. An example is if they state that a risk assessment was carried out prior to the step as part of the organisation's 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. Another example might be if they cite evidence which you missed in your reading/listening.
- c) Briefly comment on the practitioner's self-assessment, including the extent to which it aligns with your evaluation.
- d) An overall summary is then included in the Actions at the end of each Step/Counselling Section.

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

- a) To begin with, until you get used 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 length of the recording, 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 (or transcript in Otter.ai) 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. There are a variety of free and paid programmes. Otter.ai is the one that some of us use or you can use other conversion programmes eg [convertio.co/](https://www.convertio.co/). 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) Reading a transcript rather than listening to a whole audio, is much faster. It also means you can cut and paste sentences into the competency assessment sheet.
- d) If you are using a transcript, having two computer screens really helps with the assessment process. You can then have the transcript on one screen and the assessment form on another - this makes it even easier to copy and paste the relevant quotes/evidence.
- e) Have the competency sheet open on the computer and type directly on the sheet as you listen to the recording/read the transcript. In addition, having a printed-out copy of Table for Counselling & Other Skills can also be useful so you can jot down notes as you listen to the recording/reading the transcript. Or if you have two computer screens, you can have a transcript on one screen and the form on the second screen.
- 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.

## 12. End Summary

### SUMMARY

**Table 1 = x/25 (x%). Pass/Pass with Reservations/Resubmit. Table 1a = x/25 (x%). Pass/Pass with Reservations/Resubmit.**

- i. Summary: Summarise how well the practitioner met the competencies. Identify key areas for improvement.**
  - ii. Summary: Brief comment on the practitioner's self-assessment, including the extent to which it aligns with the assessor's evaluation.**
  - iii. Action Plan Table 1: To enhance your Step 1 skills, focus on improving the following competencies and complete the actions below.**
  - iv. Action Plan Table 1a: To enhance your counselling skills, focus on improving the following competencies and complete the actions below.**
- For Step 2 onwards**, you comment on how actions have been incorporated from the previous step e.g.
- v. Actions from Step 1 Incorporated: Briefly comment on how the actions identified by the practitioner or the assessor in previous steps have been implemented.**

- a) State: 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 1a, 1.5 but all other areas Pass. This needs to be stated e.g. "Pass for all areas except in Table 1a: 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 1a, 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) **Summary Action Plan** at the end of each Step/Counselling Section, Start your end summary by summarising what went well with the assessment - be positive and encouraging. (We want practitioners to carry on and not drop out.) Ensure that your comments relate back to the criteria and sub-sections. Summarise what the practitioner could do to improve. NB. You can offer (if you have time) a chat on video, which can be used for the practitioner to role play the area(s) to be addressed.
- e) The Action Plan is in four sections
  - i. **Action Plan Table 1, 2, 3, 4, 5: Step competencies** - State clear concise improvements related to the criteria.
  - ii. **Action Plan Table 1a, 2a, 3a, 4a, 5a: Counselling competencies** - State clear concise improvements related to the criteria.
  - iii. **Practitioners Self-Assessment:** Provide overall brief comments on the Practitioner's own self-assessment and what they can do to improve the quality.
  - iv. **Actions from previous Step/s Incorporated:** State whether the practitioner has demonstrated they have incorporated the feedback/actions from their previous step- both from their own assessment and yours as the assessor. Remember that a Certificate will only be issued as an Accredited Practitioner, once all action plans are completed.
- f) **Examples of actions are:**
  - That they must demonstrate a missing area in the next Step (e.g. Table 1a: 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/Assessor 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 may also state a timescale for the action plan to be completed and submitted (suggest 4-6 weeks).
  - That they look at one of the specific videos on the website covering an aspect that they need to improve upon.
  - That they need to provide more quotes (utilising the transcript evidence) on their own self assessment.
- g) **Action Plan and Score if utilising a Face-to-Face/Video Feedback Session** If you are using this and giving face-to-face feedback, with the practitioner practicing their skills in the session, you can then alter the scores and feedback as a result of the session. This means that a practitioner could have submitted a Step that was Pass with Reservations but as a result of the session with you and their demonstration in role-play that they can fulfil this criterion, it becomes a Pass. Remember to record the session, so there is a record for the practitioner and you.

### 13. 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 family members stresses and how it affects them?
- e) Have you written comments related 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 Issues 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 recording, 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 both Tables?
- k) Have you included a specific Action Plan and referenced the Handbook, Checklist and Videos?
- l) If you have used AI programmes for any of your content, do review its accuracy and comprehensiveness.

### 14. Confidentiality and Governance (and see AI guidance)

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. Please adhere to your organisation governance policies.

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