

The 5-Step Method

Issues and Dilemmas



5 -Step Issues and Dilemmas:

What makes (or not) for an effective self sustaining system?

Why Taken Up?

Evidence Base

**Written Up in Reputable
Journals**

**Ireland - model came
from a respected group**

**Referenced in documents or national/legal
change/ or organisational**

CEO and Board sign up

Ireland - National Drugs Strategy

**New Zealand has a compulsory treatment
order which must involve families.**

**If not in commissioning
frameworks/national strategies,
then can have a lot of 1 off
courses and never know impact**

Lack of funds in UK.

**Main focus on person with addiction
UK- longevity is an issue (procurement
process means organisations may only
have contracts for 1- 3yrs)**

5 -Step Issues and Dilemmas: What makes for an effective self sustaining system?

**A Central Service or Organisational Champion who is committed and has time.
Embedding it, so it doesn't fall apart when that person leaves or organisation loses contract.**

**The Service / Practitioner definitely sees Family Members or has a national network e.g. Ireland
(Some say they do but then appear not to see many family members)**

**Who to train and concentrate efforts on:
General Family Workers or Specialist**

5 -Step Issues and Dilemmas:

What makes for an effective self sustaining system?

Having a central bank of trainers and assessors – we are getting older and need other people to take over

Pick the right Trainers to invest in. Ireland- trained 13 but only 5/6 active.

Looking at putting on line or adapting but needs an evidence base

Money Needed for development

Accreditation Process

Train practitioners in the 5-Step Method (2 day workshop)



Practice using 5-Step



Submit audio-recordings of sessions covering all 5 Steps (3-6 months)



Audio-recordings are assessed against criteria for delivery of the Method



Accredited practitioner (if pass the required level)



Accredited practitioner then train and develop as accredited trainers and assessors



Name of Practitioner: XXXX
Name of Rater: Robert Browne
Completed Assessment Date: July 2018

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

Table 1: 5-Step Skills

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing / Summarise main information gained. If any criterion scores less than 5, give feedback on improvements.
1	Step 1: Listen, reassure and explore concerns		
L	Tape length = 59 mins		
1.1	Beginning of session - introduce 5 step, confidentiality, purpose of Step 1. Complete FMQ* (if not already completed) and use to guide the session. Ending session - summarise the main FM issues, use of handbook and next steps. Clarify what the information needs are to be discussed in Step 2. Check if session was helpful. Practical issues of contact and date of next session.	4.0	<ul style="list-style-type: none"> Beginning: Practitioner welcomed the FM to the session. She did well to discuss confidentiality with the FM. Following this, Practitioner gave a good introduction to the 5-Step Method in general and also the research behind the 5-Step Method. The practitioner gave a really good introduction to each of the steps for the FM. This was done in a very conversational manner and did not appear to be overwhelming to the FM – this was well done. FMQ was referenced a few times in the session – it appears to have been completed in a pre-Step 1 session. Ending: Practitioner ended the session well, the practicalities of the session and the details of contact in between sessions were discussed with the FM. This included a good discussion around who the FM should contact in the meantime should she find herself in crisis – this was very well done by the practitioner. There was an agreement of what topics would be discussed during the next session. The FM seemed quite confused around the FM's partner's addiction – she identified a number of really good topics for discussion. Practitioner also guided the FM towards a reliable source if she wanted to search it on the internet in the meantime – FMs often will Google certain topics ahead of sessions and so good to get ahead of this and ensure that reliable sources are used - this was really well done. <p>Improvements</p> <ul style="list-style-type: none"> While the practitioner discussed confidentiality well at the beginning of the step, there was no mention of the limits of confidentiality (i.e. if the FM was a risk to herself or others or there was a risk of a minor being abused or neglected). There was a pre-

Accreditation is time consuming
Capacity issues where practitioners
We get about 20-30% take up even when

as: Accreditation

Accreditation rates increase

No	Step	Score 1-5	Evidence of meeting criterion/ What was missing / Summarise main information gained. If any criterion scores less than 5, give feedback on improvements.
			<p>Step 1 session so might have been discussed in this (however this was not on tape).</p> <ul style="list-style-type: none"> Before leaving the session, it would be useful to do a brief 2 minute summary of the main issues that were discussed in the session. This helps both the practitioner and the FM to recall the content of the step and ensure that the session has been focussed and has had a purpose. For example: "Okay so before we go, we might just recap what we talked about today, just so that I know we're on the same page, is that alright. So you told me about your partner and how he has recently started smoking heroin. You then told me about how this has affected you,etc etc" <p>Self Assessment</p> <ul style="list-style-type: none"> Practitioner has scored herself a 3.5 here. I have scored her a 4.0.
1.2	Allow FM to describe situation and tell their story, listen to and ask about the FMs concerns and fears. Summarise the situation to check if understood correctly. Acknowledge emotions being expressed.	4.5	<ul style="list-style-type: none"> The practitioner asked the FM to describe her situation and did really well to clarify certain details. I thought that she summarised some of the points quite well throughout the session. The practitioner also clarified the FMs fears and concerns really well – for example we know that the FM is worried about her partner overdosing or taking something that might cause him to become unwell. She is also quite worried about her partner getting arrested, as well as the anxiety of not knowing where her partner is when he goes to "town" – these concerns were well elicited by the practitioner. <p>Improvements</p> <ul style="list-style-type: none"> The only area of improvement was that occasionally the FM became quite side tracked by the story and although the practitioner did try to refocus her on herself and her own responses this occasionally became difficult. Very minor point though, I think the practitioner did extremely well here. <p>Self Assessment</p> <ul style="list-style-type: none"> The practitioner scored herself a 3.0 in this criteria – I would have scored her a 4.5
1.3	Identify relevant stresses and how the FM has been affected.	4.5	<ul style="list-style-type: none"> The practitioner did really well to ask the FM directly about how she had been affected by her partner's drug use. Practitioner constantly asked throughout the sessions in response to stressful situations that the FM had been experiencing – "How does that make you feel". She asked about mood, anxiety, sleep and stress – there were a lot of elements of the FMs strain identified here. I thought the practitioner used the FMQ well to elicit different stressors, especially regarding the financial strain that has been placed on her.

5 -Step Issues and Dilemmas: Accreditation

Accreditation improves quality of practitioner skills – they really like the detailed feedback

Accreditation rates increase when dedicated manager overseeing

**Accreditation is time consuming for practitioner.
Capacity issues where practitioners have high case loads.
We get about 20-30% take up even when signed up with a contract.**

5 -Step Issues and Dilemmas: Accreditation

FINDINGS- evidence suggests that practitioners expert coaching is the best method and not 1 off training - accreditation gives the expert coaching.

Accreditation not appear to improve outcomes from the Family Member Questionnaire - we have compared 1 day courses with 2 day courses with accreditation.

**Test: Really need a Cluster RCT with one organisation to test:
Just Self Help vs 1 Day course vs 2 Day plus accreditation
Or ?? Is the FMQ the right tool?**

5 -Step Issues and Dilemmas: Data

**Hard to get the Family Questionnaire Data (FMQ).
Quite Good Before Data ie Pre Step 1 but
Drops off for Post Step 5 and then even more for 3 mth F/Up**

**Even gaining core items such as how
many family members seen by a
service is difficult**

5 -Step Issues and Dilemmas: Data, What helps

In a service it can be difficult to get the data, but if a research trial it improves

**Person being persistent. Lead in each organisation who is in charge of collecting it. IT help
Contracts help a bit**

**Tried tablets to people so they can enter 'there and then' but didn't work
Practitioner generally like paper versions of FMQ-need a good system to get them return**

**Reciprocal benefit.
Giving organisation back their results- graph/
infographic**

5 -Step Issues and Dilemmas: Maintaining Quality

**Accreditation ensures quality
so you know they can train,
assess, supervise practitioners**

**Contractual Frameworks re
copyright, data collecting,
who can run training etc**

**It's the personal
relationships you make**

**May develop on line and other
blended approaches in future**

**Standardized Materials: Handbooks,
DVD, Competency Frameworks,
Training Plans
BUT Translation & Cultural/ Linguistic
Adaptation**

5 -Step Issues and Dilemmas: Three Discussion Points

How do we ensure longevity and self sufficient?

How do we ensure quality?

How do we ensure we continue to get high quality data and who can maintain analysis?