

## 5-Step Competency Assessment Examples of Common Problems and Feedback Statements



- A. **Prior to session 1 or in session 1:** Discuss *purpose*, *evidence base*, how *long* sessions are, *confidentiality*, *recording of session* etc
- B. **Session starting:** Most effective sessions were always good at *introducing* each session and purpose, *thanking* person for attending, and *creating* a *relaxed* atmosphere and a *good relationship*.
- C. **Sessions generally:** Most effective sessions made sure they had *followed and covered each step*, kept focussing back by *summarising* and *getting FM to explore their own solutions* rather than telling them what to do or making too many suggestions, and *used handbook to provide structure*. Other issues are: counsellor not to talk too much; do not let the session turn into too much of a 'chat'- keep it structured by re-summarising and focussing on the purpose i.e. the Step and asking FM to think of options; it can also be the FM talks a great deal - this is fine but intervene by summarising and refocus on the Step.
- D. **Session ending:** Most effective sessions always *ended with a summary*, *asked the family member* whether they found the session helpful. One counsellor used a *brief relaxation* session and this was positive.

No	Step	Common problems on 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 35 minutes spent on this (although more is recommended). Even if the practitioner knows the FM for years, the assessor in 5-Step does not. Let them tell their story from the beginning, the more information that is elicited, the more you have to work with as practitioners in this and subsequent steps. Using the FMQ is a great way to ensure you gain maximum information on all issues from the FM. Ensure you make reference to the information collected so the assessor knows that it has been completed.
1.1	Beginning of session - introduce 5 step, confidentiality, taping the session, 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. Check if session was helpful. Practical issues of contact and date of next session.	<p><b>Common problems.</b> Session not clearly introduced with the purpose. Issues not summarised towards end of session. Need to end the session in a more effective way by summarising/introducing what will happen at next session/use of handbook etc.</p> <ul style="list-style-type: none"> <li>• <i>“The purpose of this session is for you to tell me your story and explain your concerns and fears.”</i></li> <li>• <i>“Let me summarise what you have said today and what we will do next time”</i></li> <li>• <i>“In the handbook is x exercise, you might find it useful to try this out before the next session”</i></li> <li>• <i>“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 addiction in the last 3 months. It will help me get a sense of how things are for you, and then we can have a discussion around it in a bit more detail. Is that alright with you?”.</i></li> </ul>
1.2	Allow FM to describe situation and tell their story, listen to and ask about the FM’s concerns and fears. Summarise the situation to check if understood correctly. Acknowledge emotions being expressed.	<p><b>Common problems.</b> Counsellor asked questions and listens but could probe more to find out concerns and fears. Could acknowledge emotions more. Need to use more summarising to check understanding - sometimes can come across as more of a chat. Carries out too passively. FM is saying what it is like for the user rather than themselves so need to focus back on FM. Try to summarise at least every 10 mins.</p> <ul style="list-style-type: none"> <li>• <i>“Have I understood correctly, the situation is.....”</i></li> <li>• <i>“Your main concerns are x, does that summarise it correctly?”</i></li> <li>• <i>“I can hear you have been very upset and anxious....this is very normal to feel like this, given what you are experiencing”</i></li> </ul>

No	Step	Common problems on session. <i>Examples in italics of what could have been said.</i>
		<ul style="list-style-type: none"> <li>• <i>“You have spoken about the problems for your son but what is it like for you?”</i></li> </ul>
1.3	Identify relevant stresses and how the FM has been affected.	<p><b>Common problems.</b> Not probe enough on what the stresses are for the FM or not enough clarity on what the main stresses are. It can turn into a general chat about the situation.</p> <ul style="list-style-type: none"> <li>• <i>“It would be helpful to understand clearly how these worries are affecting you, can you tell me more about this?”</i></li> <li>• <i>“It sounds as if the main effects on you are x, is that correct?”</i></li> <li>• <i>“From the questionnaire and what you have said, the key stresses are x, with the main ones being y- is that correct? Are there any others?”</i></li> <li>• Better to be more concrete eg <i>“So your son’s alcohol use affects you due to x”</i> <i>“ You feel concerned as you worry about his health and you are not sleeping properly”</i></li> </ul>
1.4	Identify relevant stresses and how others have been affected.	<p><b>Common problems.</b> Session can be very general and information is gained on FM but not about how others affected.</p> <ul style="list-style-type: none"> <li>• <i>“So we have talked about how you are affected, are there other people in the family who have been affected ....tell me how they have been affected”</i></li> </ul>
1.5	Normalise the experience of FMs giving an indication that they are not alone with their experiences.	<p><b>Common problems.</b> Normalising the experience is not mentioned enough.</p> <ul style="list-style-type: none"> <li>• <i>“Your situation sounds very stressful and from having talked to quite a lot of family members, your feelings and reactions are very normal”</i></li> </ul>
2.	<p><b>TARGETTED INFORMATION:</b> There are two separate criteria here whereby the practitioner should give addiction specific and non-addiction specific information to the FM. The purpose of this step is to give this information which is relevant and targeted to the FM. This information should be asked about in step 1 and delivered during step 2. This might seem obvious but some practitioners have tried to ask the FM what they would like information on during this step and not actually recorded giving the information to the family member. Also a lot of people do not do the last criteria. Remember you don’t have to know everything-use the results from the FMQ, look at the practitioner’s handbook, e.g. Resource 4, p87 of handbook and use the self-help manual with the family member.</p>	
2.1	<p>Beginning of session - check if previous session helpful. Give purpose of Step 2.</p> <p>Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.</p>	<p><b>Common problems.</b> Session not clearly introduced with the purpose. Issues not summarised at the end. Lack of use of handbook.</p> <ul style="list-style-type: none"> <li>• <i>“The purpose of this session is to look at what information would be helpful to you, you said in Step 1 and from filling out the FMQ, that information on improving your sleeping would be useful- shall we go over this?”</i></li> </ul>
2.2	Identify/check areas where FM needs more <u>Addiction-related information</u> (about the substances or behaviours involved – eg details of drugs, units of alcohol, forms of gambling - or about addiction/dependence - eg how difficult it is to give up, reasons for relapse etc.), present targeted & relevant information to FM, and discuss this with FM.	<p><b>Common problems.</b> Not exploring in enough detail what information is needed. Some counsellors starting to tell client what they think is needed. Session strays into other areas and so needs to get back on track to the purpose of Step 2. It’s a good idea to particularly use the self-help manual in the session.</p> <ul style="list-style-type: none"> <li>• <i>“We have talked about giving you some information on the health effects of alcohol, is there any other information that would be useful for you such as dealing with anger or communicating with your husband”</i></li> <li>• <i>“Okay, so coming back to the purpose of Step 2, it’s to provide information relevant to you. I’m going to tell you a bit about X, is that alright?”</i></li> </ul>
2.3	Identify/check areas where FM	<p><b>Common problems.</b> Not actually checking whether the family member needs general information. The FMQ</p>

No	Step	Common problems on session. <i>Examples in italics of what could have been said.</i>
	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. Utilise results of FMQ to guide the session.	will show up some areas but make sure you explore wider issues. <ul style="list-style-type: none"> <li>• <i>“When we did the FMQ, you talked about anxiety and sleep problems, would some information to help manage this be useful”</i></li> <li>• <i>“You have talked about x, do you have any information needs in relation to this?”</i></li> <li>• <i>“The handbook has lots of useful information sources, would it be helpful to go over that?”</i></li> </ul>
2.4	Identify/check areas where FM feels other family members may need information - both addiction and general information.	<b>Common problems.</b> Not exploring in enough detail other types of information the FM might feel other family members may need. <ul style="list-style-type: none"> <li>• <i>“You say your son may be interested in getting help for his drug problem, would it be helpful to give you some information to take away”</i></li> </ul>
2.5	Support FM to find out more for themselves about identified issues e.g. FM could use websites, reading, library, organisations, etc.	<b>Common problems.</b> Not supporting and exploring with the FM options to find out more information <ul style="list-style-type: none"> <li>• <i>“Would it help if we logged onto the computer to have a look at useful websites?”</i></li> </ul>
3.	<b>SUPPORT:</b> In this step, some practitioners rely very heavily on the manual. While the manual can be used throughout the session - you should not read verbatim from it, ask the family members to describe some real situations that they have experienced with their relative, ask them how they responded and then discuss this in terms of the different styles of coping. Again just follow the assessment criteria, make sure that you discuss both the advantages and disadvantages of different styles of coping. Following this (and 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. You need to adequately explore alternatives with the FM- remember TAAA (There Are Always Alternatives).	
3.1	Beginning of session - check if previous session helpful. Give purpose of Step 3. Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.	<b>Common problems.</b> Session not clearly introduced with the purpose. Issues not summarised at the end. Lack of use of handbook. <ul style="list-style-type: none"> <li>• <i>“The purpose of this session is to look at how you currently respond to the situation with your son, tell me what normally happens”</i></li> <li>• <i>So we’ve discussed the different ways you tend to respond to your relative at home today X, Y, Z... we’ve also looked at the advantages and disadvantages of these X, Y, Z...You’ve said that you might try X way of responding in the future and see how that goes, does this summarise what we discussed today?”</i></li> </ul>
3.2	Ask FM about current coping responses. Get specific examples and situations. Discuss the 3 main ways of coping. Utilise the handbook and its exercises.	<b>Common problems.</b> Not getting enough details about responses with specific examples. Not making use of handbook to give the summary of ways of coping. Some counsellors giving too much information of how they might cope. <ul style="list-style-type: none"> <li>• <i>“You have talked about how, when your son comes in, you ignore the situation and go out of the room. As we can see from the handbook, this is a very common way of responding.”</i></li> <li>• <i>“In the handbook, this shows various ways of coping, shall we look at these and see which ones you may have used in the past or may find useful to use in the future.”</i></li> <li>• <i>“Okay, so coming back to your ways of responding and Step 3, we want to look at your different ways of responding. You appear to mainly use X style of responding, is that right?”</i></li> </ul>

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		<ul style="list-style-type: none"> <li>• <i>“So we’ve discussed the different ways you tend to respond to your relative at home today X, Y, Z... we’ve also looked at the advantages and disadvantages of these X, Y, Z... You’ve said that you might try X way of responding in the future and see how that goes, does this summarise what we discussed today?”</i></li> </ul>
3.3	Explore advantages and disadvantages of current coping responses. Again, use specific examples and situations.	<p><b>Common problems.</b> Not exploring in enough detail the advantages and disadvantages for that FM so they can come to their own conclusions. Also not gaining specific examples</p> <ul style="list-style-type: none"> <li>• <i>“Let’s look in more detail at what are the advantages and disadvantages of coping like this. Tell me what the advantages are when you did x last week... Now tell me what the disadvantages might be”</i></li> </ul>
3.4	Facilitate FM to see that there is no right or wrong way of coping.	<p><b>Common problems.</b> Not stating that there is no right or wrong way of coping.</p> <ul style="list-style-type: none"> <li>• <i>“You have talked about your ways of coping and lots of FM feel there ought to be a best way, there is no right or wrong method but just advantages and disadvantages depending on the situation.”</i></li> </ul>
3.5	Explore advantages and disadvantages of alternative ways of coping, again utilising specific examples and situations.	<p><b>Common problems.</b> Not exploring alternative ways of coping. Not using the handbook enough to give potential examples if the FM finds it difficult to come up with alternatives.</p> <ul style="list-style-type: none"> <li>• <i>“Are there any other alternative ways you might use, to cope with the situation you were in last week..., refer to handbook.”</i></li> <li>• <i>“Ok, so we’ve talked a lot about Xs mother and siblings, I was just thinking, are there any alternative ways that we might consider, of responding to X himself? What would the potential advantages and disadvantages of this be?”</i></li> <li>• <i>“We discussed that you think it may be better to talk to your son the next day about the effect his behaviour has on you, what would the advantages and disadvantages be of this?”</i></li> </ul>
4.	<p><b>SOCIAL SUPPORT.</b> Very common criteria which are often left out or done poorly is 4.5: "Discussion about improving communication within the family and reaching a more unified and coherent approach to problem-solving in the family". 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: "So are you and your husband on the same page in terms of how to deal with your son's drug use? If not, why not? How can you change this?". If there is no husband/wife then talk in terms of sons, daughters, even friends.</p>	
4.1	<p>Beginning of session - check if previous session helpful. Give purpose of Step 3.</p> <p>Ending session - summarise the main FM issues, use of handbook and next steps. Check if session was helpful. Practical issues of contact and date of next session.</p>	<p><b>Common problems.</b> Session not clearly introduced with the purpose. Issues not summarised at the end. Lack of use of handbook.</p> <ul style="list-style-type: none"> <li>• <i>“The purpose of this session is to look at your social support and what you find helpful or unhelpful. Lots of people find it helpful to draw a diagram so shall we look at this in the handbook and then we can fill it in together”</i></li> </ul>
4.2	Discussion of who/what/why is helpful and unhelpful in terms of social support utilising a network diagram - to include people, activities, other agencies/groups.	<p><b>Common problems.</b> Not exploring in enough depth what is helpful and unhelpful for each person identified or summarising any common themes,</p> <ul style="list-style-type: none"> <li>• <i>“So you have identified 3 supportive people, what do they do that is helpful. The 2 people who are unhelpful - why is this?”</i></li> </ul>
4.3	Explore how to develop/continue to develop positive social support.	<p><b>Common problems.</b> No exploring or facilitating how to develop the social support that the FM may find helpful.</p> <ul style="list-style-type: none"> <li>• <i>“You mentioned doing more exercise, how would you action this?”</i></li> <li>• <i>“You have mentioned some areas of support such as your sisters, are there ways you would like this to</i></li> </ul>

No	Step	Common problems on session. <i>Examples in italics of what could have been said.</i>
		<i>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 social support).	<p><b>Common problems.</b> Counsellor being too quick with coming up with their ideas rather than firstly asking the FM.</p> <ul style="list-style-type: none"> <li>• <i>"You have identified family support from your sister, are there any other people (from work maybe or friends) who could give support?"</i></li> <li>• <i>"You mentioned some friends as support, are there any activities you enjoy doing that would help?"</i></li> </ul>
4.5	Discuss how family members can support each other and agree on approaches when communicating with the using relative.	<p><b>Common problems.</b> This step is often not explored in any detail at all.</p> <ul style="list-style-type: none"> <li>• <i>"Is there anything else you think would help so that all the family members agree on the approaches that can be taken with your relative?"</i></li> <li>• <i>"You mentioned that your husband takes a different approach and confronts your son which you say doesn't help, what would like to say to your husband so that he can take an approach that is more helpful?"</i></li> <li>• <i>Shall we try a role play so you can rehearse what you want to say- many FM find this helpful."</i></li> </ul>
5.	<p><b>REVIEW AND FURTHER HELP:</b> Not mentioning some criteria is the most common cause of failing this step. This step is about providing further support for the family members themselves, the drug using relative and then ANY other relatives who might want support. Sometimes the entire step is taken up in offering the family member support that the other two criteria are excluded. Even if the family member's relative is in treatment or not living at home there are supports that can be offered including online supports, addictions services, mental health services etc.</p>	
5.1	<p>Beginning of session - check if previous session helpful. Give purpose of Step 5.</p> <p>Ending session: summarise the main FM issues; check if session was helpful; remind on use of handbook; agree post-5-Step work; inform FM that will send another FMQ at 3 months. Inform that will contact them in about 6 weeks to check how they are.</p>	<p><b>Common problems.</b> Session not clearly introduced with the purpose. Issues not summarised at the end. Lack of use of handbook. Not explaining that will receive the follow up FMQ and how important it is to fill in.</p> <ul style="list-style-type: none"> <li>• <i>"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 the misusing relative"</i></li> <li>• <i>"Over these last weeks, we've looked at each of the 5 Steps and I know it's been an emotional journey for you. It's excellent to see how many changes you have made which you have said are making you feel better."</i></li> <li>• <i>"We've discussed what further work you may need to do now we're finishing. Don't forget the handbook which has got lots of useful material in it."</i></li> <li>• <i>"Also don't forget you are not alone in how you feel - there are lots of people who are affected by a relative's alcohol or drug use."</i></li> <li>• <i>Remember you can always come back to see me if you feel you need to or as we have discussed you could start attending the Family Support Group."</i></li> </ul>
5.2	<p>Review Steps 1-4 to explore what FM has found helpful about the sessions and what changes FM has made.</p> <p>Redo FMQ from 1<sup>st</sup> session to clarify changes.</p> <p>FM/Practitioner to summarise key issues and progress to date.</p>	<p><b>Common problems.</b> Not looking back over previous 4 sessions to highlight what the key points are and so further help is not targeted. Ideally the counsellor would be asking the FM to do this and adding as appropriate or using the FMQ in the sessions. 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"> <li>• <i>"Your plan for the future things you want to do includes x,y,z, does that summarise that correctly, How do you think you will ensure these happens?"</i></li> <li>• <i>"Let's have a think about what steps you can take"</i></li> <li>• <i>"From what you have said you have made some really substantial changes and are feeling better about thing, are there other changes you would want to make?"</i></li> <li>• <i>Could you summarise what changes you have made over the last x weeks?."</i></li> <li>• <i>"What have you found helpful about these sessions?"</i></li> </ul>

No	Step	Common problems on session. <i>Examples in italics of what could have been said.</i>
5.3	Discuss FMs need for further help and how this can be actioned.	<p><b>Common problems.</b> Not asking and probing enough to find out if any other needs. Not getting agreement to send out the FMQ.</p> <ul style="list-style-type: none"> <li>• <i>So looking back over our last sessions, you said that these are the areas you wanted some further help in, are there any others needs you have? Does that sound about right or are there other areas? Shall we just check each of these issues and see that you feel you have enough help in these areas</i></li> </ul>
5.4	Discuss help needs of other FMs/key people and how these can be actioned.	<p><b>Common problems.</b> Not asking about other FM needs.</p> <ul style="list-style-type: none"> <li>• <i>“You mentioned that your husband finds the situation very difficult, would it help if we all had a session together to discuss the issue?”</i></li> <li>• <i>“We have talked about x, do you feel any of your other family need any support or help (and if so what)?.”</i></li> </ul>
5.5	Discuss help needs of the using relative and how these can be actioned.	<p><b>Common problems.</b> Sometimes the Step is not actually covered.</p> <ul style="list-style-type: none"> <li>• <i>“Do you think that your son needs any other help? Is he interested in getting more help?”</i></li> </ul>

**Table 2: Counselling and Other Skills**

No	Skill	Common problems on session. <i>Examples in italics of what could have been said.</i>
1.1	Creation of a relationship of trust (warmth, genuineness, and empathy)	<p>Occasionally the counsellor rushed the session or instead of being empathetic was a little judgemental with their view.</p> <ul style="list-style-type: none"> <li>• <i>“It must be very difficult to live with that worry every time he goes out in the evening”. {Example of empathy rather than judgement}</i></li> </ul>
1.2	Careful listening, the giving of minimal encouragers, the asking of appropriate questions, reflecting both the verbal and emotional content of what has been said, summarising, and sensitivity to cues whether verbal or non-verbal, direct or indirect.	<p>Not summarising enough to accurately convey the views of the FM or not summarising the emotional content enough.</p> <ul style="list-style-type: none"> <li>• <i>“So let me try to summarise what you’ve said” “Have I got this right, you feel x,y,z.”</i></li> <li>• <i>“From what you are saying, the main things that cause you concern are x,y,z,”</i></li> <li>• <i>“So just to see where we have got to, you feel the reasons you can’t communicate with x are x..y,.z”</i></li> <li>• <i>“I can see that you are very upset about the situation at the moment and you also feel frustration that x won’t change. This is very normal amongst family members.”</i></li> </ul>
1.3	Allowing silences and the expression of emotions - anger, anxiety, depression, sadness; expression of feelings can be cathartic, alter feelings and improve self-esteem.	<p>Not allowing enough time for silence ie saying something too quickly or changing the topic.</p> <ul style="list-style-type: none"> <li>• <i>“I can see that you feel very emotional about x- it looks as if you are angry but also very sad”</i></li> </ul>
1.4	Offering positive encouragement, reassurance and support, reminding people of their strengths and expressing hope and optimism that change is possible.	<p>Not being encouraging enough and giving a sense of hope or that any change is possible.</p> <ul style="list-style-type: none"> <li>• <i>“I hear from what you have said that you are doing lots of positive things and that although your son may not be ready to change at the moment that you are changing the way you cope and that is excellent.”</i></li> </ul>
1.5	Management of issues associated with risk and safety if relevant – e.g. domestic abuse and violence, safeguarding concerns and/or mental health.	<p>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.</p>