

1. **5-Step Competency Assessment**

There are a number of materials to help you.

- a) **5-Step Competency Assessment Form** - this is designed so you can self-assess how well you meet each of the 5-Step competencies. The **5-Step Competency Assessors Assessment Form** is used in the accreditation process by the expert assessor - this is identical to the self-assessment form that you will complete, but just has an extra section for the assessor to comment on the practitioner's self-assessment.
- b) **5-Step Competency Checklist** - this is similar to the competency assessment form but in a handier checklist format. This is useful to use at the same time as you are facilitating your 5-Step Method intervention sessions - it helps you to ensure you remember all the competencies for each Step. This can also be used after the session (e.g. for you to reflect on your 5-Step Method practice) and by peers/supervisors.
- c) **5-Step Competency Assessment. Examples of Common Problems and Feedback Statements** - this summarises common problems that practitioners may experience in each Step, including the key counselling skills. It also gives useful tips and guidance.

The Competency Self-Assessment form will get updated from time to time, as we all learn how to make it better; so make sure you have the latest version. Using the old assessment form (and therefore older assessment criteria) causes some people to miss out on marks and even fail. The latest assessment form, checklist and all other 5-Step Method materials are on the AFINet website. The 5-Step page is open access. <https://www.afinetwork.info/5-step-method>

2. **Accreditation**

We encourage all practitioners who use the 5-Step Method to become accredited. This is so both you, and the organisation you work for, know that you are a competent practitioner. It will also help you review and improve your practice. The process of accreditation will be explained to you at the 5-Step Method practitioner training and is outlined below. For accreditation, you must have consent from the family member/s that the audio-recording of the session can be shared with the Assessor (a consent form will have been provided by your organisation; a generic one is also available on the AFINet website, above).

Also, as per the agreement that is generally in place between your organisation and AFINet (and in line with your agreed organisational procedures), you should also have asked the family member to complete the Family Member Questionnaire (FMQ) at the beginning and end of the 5-Step Method intervention process. You should submit the anonymised data in the agreed format to your organisation. AFINet then receive these and produce graphs to show the organisation's before and after results. The completion of the FMQ is an important part of the accreditation process as reference to the FMQ during your intervention sessions is part of the competencies that will be assessed.

Ideally, you should apply for accreditation within two to six months following training.

3. **Accreditation: the process**

In order to become accredited, you need to ideally submit one audio-recorded example of each Step of the 5-Step Method intervention (i.e. Step 1 to Step 5) with a Family Member alongside your completed 5-Step Competency Self-Assessment Form. If time is a problem, then at least 3 out of 5 steps which include Sep 1 & 3 must be submitted. The audio-recordings do not have to be with the same Family Member for all Steps. You can, if you wish, select different steps with different Family Members, although there may also be drawbacks if you do this, in terms of continuity between sessions, which may therefore require additional written explanation. Although this may not be possible due to the timescales of you seeing a family member, we recommend you submit each Step recording separately and receive feedback before continuing to the next step e.g. submit Step 1 and then receive feedback before you facilitate Step 2. This will then help you improve your practice between each Step, and stop you making a similar mistake across a number of Steps before the feedback draws this to your attention.

It is essential to test your audio recording system (e.g. tape recorder, telephone, etc) so that you know the audio volume and clarity is adequate. Before submitting these recordings for accreditation, you must listen to your recordings and self-assess yourself, following the instructions below. You can also ask a colleague/peer/supervisor to assess you as well, if you feel that would help you. You should only submit the recordings when, after self-assessment, you are relatively confident that the recordings meet the required standard.

Once the recordings are submitted, the expert accredited assessor will then assess your practice by listening to your recorded sessions and filling out the 5-Step Competency Assessors Assessment Form.

4. General Principles and Rating

There are two key questions to ask yourself after listening to the recording of a 5-Step intervention session that you have completed:

a) **Have you demonstrated enough skill in this Step to become a 5-Step Method Practitioner? (Table 1- This covers the competencies of the 5-Step Method)**

Did you structure the session so that all aspects of the Step being undertaken were covered?

Did you demonstrate all of the required competencies (covering both competencies required for each Step (Table 1) and those required to demonstrate the core counselling skills (Table 2))?

It is important that the scores you provide in Table 1 corroborate whatever answer you give yourself in answer to these two questions above. So if you feel that you DID demonstrate sufficient skill, then your scores should give you a Pass; if not, then your scores should reflect either a Pass with Reservations or a Resubmit. Your scores should corroborate your overall feeling over how well you did, NOT the other way round.

- For Table 1, the evidence to use should come from what you say and do, 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 you, the Practitioner, says and does, not to what the AFM says. For example, the AFM might tell their story in great detail, even if you say virtually nothing; but the assessment is about your demonstrated skills, so when listening to a recording and completing your self-assessment, concentrate on what you say, so that you can score your skills in delivering the 5-Step Method. Remember you are in charge of the process and the AFM is in charge of the content. You cannot (and should not) control what answers they give, but you can control what questions you ask and how you ask them.

b) **Have you demonstrated enough competency in counselling skills? (Table 2- This covers counselling and other skills)**

You may want to ask yourself some questions: “*Did I 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 this was a positive session and would come back?*”.

- For Table 2, If you answer ‘yes’ to the questions listed just above, then you ought to obtain ‘pass’ scores on Table 2. For Table 2, we CAN use evidence from the AFM – you can assess from their demeanour and responses whether they felt ‘easy’ with you, score your 5-Step practice accordingly.

Rating - A, B, C:

A. After listening to the tape, if you feel that if you were to deliver this Step at this level to other Affected Family Members, then that would be a good Step in the 5-Step Method, then you 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 you 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 any scores of below 3 (or below 1.5 for each of the start and ending)

C. If you feel that there are quite a few areas where you 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 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 Rating should state 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 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.

5. The Assessment Template

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.

6. How long should it take me to do a self-assessment

a) How long the self-assessment process will take you will really vary. You will probably find that the earlier steps take you longer as you get used to the process.

b) We recommend that you listen to the recordings of your sessions at normal speed. However, it is possible to listen to the recording at a faster speed (e.g. 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) It is useful to have the competency sheet open on the computer and type directly on the sheet (into Table 1 and 2) as you listen to the recording. In addition, having a printed out copy of the competency form can also be useful so you can jot down notes as you listen to the recording.

d) There is a balance between time and quantity/quality of comments/improvements. The more you write the longer it will take. So you may decide to just provide a couple of summary comments/ improvements but do make sure they cover all criterion aspects. Detail, with specific examples, is essential for the assessors to complete their assessment, and remember that the assessment process includes feedback on your own self-assessment.

7. Scoring Tables 1 and 2

We suggest that you provide the qualitative comments on your self-assessment first, and that you then decide on the score that you feel you have obtained for each criterion.

When assessing your 5-Step Method practice, use the following scores to rate how well you feel that you have met each criterion.

**0 = No Evidence. 1 = Very Poor. 2 = Poor. 3 = Acceptable. 4 = Good. 5 = Excellent.
You can use .5 scores as necessary e.g. 3.5**

Remember for Table 1 and 2 to:

- Add up the scores for each step.
- Convert to percentages.
- **To note:** The score for the beginning and ending of each Step is now divided up, with the beginning being scored first (e.g. 1.1) and the ending scored last (e.g. 1.6). These scores need 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 the other criteria for each step. As an example, if you score yourself 4 for criterion 1.1, then you divide by 2 to give a score of 2. If you score yourself 3 for criterion 1.6, then you divide by 2 to give a score of 1.5.)

8. Good Practice on Scoring

a) 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 you 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 you 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's for the Affected Family Member and not so much about the loved one that they are concerned about. If the AFM talks about the effect of their loved one's behaviour on their loved one (eg the effect his drinking is having on his own health), then this does not automatically mean that you would score yourself highly for this criterion 1.2 (telling the story and getting concerns/fears). It is your task to steer the AFM to talking more about themselves and their concerns and the effects of these concerns and experiences on themselves. You need to demonstrate that you were in charge of the process and that you demonstrated use of the relevant skills throughout the session to steer the session in order to gain the relevant information.
 - Using Step 1, 1.4 as an example, if you haven't asked about the family structure and wider friends' group, and then asked about how each of them are affected, you cannot even know if you have fulfilled this criterion: you will have to score yourself accordingly.
 - Using Step 1, 1.5 as an example, if you only normalised once and not with much emphasis or a not very good example, then you are likely to score yourself a 0.5. Remember also that the normalising needs to be about the AFMs experience, not their loved one's experience.
 - Using Step 1, 1.6 as an example (ending of Step 1), if you covered all the required components for the criterion but feel that you could have done them in a little more detail and maybe missed out one area, then you are likely to score yourself a 2.5 i.e. below average. If you covered most areas quite well but missed out on explaining in enough detail about how to use the handbook, then you are likely to score yourself a 3.5.
 - Using Step 2, 2.2 as an example, you need 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 you give 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 you do need to cover risk issues and should demonstrate awareness and discussion of these at every session, 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: you need to consider risks to other family members (especially to any children), and also including risks to the user.
- b) Table 1 scores can also reflect how well the 5-Step Method was done in terms of how good the counselling skills were you 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 scores 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"*.'
- c) Table 1 scores can also reflect how well the 5-Step Method was done by the use of good counselling skills. As an example, you may meet the required competence but the manner in which this was done may have fallen short e.g. by asking lots of closed questions. In this case, you will probably need to reduce the score that you give yourself and comment on this accordingly in your supporting comments including what you need to do to improve on this criterion.

9. Good Practice on Writing Comments

- a) It is essential that the scores you give yourself 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 met the competence at the level shown (e.g. X out of 5) for each criterion that makes up the Step. For this reason, we strongly suggest that you provide all the evidence first (including improvements that you feel that you can make) and then decide what the appropriate score is for each criterion).
- b) Include a summary sentence at the start to indicate how well you feel you did for each criterion, e.g. *"I 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 and phrased that you 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 you said so that the assessor can see that you understand the criterion and what is required to demonstrate competence.
- e) **Every criterion, and every element to each criterion**, should be evidenced in your comments and in as much detail as possible. For example, it is not enough to write "I listened to the FMs' story and to a number of fears and concerns that they discussed". You need to give specific examples of how you got to the story (e.g. examples of open questions) and of the fears and concerns that they mentioned.
- f) A good rule on scoring is "*if I just listen to myself and not the Family Member, would I hear evidence of 5-Step Method good practice?*"

10. Good Practice on Writing Improvements

- a) If you score yourself less than 5 for any criterion, then you need to state **how you 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 in as much detail as possible. For example, it is not enough to say, "I need to ask more open questions"; rather you should give examples of the open questions that you could have used.

11. Tips to increase the chances of passing when your recordings are being 'expert assessed'

- a) Remember the person scoring and commenting on your recording/transcript and on your completed competency assessment form, is reviewing the following:
 - i. **Does the practitioner meet the actual competency stated for each step?** The assessor is looking for the actual evidence and then needs to write this evidence down in the comments e.g. can they state the relevant stresses for the AFM.
 - ii. **Does the practitioner meet the competency by using good counselling techniques?** The assessor must review the manner in which the practitioner gained the information and the practitioner will be marked down if counselling skills are not satisfactory.
- b) In reviewing 5-Step Method recordings, the first and biggest error in unsatisfactory recordings is the shortness of the Step. Under 40 minute Steps are NOT long enough. It is very rare for someone to pass a Step with a session of this length, no matter how high the quality - there is simply not enough time to cover each assessment criterion within a recording of this length. The ideal length of a step should be 45 minutes + (anywhere from 45 mins-1 hour is normal). Remember to write the duration of each recording - this is shown on the Competency Self-Assessment Form.
- c) The 5-Step Method is a semi structured intervention and it is important that you set the agenda right at the beginning e.g. *Our plan today is to cover the following*. It is also vital that you control the timing of the whole session, demonstrate you have control of the whole session and ensure all criteria are covered.
- d) If one of the assessment criteria is not even mentioned, then the assessor will give a score of '0' on that criterion; and this will mean that you could fail that step - even if you get perfect 5.0 scores in every other criterion. A simple way for you to avoid this is to have the competency criteria to hand during the session to check before finishing the session that all criteria have been covered (e.g. bring the assessment criteria or checklist with you or simply have a bullet point list with all the criteria, including the counselling skills, written down). There is no 'perfect sequence' that the criteria need to be covered in, and hence no marks are gained for covering the criteria in any particular order: so if you remember you have forgotten something, still raise it at the end of the session, and you will still get marks for it.
- e) Reading directly from the Handbook is also a bad strategy (unless you are using the handbook with the AFM to cover an exercise). It is pretty obvious even on a recording when this is being done, because it feels stilted; but concentrating on reading from the Handbook also distracts the practitioner from what the AFM is saying. As a result, practitioners often miss important points, skip assessment criteria and generally don't do a great step.
- f) Do read the **5-Step Competency Assessment. Examples of Common Problems and Feedback Statements**.

12. Review what you have written

- a) Reading the comments that you provide throughout your self-assessment should enable someone else 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?
- b) Have you given a summary sentence at the start of each criterion to state how well you did?
- c) 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?
- d) Do your comments relate to the criterion?

- e) Have you covered all aspects of the criterion?
- f) Have you given specific improvements giving examples where needed?

13. 5-Step Method Skills Assessment and Range of Feedback from Accredited Assessor

The accredited assessor will provide you with a range of detailed comments and improvements related to each criteria and sub sections. They will score every section and then identify at the end whether you have achieved a Pass, Pass with Reservations or Resubmission for each Step. They will only look at your self-assessment form after they have completed their independent assessment. If an assessor makes any changes to their comments and scores as a result of reading your self-assessment then they will make this clear in their comments.

An action plan will be written, outlining the steps to be taken to improve your skills. This plan might cover a range of actions, including: re-reading parts of the practitioner handbook, role plays observed by an accredited assessor/ trainer, listening to the step again alongside an accredited assessor to review the evidence, and resubmission of a Step. If you 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.

14. Confidentiality and Governance

At no time should there be any information which gives the client/service user name. Only an identifying code should be recorded on any 5-Step Method form or the Family Member Questionnaire. After a recorded session has been listened to for accreditation purposes, then you should make sure that you delete the recording from your computer or mobile device. The assessor will also delete each recording once they have completed their assessment.

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