**Systemic Family Practice**

**Systemic Competency Scale**

**(SPS)[[1]](#footnote-1)**

**Purpose**

This scale has been devised to provide a structure for the assessment of Systemic Family Practice (SFP) skills. It is designed to evaluate a whole session but in addition can be used as a training and supervision tool and the focus may then be on particular areas of competence.

**Rating the scale**

The seven-point scale (i.e. a 0-6 Likert scale) extends from (0) where the practitioner does not demonstrate that skill to (6) where a high level of skill is demonstrated. Please refer to the competence level examples found below. These examples are intended to be used as useful guidelines only. They are not meant to be used as prescriptive scoring criteria, rather providing both illustrative anchor points and guides. There is inevitable overlap of the competencies so some aspects will be doubly rated. For example, circular questions may be rated as a change technique and as an aspect of systemic reframing.

**Adjusting the scale to the challenges presented by families**

The particular therapeutic challenges of the family, and the requirement for therapeutic intervention at a particular time, should be taken into account and individual items scored in relation to the therapeutic needs of the family. If the marker thinks it is appropriate that an item is not covered at all, then it should be rated at 3. If it is covered minimally, but appropriately, it can be scored higher. For example, it may be appropriate to hold back from exploring diversity until a later session. It would be expected that for most sessions all dimensions would be covered.

**Interrelatedness of Items**

All of the Items are of course related and, as with all assessment, there is a distinction being made that does not completely hold.

This scale has shown to have high internal reliability (Butler et al., 2018) - Measuring Competence in Systemic Practice: Development of the ‘Systemic Family Practice – Systemic Competency Scale’ (SPS). *Journal of Family Therapy,* doi 10.1111/1467-6427.12251 )

It is based on the well-established Cognitive Therapy Scale – Revised (CTS-R) used in rating competence in Cognitive Behavioural Therapy training as well as being informed by well-established training practicewithin the field of Family Therapy and Systemic Practice. It is informed by the Competency map for Systemic Family Therapy (Roth and Pilling 2007). It is based on the Dreyfus system, which keeps the highest levels of attainment for very high levels of practice. Further validation of the scale is in progress.

**Example of the scoring layout**

Mark with an 'X' on the horizontal line, the level to which you think the practitioner has fulfilled the core function. Please use whole and half numbers. The descriptive features below are designed to guide your rating

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen.

**Competence Level Examples**

**0 1 2 3 4 5 6**

|  |  |
| --- | --- |
| **0.** | Inappropriate absence of feature or highly inappropriate use |
| **1.** | Very little evidence that feature has been considered and addressed, or has been done in an inappropriate way |
| **2.** | Evidence of some competency but examples of unhelpful practice and general lack of consistency. |
| **3.** | Competent, but some problems and/or inconsistencies |
| **4.** | Competent with, minor problems and/or inconsistencies |
| **5.** | Very competent, minimal problems and/or inconsistencies |
| **6.** | Excellent performance, even in the face of high levels of complexity and challenge from family members |

The benchmark for a 6 is a level of practice at the highest level expected from a successful Systemic Family Practitioner trained to intermediate level. It is expected that most practitioners will score a 3/4 with fewer scoring at the higher and lower ends of the scale. An average score of 3 should be considered the minimum for students reaching the level of clinical competence required to successfully complete a CYP-IAPT Systemic Family Practice course (Intermediate level). It follows that in the early stages practitioners may score at a low level as this scale is specifically for Systemic Practice Skills and these may be unfamiliar. It is important to explain this in order to avoid discouragement.

Please note this is a measure relating to one therapist's activity. It does not measure the involvement of a co-therapist, a reflecting team or an in-room supervisor. There is a free text box at the end of the scale if you wish to comment on the co-therapist, reflecting team or supervisor.

**Item 1: Interpersonal Effectiveness and Development of Therapeutic Alliance**

**Key features**: This dimension refers to some of the key elements in the creation of a sound therapeutic alliance - warmth, empathy, genuineness, understanding and a non-judgmental stance. It involves verbal and non-verbal skills such as ‘joining’, listening and creating a warm inviting atmosphere for all family members, taking account of developmental level, age and position in the family. It includes appropriate adherence to boundaries and use of self. A key element is the communication of these ‘positions’ to the family members.

|  |  |
| --- | --- |
| **0.** | Practitioner's manner and interventions contribute to general disengagement or to an atmosphere of distrust or hostility. |
| **1.** | Difficulty in showing appropriate warmth, empathy and understanding in relation to family members, or lack of appropriate boundaries. |
| **2.** | Difficulty in demonstrating respect for the views of every family member although there is evidence of some warmth and empathy. Inconsistency in responding to the feedback from family members |
| **3.** | Good understanding of explicit meanings of communications from all family members, resulting in a good degree of trust developing, some evidence of inconsistencies in sustaining relationships with all family members. Good attention to different developmental stages of the children and young people. |
| **4.** | Ability to understand the implicit, as well as the explicit meanings of the communications and demonstrates it in his/her manner. Minor problems evident (e.g. inconsistencies or greater struggle to connect with particular family members). |
| **5.** | Demonstration of very good interpersonal effectiveness with all family members. Everything is done to help family members feel safe and confident and to engage in a sound therapeutic alliance. Minimal problems but generally therapeutic alliance issues are not due to ability of practitioner. Creativity in engaging younger children and adolescents |
| **6.** | Highly interpersonally effective, even in the face of difficulties. Shows creativity in responses to different family members. |

**Qualitative feedback from supervisor related to Item 1:**

**Item 2: Convening and managing the session**

**Key features:** This includes five main elements and practitioners are expected -

1. To begin the session in a way that is inclusive of all family members, ensuring the involvement of all present including small children. This includes appropriate use of toys and drawing materials.
2. To collaboratively agree a clear focus and to hold onto that focus through the session allowing for useful diversions when necessary.
3. To manage the session so that it has a beginning, middle and end, within the time constraints set, and managing essential administrative tasks sensitively within the allotted time.
4. Ensure that discussions are appropriate for the stage of the work, client needs and point in the session. Where appropriate making good connections with past sessions and future sessions.
5. Pacing the session to fit the needs of family members.

|  |  |
| --- | --- |
| **0.** | Poor beginning to the session and no attempt at engaging or agenda setting. Session pace does not fit the needs of family members. |
| **1.** | Little time given to convening, poor time management and lack of focus, or the application of an over rigid agenda. Problems with pacing. |
| **2.** | Time given to convening but may not include all family members. Lack of collaboration in agenda setting but some attempts to create focus in the session. Some problems with time management. |
| **3.** | Good beginning to session and appropriate agenda but may be a lack of consistency in focus and pacing of session. May include some problems with time management, the inclusion of all family members, or ending the session. |
| **4.** | Good convening, appropriate agenda, minor difficulties in focus and time management. Good pacing of the session. |
| **5.** | Good convening and appropriate agenda set with good collaboration and focus throughout the session. All administrative tasks covered and good sense of beginning, middle and end to the session. Focus and flexibility are used appropriately. |
| **6.** | Excellent collaborative agenda set, and reviewed despite challenges in the therapeutic relationship. Ability to hold to the shared goals whilst also addressing other issues that may arise and appropriately need to be addressed. All administrative tasks covered with sufficient time allowed for discussion. Session brought to an appropriate ending. |

**Qualitative feedback from supervisor related to Item 2:**

**Item 3: Collaboration**

**Key features:** Working collaboratively is central to a systemic approach. The aim is for all family members to be active in the session and involved in decisions about goals and the development of the work. There must be clear evidence of productive teamwork, with the practitioner skilfully encouraging all family members to participate fully (e.g. through questioning techniques, shared problem solving and decision making). The expertise and knowledge of family members should be identified, acknowledged and used, and the practitioner should aim to use their own expertise without inflexibly maintaining an expert position. This will include sharing of information and inviting different kinds of feedback. Another element is the ability to use tentative language that invites a co-construction of ideas.

|  |  |
| --- | --- |
| **0.** | Family members are actively prevented or discouraged from being collaborative. |
| **1.** | The practitioner is too controlling, dominating, or passive and does not actively invite different forms of collaboration. |
| **2.** | There are occasional attempts at collaboration, but with little consistency and some family members may be excluded from this process. |
| **3.** | Teamwork evident, but some problems with collaboration (e.g. not enough time allowed for the family member to reflect and participate actively). Some use of tentative language as a tool to invite discussion. |
| **4.** | Effective collaboration is evident, but not entirely consistent. The practitioner checks out the family members’ experience of the session and is able to adapt the session in response to feedback. Consistent use of tentative language. |
| **5.** | Effective collaboration evident throughout most of the session, both in terms of verbal content and sharing of information. Good attention paid to style and culture of family and the impact of this on the collaborative process**.** Flexibility in ways of encouraging collaboration and regular use of ‘checking out’ with the family. ( relational reflexivity) |
| **6.** | Effective collaboration throughout the session (all family members), and creativity and skill in responding to any challenges to this process. |

**Qualitative feedback from supervisor related to Item 3:**

**Item 4: Conveying a systemic view of family life, wider context and relationship of family to the problem**

**Key features**: A key element in SFP is to help family members understand difficulties relationally and in the context of family and other relationships. This includes ideas such as circularity, family beliefs, behaviour and relationship patterns, narratives and wider system involvement. This systemic reframing is an essential basis for SFP interventions. This is often achieved through good use of circular and other questions together with reframing techniques and the process of the inclusion of multiple family members.

|  |  |
| --- | --- |
| **0.** | Practitioner conveys no evidence of systemic understanding during the session. |
| **1.** | Some attempts to introduce systemic understanding but clumsy, and with no attempt to take into account the beliefs of family members. |
| **2** | The conveying of an over rigid and narrow systemic explanation which may blame the family, Little attempt to take into account beliefs of family members. Limited attention to wider systems. |
| **3** | Ability to apply systemic reframes and descriptions but with limited time taken to obtain feedback from family members or explore different ideas. Ability to use questions and track a circular sequence of interaction but may be inconsistencies. |
| **4.** | Good ability to reframe systemically in a way that takes into account history over time, developmental issues and effect of problem on the family. Good use of questions to elicit systemic connections. |
| **5.** | Consistent use of systemic ideas throughout the session adapted for all family members with good time given for discussion and feedback. Excellent use of questions to elicit systemic connections. |
| **6.** | Creativity in conveying systemic ideas including the use of non-verbal techniques and questions. Ability to manage challenges to a systemic perspective in a way that maintains a good therapeutic alliance. |

**Qualitative feedback from supervisor related to Item 4:**

**Item 5: Conceptual Integration**

**Key features:** A flexible conceptual map or formulation is necessary to structure the work and create coherence. This dimension refers both to the practitioner’s own conceptualisation, which should manifest itself in a coherent approach within the session, and the ability to convey these ideas to family members. It is expected that these maps will increase in complexity as the practitioner gains experience of different models and approaches.

|  |  |
| --- | --- |
| **0.** | No evidence of conceptual map or formulation. |
| **1.** | Occasional evidence of conceptual thinking but no coherence or consistency in the session. |
| **2.** | Some evidence of conceptual thinking but not carried through, or linked well enough to formulation. |
| **3.** | Use of conceptual thinking evident in the session and informs most interventions. Some communication of ideas with family members. However, there may be inconsistencies or lapses. |
| **4.** | Good conceptual thinking clearly informing interventions but limited to a narrow range of ideas with some lack of skill in involving all family members in the thinking. |
| **5.** | Complex conceptualisations informing the session and good skills in taking account of the thinking and positions of family members when introducing the ideas. Clear connections between interventions, formulation and systemic theories. |
| **6.** | Good conceptualisations, open to revision and review and communicated in a collaborative way to family members. Coherent session and may include sharing of research findings or using a range of verbal and non-verbal ways of communicating ideas. |

**Qualitative feedback from supervisor related to Item 5:**

**Item 6: Use of questioning**

**Key features:** The use of questioning is a key element in systemic work and in most interventions. It requires a stance of openness and curiosity as well as an ability to use questions in a strategic way to enhance observation and change thinking**.** Hypothesising is important as a guide to questioning and it also involves the ability to hold a position of uncertainty.

|  |  |
| --- | --- |
| **0.** | Very little evidence of purposeful questioning. |
| **1.** | Some questions but tend to be closed or focused on gathering specific information and have an interrogatory quality. |
| **2.** | Use of some circular and other types of questions but with no evidence of a guiding hypothesis. No clear use of family feedback to guide direction of questioning. |
| **3.** | Use of purposeful questions organised around an idea or hypothesis identified in the on-going formulation and evidence of working from feedback. |
| **4.** | Good circular and other questions used for interventions as well as information gathering. Good attention to feedback and style of questioning differentiated well to fit with needs of different family members and purpose. |
| **5.** | Excellent range of questioning organised to support a range of interventions and designed well to fit with different family members. Evidence that they are making a difference to family thinking and functioning. |
| **6.** | Good use of questioning carefully following feedback and contributing continuously to the therapeutic plan, maintained even when there are difficulties and fully involving all family members. |

**Qualitative feedback from supervisor related to Item 6:**

**Item 7: Feedback**

**Key features:** Feedback is used in a number of ways and includes reframing. It is the ability to provide a response to session content and process, that is helpful to family members. It is used to enhance interventions such as externalisation (unique outcomes) and solution focused approaches (exceptions) and to highlight and encourage more positive behaviour and relationships (scaffolding). It includes positive feedback and positive connotation. This is different from the feeding back to a family what has been said to the therapist. This latter intervention is a key part of demonstrating listening skills and empathy, especially evident in the initial stages of the work and is rated under interpersonal skills. It is also different from the important skill of working in response to feedback from the family. This is covered in a number of items including questioning interventions.

|  |  |
| --- | --- |
| **0.** | Absence of feedback. |
| **1.** | Feedback only given if requested and is not purposeful. The effect on family members is not sufficiently considered. |
| **2.** | Some feedback but mostly when summing up or giving more formal feedback such as at the end of the session. |
| **3.** | Some evidence of taking opportunities to feed back and support positive aspects but not consistent and not always taking account of the way in which feedback may be experienced. |
| **4.** | Good use of feedback when associated with a particular intervention (e.g. supporting changes in behaviour or relationships) but less evident throughout the session. Good account taken of effect on all family members in the session. |
| **5.** | Good use of feedback to support a variety of interventions throughout the session and which may include practitioner’s own reactions and experiences. Good pacing. |
| **6.** | Excellent use of feedback to all family members even in the face of difficulties. Good flexibility in adapting to family style. |

**Qualitative feedback from supervisor related to Item 7:**

**Item 8: Intervening in process during the session**

**Key features**: This requires an understanding of the process between family members (patterns of interaction), and also the ability to intervene directly in that process through active questioning, communication work, enactment, role play, coaching. It includes active interventions to help family members experience different positions in the family and therefore encouraging empathy. It requires a leadership approach that engages and involves family members in the process. It needs to be based on a systemic understanding and a good therapeutic alliance.

|  |  |
| --- | --- |
| **0.** | No evident awareness of process as a focus for intervention or comment. |
| **1.** | Some awareness of process but no connections made between content and process, or attempt to address process in the session. |
| **2.** | Some awareness of process but interventions are not followed through or connected well enough to the session in general. |
| **3.** | Evidence awareness of process and attempts in the session to help family make changes. Simple interventions, such as slowing the process and taking turns in communicating, and helping parental alliance will be achieved. |
| **4.** | Good use of process observations and skills in discussions and direct interventions. Good attention paid to level of engagement and “fit” for all family members. |
| **5.** | A range of ways of intervening in process including enactment, work to strengthen parent subsystem and different ways of working with communications. Will stay focused on the intervention. |
| **6.** | Creativity in working with process adapted to suit different family members even when particular challenges to carrying out the interventions. Maintenance of good therapeutic relationship with all family members and appropriate use of humour and self disclosure. |

**Qualitative feedback from supervisor related to Item 8:**

**Item 9: Working with power and difference**

**Key features:** This includes five main elements.

1. Working to reveal differences between family members and appropriately working with that difference.
2. Ability to hold and respect different positions and perspectives within the family.
3. Using an understanding of power differentials between family members, practitioner and the family, and within different wider contexts to inform interventions
4. Paying attention to differences such as ability, gender, race, sexuality, spiritual beliefs, age, etc. and the way in which these inform behaviour, relationships and beliefs; exploring and taking account of these in the work.
5. Taking an ethical stance to ensure protection of vulnerable family members. This includes attention to safeguarding.

|  |  |
| --- | --- |
| **0.** | No attention to difference. |
| **1.** | Some awareness of difference but not explored. |
| **2.** | Some areas of difference noted but no effort made to appropriately explore these. No exploration of cultural and power differences in the wider community. |
| **3.** | Some attention to difference and exploration of the meaning of this for family members. Ability to raise concerns of safety and ask about power and difference issues such as class, economic status, culture, religion and ethnicity. |
| **4.** | Good exploration of difference and its meanings, and attention to more subtle power differentials within the family, therapy and wider contexts, including all family members. Appropriate exploration of any safeguarding issues in a way that optimises the possibility of collaboration and protects vulnerable members of the family. |
| **5.** | Taking account of difference throughout the session and making it an ongoing part of the understanding of the family. Use of curiosity to explore difference. Use of questioning to explore difference and power issues between therapy (team, agency) and the family. (relational reflexivity) |
| **6.** | Excellent attention to difference and good skills in talking about it even in difficult circumstances. Using creative ways to help family members explore their differences further in a positive and productive way. |

**Qualitative feedback from supervisor related to Item 9:**

**Item 10: Exploring and managing emotions in sessions**

**Key features:** Working with the connections between behaviour, relationships, beliefs and emotions is a key skill. Practitioners need to be able to talk about emotions but contain them safely in a family session. They also have to ensure that family members feel understood and can develop strategies to manage their own emotions

|  |  |
| --- | --- |
| **0.** | No eliciting of emotions or ability to respond appropriately to emotional content of session. |
| **1.** | Occasional eliciting of emotion but limited to certain family members or responded to in an unhelpful way. |
| **2.** | Some questioning about emotions and appropriate reaction and some notice of emotional response in session but inconsistent or limited to particular emotions or family members. |
| **3.** | Ability to talk about emotions that arise in session discussions, connect them to relationships and behaviour. Ability to tolerate and contain emotions in a helpful way . The discussions are superficial or not carried through. |
| **4.** | Ability to rigorously explore emotions, even those which are more difficult for both practitioner and family members. Attends to responses of all family members in the room. Begins to work with strategies to manage emotions. |
| **5.** | Acknowledges and discusses a range of emotions including happiness, conflict, anger and sadness. Observes the atmosphere in the room and subtle signs of emotional atmosphere. Helps all family members understand and explore emotional aspects of relationship taking account of history and context. |
| **6** | Works positively with a range of emotions in a number of different ways even when the emotional atmosphere in the session is challenging and some family members may want to stifle the discussion. Maintaining a good therapeutic relationship. |

**Qualitative feedback from supervisor related to Item 10:**

**Item 11: Use of Change techniques**

**Key features:** Practitioner skilfully uses appropriate interventions in line with the formulation. There is some overlap with a number of other items, and activities may be rated more than once. This item focuses on the ability of the practitioner to use a range of interventions to help initiate and support change.

Three features need to be considered:

1. Appropriateness of interventions in relation to the formulation and evidence base.
2. Skill in the application of the methods.

3.The way the intervention fits for the family members – paying attention to pace, developmental level, language, therapeutic alliance and acceptability of intervention.

|  |  |
| --- | --- |
| **0.** | Practitioner fails to use, appropriate interventions, or uses interventions that are not appropriate or connected to the needs of the family. |
| **1.** | Practitioner initiates interventions but they are poorly executed and/or lack sensitivity to needs of the family at that particular time. |
| **2.** | Practitioner uses some appropriate interventions but not followed through or not well enough connected to needs of family. |
| **3.** | Practitioner applies a number of methods in competent ways, although some problems may be evident (e.g. the interventions are incomplete or poorly presented to the family). |
| **4.** | Practitioner applies a range of methods with skill and flexibility, enabling family members to develop new perspectives and make changes Minor problems evident. |
| **5.** | Practitioner systematically applies an appropriate range of methods in a creative, resourceful and effective manner. Minimal problems. |
| **6.** | Excellent range of interventions, skilfully carried out even in the face of difficulties. |

**Qualitative feedback from supervisor related to Item 11:**

**Item 12: Incorporating the outside world**

**Key features:** It is important for practitioners to bring wider systems and networks into their formulation and into interventions. This could include other family members, professional networks or important groups such as community, church, peer group and school. It also involves the identification of pressures and stresses such as poverty, unemployment or discrimination, which are important in understanding difficulties and planning ways of helping.

|  |  |
| --- | --- |
| **0.** | No inclusion of anyone outside immediate family members in session discussions. |
| **1.** | Occasional questions asked about external networks, context and wider family but no follow up or continued reference to these in the session. |
| **2.** | Some questioning about external world but little empathy with the experience of family members and little response to issues raised by family members. |
| **3.** | Good exploration of wider contexts and some attempts to explore the experience of different family members and to incorporate this into conceptualisation of the difficulties. Identification of important people who may be included in session or part of liaison work. |
| **4.** | Wider contexts clearly part of thinking throughout the session and good ability to follow up information brought in by family members. Ability to work collaboratively to bring together views of professionals and other networks and to take wider context into account when devising tasks. |
| **5.** | Ability to use relationships with wider contexts as a core part of the work. To give tasks that make use of external resources and help family members to identify and work with some of the constraints and opportunities available in the outside world. |
| **6.** | Ability to explore different levels of relationship with outside world and continuously monitor, and discuss how these affect family members even when this is difficult and to do so in a way that fits for family and family members. |

**Qualitative feedback from supervisor related to Item 12:**

**Where appropriate, please comment on practitioner’s ability to effectively make use of supervisory comments and interventions from reflecting team and /or co-therapist**

**Scoring: If the measure is used to evaluate a whole session it is useful to map the scores on a graph and an average score computed. In order to achieve an intermediate level of competence, the average should be 3 or above, with no scores below 2. Please note that if the person rating considers that it is appropriate that an item is missing from a session it can be scored at 3. This is unlikely but may occur in initial sessions or if a particular issue has to be addressed (for example safeguarding).**

**The person rating should use their judgement, together with the benchmark examples, to rate particular items. The most important factors are that the therapist activity is carried out in a way that helps the family at a particular point, with the problems they bring.**

**(November 2016)**

**Systemic Family Practice/Systemic Skills Rating Scale**

**(SFP-SSRS)**

**Please see guidance notes**

Mark with an 'X' on the horizontal line, using whole and half numbers, the level to which you think the practitioner has fulfilled the core function.

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy, perceived family difficulty and fit with the particular family being seen.

SFP Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Session: \_\_\_\_\_\_\_\_\_\_\_\_ Tape ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rater: \_\_\_\_\_\_\_\_\_\_

Date of Rating: \_\_\_\_\_\_\_\_\_\_\_\_

Session# \_\_\_\_\_\_ ( ) Video ( ) Audiotape ( ) Transcript ( ) Live Observation

**1. Interpersonal Effectiveness and Development of Therapeutic Alliance**

0 1 2 3 4 5 6

**2: Convening and managing the session**

0 1 2 3 4 5 6

**3. Collaboration**

0 1 2 3 4 5 6

**4. Conveying a Systemic View**

0 1 2 3 4 5 6

**5. Conceptual Integration**

0 1 2 3 4 5 6

**6. Use of Questioning**

0 1 2 3 4 5 6

**7. Feedback**

0 1 2 3 4 5 6

**8. Intervening in Process**

0 1 2 3 4 5 6

**9. Working with Power and difference**

0 1 2 3 4 5 6

**10. Exploring and managing emotions in sessions**

0 1 2 3 4 5 6

**11. Use of change techniques**

0 1 2 3 4 5 6

**12. Incorporating the outside World**

0 1 2 3 4 5 6

**Final Comments (areas of strength/development)**

1. Updated November 2018 [↑](#footnote-ref-1)