**Systemic Practice Competence Rating Scale (SPCS)**

**Context**

The systemic perspective considers the difficulties or distress being experienced by any individual as a function of the relationships, networks and contexts within which that individual lives: i.e as a partner in a couple relationship; as a family member; as a client in a care home setting, while also considering cultural and/or religious allegiances, socio-economic circumstances and political processes. This would also include the significance of power as it occurs within systems relating to gender, race, identity and an individual’s ability to influence change. Systemic practice regards `context’ as being of paramount significance for an individual’s psychological development and emotional well-being.

Within the DClinPsy it is recognised that trainees work systemically in a range of settings. In order to capture this activity and to allow supervisors to evaluate the associated skills more effectively, this observational tool has been modified from an established Systemic Practice tool which is in turn based on the CTS-R (see below for further information on development). The scale has been adapted for use in any clinical setting where Systemic Practice forms a key element of the work of the trainee.

The competences underpinning the tool are distilled from the work of Roth and Pilling in their *Competence Framework for Systemic Practice*. While development of the R&P framework occurred in the context of the group of approaches often called Systemic Family Therapy, many of the same principles, models and competences are used in other settings. For example, all clients engaging with learning disability services, older peoples’ services or severe and enduring services function within systems which may consist of care staff, support workers and professionals, of whom none may be directly related. Yet together they function as a network of relationships and the ‘system’ much like a family system will interact and therefore influence the individual, their emotions, beliefs and behaviours.

**The Tool**

The tool offers a structured way of considering, observing and feeding back on core systemic competences and thereby supporting the development of these skills for trainees. While recognising not ALL competences may be deployed in all settings the assertion is that, when working with systems, trainees will have the opportunity to demonstrate a range of these skills, and across the course of training will have had the opportunity to demonstrate all the required competences.

The language has been adapted from the original tool to broaden the work from that with families to working with families, cares (paid or unpaid) and wider support team (for example care home settings). While some of the skills may have to be adapted for some settings, the fundamental ability to, for example’ “**Convey a systemic view of client’s world, wider context and relationship of system to the presenting problem” (item 4)** remains the same. Although we may be delivering interventions from a range of models in our work (eg Positive Behaviour Support, Behavioural Activation or CBT) these are likely to be delivered using some or all of the systemic practice competences described.

In considering who may be involved in the “system” or network, we face the same question faced in a Systemic Family Therapy setting. Who is in the “family”? Is it by birth, association or choice? Indeed, the answer to this question will change over time and context. Significant members of a network may not be involved in a systemic intervention for a range of reasons. Similarly, those involved in an intervention at any particular stage may change. The words “system”, “network” and “participants” have been used in place of family or family member in recognition.

In a care home setting for example, those involved in any systemic work may change over time; may be a subset of, rather than the entire staff team; may have particular power relationships with the individual involved. The constellation of those involved may change, key members may have left the network and the meanings and understandings of the current difficulty may be different from previous network members, however they are the network within which the difficulties present. Indeed, this concept of the system changing structure and membership as it moves through time is a fundamental aspect of systemic practice. As in any systemic setting, establishing the relevant network members will be a collaborative discussion.

Not all work would be considered Systemic Practice, although even individual work would be considered *systemically informed*. Trainees, however, will be expected to operate from a systemically informed perspective and each individual meeting, team meeting, consultation or family/carer meeting will draw on the competences described below to varying degrees. There may be some individual meetings where only a few SP techniques are present or the focus is on other interventions such as Positive Behaviour Support for example. Similarly trainees may deliver staff training sessions that are focussed on developing a systemic understanding within the team and less focussed on including the opinions, feelings and understanding of individuals. These meetings may **not** be particularly appropriate for the observational tool. The tool would perhaps best be utilised in meetings where there was an explicit aim to facilitate change for the client through better understanding of the behaviour, beliefs or meanings ascribed to the presenting difficulty of members of the network, perhaps, but not necessarily, including the client.

Lastly, in all settings, the client remains the focus of our work and their welfare continues to be paramount. In many of the criteria below, there are implicit and explicit references to equal validity and weight being given to the contributions of all members of the relevant network. Sensitivity to, and awareness of these contexts, agendas and meanings is a key element of a systemic approach, yet the welfare of the client remains our primary responsibility.

**Using the Tool**

While the tool uses a seven point scale, there is no expectation that scores will be used summatively. The examples are intended to be useful guidelines only. They are not meant to be used as scoring criteria, rather providing both illustrative anchor points and guides for observation and feedback for trainees. Useful structured formative feedback for the trainee is the primary aim of the exercise.

The seven point scale (i.e. a 0-6 Likert scale) extends from (0) where the practitioner did not demonstrate that particular competence to (6) where a high skill level is demonstrated. To aid with the feedback of scale items, an outline of the key features of each item is provided.

The tool should be used in “live” observations where possible. Recorded session may be used where live observation proves difficult or inappropriate. The aim would be to select sessions where the competences would be expected to be present and rate accordingly. Not all competences may be present in any given session and it may be useful to carry out additional observations with a single client/group to allow you to observe a range of the competences.

It is important to remember that we expect the tool to be used formatively and that we do not expect all competences to necessarily be expressed in any single meeting, with any single client or even within any single placement. The evaluation process is designed to capture competence over the course of training and the gathering of evidence of competences at various times supports this process

The current adaptation of the SFT scale has not been validated, nor has its use in varied settings. The structure and competences have largely been retained and reflect the list of systemic competences used across placement settings. While acknowledge that there is likely to be overlap and correlation between the domains, the structure is designed to allow the subtlety of systemic practice to be discussed in shared terms between trainee and supervisor. The scale will continue to be developed and any feedback on its use would be welcomed.

**Adjusting the scale to the challenges we experience in clinical settings.**

The individual and systemic complexities of the clinical presentation and the requirement for intervention at that particular time should be taken into account and individual items scored in relation to the needs of the client and the demands of any given meeting. . 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.

**Systemic Practice Competence Rating Scale (SYPCRS)**

SFP Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_ Rater: \_\_\_\_\_\_\_\_\_\_ Date of Rating: \_\_\_\_\_\_\_\_\_\_\_\_

Meeting# \_\_\_\_\_\_ ( ) Video ( ) Audiotape ( ) Live Observation

**Example of the scoring layout**

The descriptive features below each item are designed to guide your observation and feedback.

N.B. When rating, take into consideration the appropriateness of interventions for stage of therapy, perceived difficulty and fit with the particular client network with whom, the trainee is working.

**Competence Level Examples**

0 1 2 3 4 5 6

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| --- | --- |
| **0.** | Inappropriate absence of feature or highly inappropriate use |
| **1.** | Very little evidence that feature has been considered and addressed, or has been carried out in an inappropriate way |
| **2.** | Evidence of some competency but many 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 participants. |

Both the SPS and this scale are 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. The scales are informed by the Competency map for Systemic Family Therapy (Roth and Pilling 2007).The scale reflects the scoring used in the CTS-R which is based on the Dreyfus system wherein the **highest levels of scoring are reserved for very high levels of practice.**

**Item 1: Interpersonal Effectiveness**

**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 relevant members of the client’s immediate support network taking account of developmental level, age, role or title. It also includes adherence to appropriate boundaries and appropriate use of self.

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| **0.** | Practitioner's manner and interventions lead to general disengagement or to an atmosphere of distrust or hostility. |
| **1.** | Difficulty in showing appropriate warmth, empathy and understanding in relation to all people in the network or lack of appropriate boundaries. |
| **2.** | Difficulty in demonstrating respect with meanings and understandings of some relevant members of the network although there is some warmth and empathy. Inconsistency in responding to feedback from other people in the system. |
| **3.** | Good understanding of explicit meanings of communications from all relevant people in the system, resulting in a good degree of trust developing but some evidence of inconsistencies in sustaining relationships. Good attention to different developmental levels where appropriate. |
| **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 understand particular people). |
| **5.** | Demonstration of very good interpersonal effectiveness with all people. Everything is done to help those present feel safe and confident and to engage in a good working alliance. Minimal problems but generally working alliance issues are not connected to ability of practitioner. Use of appropriate humour and creativity in engagement. |
| **6.** | Highly interpersonally effective, even in the face of difficulties. Shows creativity in responses to different participants. |

0 1 2 3 4 5 6

Specific comments:-

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

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

1.To begin the meeting in a way that is inclusive of all relevant people in the network, ensuring the involvement of all present. Maintaining a sensitive approach to communication and level of understanding including appropriate adaptations to language, communication medium and use of communication aids where necessary.

2. To collaboratively agree a clear focus and to hold onto that focus through the meeting allowing for useful diversions when necessary.

3. To manage the meeting so that it has a beginning, middle and end within the time constraints set and managing the administrative tasks sensitively within the allotted time.

4. Ensure that discussions are appropriate for the stage of the work and allowing time for all administrative tasks to be completed. Where appropriate make good connections with past and future meetings.

5. Pacing the meeting to fit the needs of all people in the meeting.

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| --- | --- |
| **0.** | Poor beginning to the meeting and no attempt at engaging or agenda setting. Meeting too fast or slow for needs of all the people in the system. |
| **1.** | Minimal 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 participants. Lack of collaboration in agenda setting but some attempts to create focus in the meeting. Some problems with time management. |
| **3.** | Good beginning of meeting and appropriate agenda setting, but lack of consistency in focus and pacing of meeting may include some problems with time management, the inclusion of some people, or ending the meeting. |
| **4.** | Good convening, appropriate agenda, minor difficulties in focus and time management. Good pacing of the meeting. |
| **5.** | Good convening and appropriate agenda set with good collaboration and focus throughout the meeting. All administrative tasks covered and good sense of beginning, middle and end to the meeting. Focus and flexibility are used appropriately. |
| **6.** | Excellent collaborative agenda set, and reviewed despite challenges in the working 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 time allowed for discussion. Meeting brought to an appropriate end. |

0 1 2 3 4 5 6

Specific comments:-

**Item 3: Collaboration**

**Key features:** Working collaboratively is central to a systemic approach. The aim is for all relevant people in a network to be appropriately active in the meeting 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 those present to participate fully (e.g. through questioning techniques, shared problem solving and decision making). The expertise and knowledge of individuals 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.

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| **0.** | Participants 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 members may be excluded from the process. |
| **3.** | Teamwork evident, but some problems with collaboration (e.g. not enough time allowed for the client 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 people’s experience of the meeting and is able to adapt the meeting in response to feedback. Consistent use of tentative language. |
| **5.** | Effective collaboration evident throughout most of the meeting, both in terms of verbal content and sharing of information. Good attention paid to style and culture of the system and the impact of this on the collaborative process**.** Flexibility in ways of encouraging collaboration and regular use of “checking out” with the participants (relational reflexivity). |
| **6.** | Effective collaboration throughout the meeting and creativity and skill in responding to challenges to this process from participants. |

0 1 2 3 4 5 6

Specific comments:-

**Item 4: Conveying a systemic view of client’s world, wider context and relationship of system to the presenting problem**

**Key features**: A key element in SP is to help relevant people in a network understand current difficulties in terms of the client’s relationships and context. This involves framing circumstances in terms of individual and shared beliefs, relationships (their meaning, function and impact), behaviour patterns and participation in the wider system. This systemic reframing is an essential basis for SP interventions. Individuals included in this process may range from family members through to support staff and management in a care setting. The important element is eliciting beliefs and understanding and where appropriate, using these combined with observation of process and systemic knowledge, to support people in understanding the role and impact of context on individual experience and to promote ideas for change

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| **0.** | Practitioner conveys no evidence of systemic understanding during the meeting. |
| **1.** | Some attempts to introduce systemic understanding but clumsy and with no attempt to consider people’s beliefs and ideas. |
| **2** | The conveying of an over rigid and narrow systemic explanation which may blame elements of the system. Limited attempt to take into beliefs of participants. Limited attention to wider systems. |
| **3** | Ability to apply systemic reframes and descriptions but with limited time taken to obtain feedback from people 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 system. Good use of questions to elicit systemic connections. |
| **5.** | Consistent use of systemic ideas throughout the meeting adapted for all participants 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. |

0 1 2 3 4 5 6

Specific comments:-

**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 meeting and to the ability to convey these ideas to network members within the meeting. It is expected that these maps will increase in complexity as the practitioner gains experience of different models and approaches.

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| **0.** | No evidence of conceptual map or formulation. |
| **1.** | Occasional evidence of conceptual thinking but no coherence or consistency in the meeting. |
| **2.** | Some evidence of conceptual thinking but not carried through or linked well enough to formulation. |
| **3.** | Use of conceptual thinking evident in the meeting and informs interventions. Some communication of ideas with 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 members in the thinking. |
| **5.** | Complex conceptualisations informing the meeting and good skills in taking account the thinking and positions of members when introducing the ideas. Clear connection between interventions, formulation and systemic theories. |
| **6.** | Good conceptualisations, open to revision and review and communicated in a collaborative way to members. Coherent meeting and may include sharing of research findings or using a range of verbal and non-verbal ways of communicating ideas. |

0 1 2 3 4 5 6

Specific comments:-

**Item 6: Use of questioning to guide understanding?**

**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**.** A range of questioning approaches may be used from open linear questions, eliciting information through to questions that emphasise connectedness and **circularity** (e.g. asking people in the network about their perceptions and beliefs about the interdependence of relationships and events) highlighting difference and focussing more on system behaviours and responses rather than individuals. Hypothesising is important as a guide to questioning and it also involves the ability to hold a position of uncertainty.

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| **0.** | Very little evidence of purposeful questioning. |
| **1.** | Some questions but tends to be closed or focused on gathering specific information and have an interrogatory quality. |
| **2.** | Use of some (circular) questions and other types of questions which examine the experience and function of relationships and or repeating behaviour patterns but with no evidence of a guiding hypothesis. No clear use of people’s feedback to guide direction of questioning. |
| **3.** | Use of purposeful, hypothesis driven questions based on the on-going formulation and evidence of working from feedback. |
| **4.** | A range of questioning approaches, including circular 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 members and purpose. |
| **5.** | Excellent range of questioning organised to support a range of interventions and designed well to fit with different members. Evidence that they are making a difference to people’s 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 people in the network. |

0 1 2 3 4 5 6

Specific comments:-

**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 meeting content and process which is helpful to people. 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 people of 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 people. This is covered in a number of items including questioning interventions.

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| **0.** | Absence of feedback. |
| **1.** | Feedback only given if requested and is not purposeful. The effect on any of the participants is not sufficiently considered. |
| **2.** | Some feedback but mostly when summing up or giving more formal feedback such as at the end of the meeting. |
| **3.** | Some evidence of taking opportunities to feedback and support positive aspects but not consistent and not always taking account of how feedback will 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 meeting. Good account taken of effect on all participants in the meeting. |
| **5.** | Good use of feedback to support a variety of interventions throughout the meeting and which may include practitioner’s own reactions and experiences. Good pacing. |
| **6.** | Excellent use of feedback to all participants even in the face of difficulties. Good flexibility in adapting to the communication style of the network. |

0 1 2 3 4 5 6

Specific comments:-

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

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

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| **0.** | No evidence of an awareness of process as a focus for intervention or comment. |
| **1.** | Some evidence of awareness of process but no connections made between content and process, or attempt to address process in the meeting. |
| **2.** | Some awareness of process but interventions are not followed through or connected well enough to the meeting in general. |
| **3.** | Evidence of an awareness of process and attempts in the meeting to help participants make changes. Simple interventions, such as slowing the process and taking turns in communicating, and helping 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 participants. |
| **5.** | A range of ways of intervening in process including enactment (enacting familiar interactions), work to strengthen carer/wider subsystem and different ways of working with communications. |
| **6.** | Creativity in working with process adapted to suit different participants even when there are particular challenges to carrying out the interventions. Maintenance of good working relationship with all participants and appropriate use of humour and self-disclosure. |

0 1 2 3 4 5 6

Specific comments:-

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

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

1. Working to reveal differences between people and working with that difference.
2. Ability to hold and respect different positions and perspectives within the system
3. Using an understanding of power differentials between all people in the network including the practitioner and within different wider contexts to inform interventions.
4. Paying attention to differences such as ability, gender, race, sexuality, religious 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 members of the system. This includes attention to safeguarding.

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| **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 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 system, therapy and wider contexts, including all participants. Appropriate exploration of any safeguarding issues in a way that optimises the possibility of collaboration and protects vulnerable members of the system. |
| **5.** | Taking account of difference throughout the meeting and making it an ongoing part of understandings of the system. Use of curiosity to explore difference. Use of questioning to explore difference and power issues between therapy (team, agency) and the system (relational reflexivity). |
| **6.** | Excellent attention to difference and good skills in talking about it even in difficult circumstances. Using creative ways to help participants explore their differences further in a positive and productive way. |

0 1 2 3 4 5 6

Specific comments:-

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

**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 meeting. They also should ensure that people feel understood and can develop strategies to manage their own emotions

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| **0.** | No eliciting of emotions or ability to respond appropriately to emotional content of meeting. |
| **1.** | Occasional eliciting of emotion but limited to certain people or responded to in an unhelpful way. |
| **2.** | Some questioning about emotions and appropriate reaction and some notice of emotional response in meeting but inconsistent or limited to particular emotions or people. |
| **3.** | Ability to talk about emotions that arise in meeting discussions, connect them to relationships and behaviour. Ability to contain emotions in a helpful way. These discussions are superficial or not carried through. |
| **4.** | Ability to rigorously explore emotions, even those which are more difficult for both practitioner and participants. Attends to responses of all members. Attends to responses of all participants 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 participants understand and explore this aspect 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 meeting is challenging and some people may want to stifle the discussion. Maintains a good working relationship |

0 1 2 3 4 5 6

Specific comments:-

**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 focusses 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 participants- paying attention to pace, developmental level, language, working alliance and acceptability of intervention.

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| **0.** | Practitioner fails to use appropriate intervention, or uses interventions that are not appropriate or connected to the needs of the system. |
| **1.** | Practitioner initiates interventions, but they are poorly executed and/or lack sensitivity to the needs of the people at that particular time. |
| **2.** | Practitioner uses some appropriate interventions, but not followed through or not well enough connected to the needs of the system. |
| **3.** | Practitioner applies a number of methods in competent ways, although some problems evident (e.g. the interventions are incomplete or poorly presented). |
| **4.** | Practitioner applies a range of methods with skill and flexibility, enabling the client or network 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. |

0 1 2 3 4 5 6

Specific comments:-

**Item 12: Incorporating the outside world**

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

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| **0.** | No inclusion of anyone outside immediate network in the meeting discussions. |
| **1.** | Occasional questions asked about external networks, context or wider groups but no follow up or on-going reference to these in the meeting. |
| **2.** | Some questioning about external networks but little empathy with the experience of people and little response to issues raised by them. |
| **3.** | Good exploration of wider contexts and some attempts to explore the experience of different people in the network and to incorporate this into conceptualisation of the difficulties. Identification of important people who may be included in meeting or part of liaison work. |
| **4.** | Wider contexts clearly part of thinking throughout the meeting and good ability to follow up information brought in by participants. 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 central part of the work. To give tasks that make use of external resources and help participants 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 impact on participants in a way that fits for all members of the system even when difficult to do so. |

0 1 2 3 4 5 6

Specific comments:-

**Scale development (SPCS)**

This scale was originally based on the ‘Systemic Family Practice; Systemic Skills Rating Scale’ developed by Judith Lask in 2013 (SFP-SSRS) and was amended for use in wider systemic settings with the authors permission. This original scale was developed specifically for use in the assessment of Systemic Family Practice skills and it has now been updated The updated Systemic Family Practice Systemic Competency Scale (SPS) has been 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)

Both the SPS and the SPCS have utilised the competence framework relating to Systemic Psychological Therapies in their development which can be accessed below.

University College London (2016) *Competence Frameworks, (*webpage). Available at:<http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks> [Accessed 9th April 2017]