Workshop
The Systemic Practice Scale (SPS) – how is it being used with trainees and beyond?

Jon Crossley\textsuperscript{1}, Catherine Butler\textsuperscript{2}, Helen Pote\textsuperscript{3}, Camilla Dyer\textsuperscript{4}, Trish Joscelyne\textsuperscript{5}

\textsuperscript{1}Leicester, \textsuperscript{2}Bath, \textsuperscript{3}Royal Holloway, \textsuperscript{4}Glasgow, \textsuperscript{5}Canterbury
The systemic family practice – systemic competency scale (SPS) -- how is it being used with trainees and beyond?

Dr Jon Crossley, Dr Catherine Butler, Dr Helen Pote, Dr Camilla Dyer & Dr Trish Joscelyne
Outline

- Development of SPS
- Reliability of SPS

- A look at SPS
- Exercise - using SPS to rate clinical material (role play using actors)

- How SPS is being used on DClinPsy courses
- The use of SPS in IAPT

- Other ideas for implementation
- Collecting data for further research
- Questions
Background

- Competency-based training is a fundamental requirement for psychology training
- Course accreditation is dependent on demonstrating core skills
- How do we evaluate clinical competencies?
  - Case report
  - Discussion with supervisor
  - In vivo assessment
  - Rating scales
Background – assessing competencies

- Established rating scales
  - Cognitive Therapy Scale-Revised (CTS-R) (Blackburn et al., 2001)
  - Clinical Skills Assessment Rating Form (Tweed et al., 2010)
  - Cognitive Behaviour Therapy Scale for Children and Young People (CBTS-CYP) (Stallard, et al., 2014)
- More in development
- Majority of rating scales assess competence in CBT
Design of SPS

- Developed in 2012 as a measure for CYP IAPT Systemic Family Practice Training

- Designed to follow the CTS-R format

- Modelled on the Dreyfus system, which keeps the highest levels of attainment for very high levels of practice

- Based on the range of competencies agreed by senior trainers in systemic practice

- Informed by the Competency map for Systemic Family Therapy (Roth and Pilling, 2007)

- Prioritises competencies associated with the evidence-based models included in systemic training
Development of SPS

- Used by CYP-IAPT for 5 years

- Usability Survey 2016 - CYP-IAPT staff
  - Changes in wording to make the instructions clearer
  - Changes to some of the descriptors for different levels
  - Items not changed

- Pilot study of reliability 2016 - CYP-IAPT trainers & Clin Psy supervisors
  - High internal reliability not improved by removing items
  - Changes following feedback to the wording of some items
Research assessing the reliability of SPS

Abstract

Ensuring that practitioners are competent in the therapies they deliver is important for training, therapeutic outcomes and ethical practice. The development of the Systemic Practice Scale (SPS) is reported – a measure to assess the competence of students as trialed by Children and Young Person’s Improving Access to Psychological Therapies (CYP-IAPT) training courses. Initial reliability assessment of the SPS with twenty-eight supervisors of systemic practice evaluating students’ competence using an online recording of a family therapy session is detailed. The SPS was found to be a reliable measure of systemic competence across training settings. Rating variability was noted, with training and benchmarking to improve rating consistency recommended. Further research using the SPS to further establish the reliability and validity of the scale is required.

Practitioner points

- SPS represents an important tool, particularly for the supervision and development of more junior staff or students
Research assessing the reliability of SPS


- Reliability: the ability of an instrument to consistently measure an attribute (DeVon et al., 2007)

- Participants were CYP-IAPT trainers, Intermediate Systemic courses trainers & Clin Psy supervisors (n=28)

- Participants watched a video of one hour’s systemic therapy

- Participants completed the SPS following training
Quantitative Results

- Cronbach’s Alpha was .95 indicating a high degree of internal reliability
- Cronbach's Alpha did not improve if any of the 12 items were removed
- An Intraclass Correlation (ICC) was conducted (two-way mixed effects with absolute agreement). A high degree of inter-rater reliability was found
  - The Average Measures ICC was .94 with a 95% confidence interval from .89 to .97 (F(27, 297)= 20.36, p<.001)
Qualitative Results

• Inductive Thematic Analysis on 23 free text responses

• **Theme 1 – Useful**
  • Clear & Easy to use
    “It is compact and easy to complete”
  • Rigor, Structure, Focus
    “helpful in structuring my feedback and enable me to be analytical in a systematic way”

• **Theme 2 – Improvements**
  • Rewording some bits for increased clarity
  • “conceptual integration could have come earlier since it is the road map that should guide the session”
  • Written feedback
    “It felt strange to just give a numerical mark without written feedback”

• **Theme 3 – Fit for purpose?**
  • Does it work with all systemic models?
    “If this scale were to be used with a wide variety of family therapy models I would think that attention to the descriptors of each mark would be necessary”
  • Benchmarking
    “If I was to continue using it, I would probably try to team up with a colleague and co-rate initially to have some idea of a suitable baseline”
Conclusion

- Scale was found to be a reliable measure of systemic competence across training settings
- Rating variability was noted, with training and benchmarking to improve rating consistency recommended
- Further research using the SPS to establish the validity of the scale is required
- Minor changes made to the scale
  - Comment box added after each item
  - The conceptual map item was moved further up
  - Wording of some descriptors made clearer
Exercise

The INCREDIBLY-NICE-BUT-DEEPLY-UNHAPPY-UNDERNEATH family

Hi there! Nice tie!  

Hello! Lovely shoes.  

Nice to meet you.  

God bless Mummy and Daddy and baby brother too.

Mr Incredibly-Nice the Self-Publicist

Rose Incredibly-Nice the Self-Publicist's Wife

Master Incredibly-Nice the Self-Publicist's Son

Miss Incredibly-Nice the Self-Publicist's Daughter

Steven Appleby
Exercise

• Watch the clip of a trainee role playing systemic practice with actors

• Rate the practice on three items from SPS
  • 1: Interpersonal Effectiveness and Development of Therapeutic Alliance
  • 3: Collaboration
  • 6: Use of questioning

• Feedback and discussion
The use of SPS on DClinPsy
SPS at Uni of Bath

Offered as a Direct Assessment of Clinical Competence to use on any placement

For Dclin - was a summative assessment but moving to a formative assessment

If opting into the Intermediate Systemic course it remains a summative assessment

The vast majority of trainees will use it in at least one placement
SPS at Uni of Leicester

Used for summative assessment of Systemic Clinical Skills
Trainees rated role playing systemic practice with two actors
Has replaced the use of the Clinical Observation Rating Scale 2+ (CORS 2+)
Positive feedback from staff and trainees

To offer as an additional observational training tool for supervisors on any placement
SPS at Royal Holloway

Offered as part of a suite of observational training tools to be completed on any placement
Formative but scores are recorded on MPR and EPR forms
Trainees mainly use it on child placements
Developed a complementary couple therapy scale
Supervisor training on use through systemic workshops
Uni of Glasgow & Edinburgh Adaptation; SPS -> Systemic Practice Competence Rating Scale (SYPCRS)

• Keen to have a tool to assess trainees use of systemic therapeutic skills in a broad range of placement settings
• Worked collaboratively with University of Edinburgh and liaised with heads of service across Scotland and with HoS within LD and OPPS
• Adapted SPS to become SYPCRS
• Majority of adaptation refers to language used

• Short form and long form available
• Both forms have context for use in placement where systemic therapeutic skills are used
**Item 8: Intervening in process during the session**

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<th>No evident awareness of process as a focus for intervention or comment.</th>
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<td>2.</td>
<td>Some awareness of process but interventions are not followed through or connected well enough to the session in general.</td>
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<td>3.</td>
<td>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.</td>
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<td>4.</td>
<td>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.</td>
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<td>5.</td>
<td>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.</td>
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<td>6.</td>
<td>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.</td>
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<td>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.</td>
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<td>Creativity in working with process adapted to suit different participants even when particular challenges to the process are evident. Maintenance of good working relationship with all participants and appropriate use of humour and self-disclosure.</td>
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Current use and feedback

• Use of structured assessment tool requirement in Glasgow
  ➢ 3 in each placement throughout training
  ➢ Trainees and supervisors can choose which tool is used
  ➢ Our guidance is that the tools should be used formatively, to structure and focus feedback rather than scored or used summatively
  ➢ Use of tools is recorded but no submission is required

➢ Systemic family practice systemic skills rating scale also available for use as systemic tool

➢ Feedback from adapted tool; some examples....
Next steps at Glasgow & Edinburgh

- Further refinement based on feedback planned / hoped for
  - Discussed at annual supervisor day
  - Supervisor trainings
  - Supervisor workshops
  - Mid placement visits
  - End of placement meetings

- Specialist 3rd year placement's

- Keen for your thoughts/feedback
HOW DO CYP-IAPT SYSTEMIC FAMILY PRACTICE COURSES USE THE SPS?
Courses offered

• Six learning collaboratives across the UK offer training to NHS staff for the children and young people’s improving access to psychological therapy programme.

• Several courses are offered in addition to the core competency based curriculum. In systemic practice staff can choose between:
  - Systemic Family Practice for conduct disorder (over 10s), and depression and self harm.
  - Systemic Family Practice for eating disorders.

The training will take them to Intermediate level in systemic training.

• All courses were contacted with questions about how they used the SPS as part of evaluation of students.
Responses:

- Northampton: use the SPS for trainees to evaluate their own systemic competencies
- Greater Manchester Mental health NHS Trust do use the SPS extensively for both formative and summative assessment.
  - For formative assessment they ask trainees to show 6 recordings a year in group supervision and to score their own recordings with supervisors providing comments.
  - For summative assessment the trainees submit 3 tapes per year which are marked and commented on by course staff (trained family therapists). A third of the tapes are double marked as well as distinctions and fails.
Responses cont:

• Exeter University: use the scale in both for both formative and summative assessment with students rating themselves and markers rating tapes also. They do not use other types of assessment for rating systemic competencies.

• Reading: had only run the course once and so could not help our survey.

• KCL & UCL: A student self-assessment of systemic competencies (using the scale) is completed at the end of each term and included in the clinical portfolio. Evidence that this has been discussed with the CYP IAPT Supervisor in supervision should be included.
SPS Strengths

• People are using it with positive feedback
• Reliability is strong
• Collaborative process of rating and assessment with trainee
• Provides rigour to systemic assessment
• Has face validity across range of stakeholders, eg systemic trainers, supervisors, clinical staff
• Can be used in different placement settings
• Provides a ‘map’ of systemic practice, development tool for trainees and supervisors
• Based on evidence base / systemic competency map (Roth & Pilling)
SPS Areas for Development

- Validation in relation to another systemic competence assessment
- Assessment of sensitivity as a measure of skill development – start and end of training
- Further guidance in relation to summative and formative use
- Streamline use – how long should marking take? Can it be done live?
- Benchmarking
  - not being biased to trainee context/small improvements
  - having a clear minimum pass benchmark
  - Process for resolving differences between markers
Future developments

• Further research to validate the scale
  • It is available / free to use, but further data and analysis is needed to validate and promote the scale
  • If you are using this summatively on your course, please keep all data and share with us (please let us have your contact details)

• Exeter University is currently using qualitative research to validate the SPS
  • If interested in taking part in this study, please contact Claire Parker at C.H.Parker@exeter.ac.uk
Resource:

The SPS is available from:
https://www.canterbury.ac.uk/social-and-applied-sciences/salomons-centre-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx

Scroll right to the bottom of the page (under a heading of *Links to National and International competency frameworks*).

Or you can search using a search engine with

*Resources for placement supervisors Canterbury Christchurch* and it will get you to the same page!
Questions
Group of Trainers in Clinical Psychology 2018 Annual Conference

Please tweet about the Conference

#GTiCP2018