

The Choice And Partnership Approach

A Guideline for Partnership

CAPA

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WHĀRAURAU

Empower the Workforce | Manaaki Mokopuna



The Choice and Partnership Approach (CAPA)

The Choice and Partnership Approach (CAPA) was developed by Ann York and Steve Kingsbury in the United Kingdom. CAPA is a collaborative service improvement model offering Choices to young people and their families/whānau in their dealings with mental health and addiction services. CAPA aims to maximise the effectiveness of practitioner skills and administration processes to make every step add value for the service user. CAPA is flexible, can be tailored to fit individual services and encourages early face-to-face contact, family/whānau involvement and client self-determination. Partnership comprises both Core and Specific work, and describes the CAPA activity which follows Choice and any Choice Plus appointments.

Purpose

This guideline aims to clarify the intent and necessary components for Partnership as implemented under CAPA. It describes the principles of Partnership and provides a framework to support the core skills and knowledge required to undertake Partnership. The guideline has been developed to support new clinicians, clinicians who are new to CAPA and Partnership, and teams looking to have a consistent CAPA approach to care.

Using a guideline for Partnership encourages a stance of continuous clinical practice improvement. Traditional infant, child and adolescent mental health services (ICAMHS) models of service delivery are not always able to match the most suitable clinician with the needs of the young person and their families/whānau. Often the clinician with whom the young people and their families/whānau have their first appointment (usually as part of an ‘assessment’ process) continues on to coordinate and/or deliver ‘treatment’ or intervention. In contrast, the Partnership clinician chosen at the Choice appointment is likely to have been selected as being a good match for the young person and their families/whānau in terms of knowledge, skills and, to some extent, personal style.

Understanding the CAPA service model and all its components is an essential part of understanding Partnership. Further information can be found on the CAPA website: www.capa.co.uk and Whāraurau website: www.wharaurau.org.nz/CAPA

Partnership principles

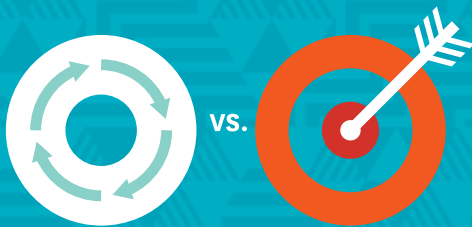
The CAPA philosophy is focused on empowering young people and their family/whānau to achieve their goals in Partnership. The first Partnership appointment is a new experience. For the young person and their family/whānau, this is likely to be the second or third visit to the service and they are probably meeting someone new. The young person and their family/whānau will have had time to work on their Pre-Partnership homework. There may have already been changes that they have noticed. When entering into Partnership with a young person and their family/whānau, the principles of Partnership require:

- Understanding the presenting concerns of the young person and their family/whānau
- Using the right language
- Recognising and valuing the expertise the young person and their family/whānau brings
- Providing enough information
- Understanding the role of the clinician to inform evidence-based care and decision making
- Ability to work with the joint formulation agreed with the young person and their family/whānau
- Considering risk and possible relevant diagnoses
- Continued shared decision making between the clinician, young person and their family/whānau
- Providing the young person and family/whānau with as many options as possible
- Focusing on strengths, resilience and promoting independence
- Developmental and culturally appropriate engagement



The components to Partnership

- Exploring how the homework went – what happened, what worked?
- Revisiting the goal/s and shared formulation developed in Choice
- Using the Core level skills identified in Choice to work towards the desired goal that is reviewed frequently
- Strength focused - building on the young person's hope for change
- Continued consideration of risk, including safety planning
- Engaging other agencies as needed and linking with those already working with the young person and their family/whānau
- Ensuring a range of choices continue to be available for the young person and their family/whānau throughout Partnership; consideration of the type of intervention, subsequent sessions, when, where, with who in attendance, etc.
- Providing information relating to the issue and solutions including other sources of help, such as other agencies and websites
- Letting go promptly!



Without goals and maintaining a goals-focus, you are gathering information but not necessarily creating momentum or engagement in a change process

The types of Partnerships - Core and Specific Partnership

Core Partnership

Core Partnership is where the majority of intervention work occurs with young people and their family/whānau. Core Partnership will normally last between 6-8 sessions. Observing the principles of Core Partnership will require working with the young person and family/whānau on a joint formulation. This occurs in an outcome focused way, to jointly agree strength focused goals which are reviewed frequently to enhance the young person's internal locus of control.

Clinicians working in Core Partnership are using extended, multiple clinical assessment and treatment skills. These are basic 'core' competencies in what we call the Alphabet skills. The ABCD'S!

- Assessment
- Behavioural
- Cognitive
- Dynamic, and
- Systemic

Core Partnership work can be undertaken by most clinicians with extended and multiple clinical and treatment skills alongside access to clinicians with advanced skills. Core Partnership work can be challenging, requiring the use of all these skills, blended together with assessment and reformulation continuing throughout the contact with the young person and family/whānau.

Providing Core Partnership has many advantages, including empowerment where care provided is something we do together with young people rather than to them. Core Partnership also assists teams with flow management, creating extra opportunities for services to help increasing numbers of young people and their family/whānau within an average of 7 appointments.

Extended Core Partnership

For clinicians with the skills and knowledge to provide Core Partnerships, there is an opportunity to extend core clinical skills by providing Extended Core Partnerships with the support of clinicians with the advanced skills used in Specific Partnership. Accessing support from clinicians with the Specific level knowledge and skills increases clinical flexibility and skill base, reduces bottlenecks to Specific work and increases capacity for Core level work. For example, a clinician working at a Core Partnership level who is yet to develop advanced knowledge and skills may still have some knowledge and skill regarding cognitive-behavioural strategies in their Core Partnership contacts. In order to utilise these skills and techniques, mentoring and supervision from a clinician with Specific level knowledge and skills in Cognitive Behavioural Therapy (CBT) may reduce or negate the need for the child or young person to engage directly with the clinician with Specific-level CBT skills.

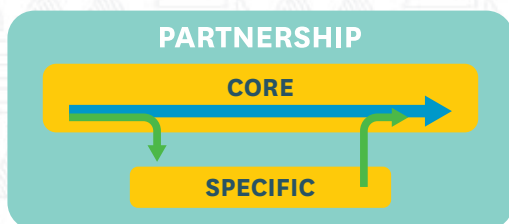


Specific Partnership

Some children and young people require Specific work, alongside Core Partnership. This work stream is where particular (specific) knowledge and skills are used, often at higher intensity or duration.

As an example, Specific work might include using a particular advanced technique, assessment, or therapy to target specific problems. It can sometimes be identified at Choice that additional specific sessions will be required – examples of this are Family Based Treatment and Trauma focused CBT. Specific work may be of short duration e.g. psychometric assessment, or longer term, more intensive work e.g. attachment focused therapy or Dialectical Behaviour Therapy (DBT).

Specific Partnership is very important as an addition to Core work, but should be used effectively with the right young people and family/whānau. For example, Core Partnership work, with a family/whānau where there has been family/whānau violence may move to include individual trauma focused CBT for the young person who has Post Traumatic Stress Disorder (PTSD). The initial Core Partnership worker retains the family work and key worker role; the Specific worker integrates their contact to occur alongside that of the Core worker, without the family/whānau needing to wait for the Specific work to be available.



Remember: at the point where Specific work begins, Core Partnership work continues **alongside**.

Specific Partnerships can occur after discussion with the young person and their family/whānau. The Core Partnership clinician can then invite a Specific Partnership clinician to aid the work. These requests can be made and discussed in team meetings or you may use a booking system. The additional Partnership (Specific) clinician can count this work as part of their quota of new Partnership appointments for the quarter.

The Partnership Clinician

CAPA is all about doing the right things with the right people at the right time by people with the right skills. A key part of the CAPA system is selecting the right clinician at the Choice appointment with the right skills for the Core Partnership work. Becoming the chosen Partnership clinician means that clinician has been identified as a good match for the family/whānau in terms of knowledge, skill and likely personal style.

Continuing from Choice into Partnership

There is no doubt that some clinicians really want to help everyone and struggle to separate from the young person and their family/whānau following Choice especially where they believe a successful engagement has occurred and the ongoing partnership appears meaningful. There is no hard and fast rule about always transferring a child/young person and their family/whānau to another clinician for Partnership; there will always be circumstances that will call for clinicians to carry on through from Choice into Partnership. However, there are good reasons why a transfer will potentially lead to good outcomes for the child/young person and their family/whānau.

Consider for example, you continue on with a child/young person and family/whānau for some Core Partnership family work. You have family therapy skills but also have CBT skills. Many of your Core Partnership clinicians also have family therapy skills but there are far fewer with Core level CBT skills. In this example, continuing with the family/whānau yourself means reduced access for other families to the less available CBT skills you can offer.

If it seems that you or another member of the team could provide the core skills for the desired goals, then it is worth thinking about your own skills and attributes relative to the team. If you have a skill or are of a cultural background or gender that is rare in the team, then you need to make sure you are available to any child/young person, not just those you have seen in Choice. Remember, continuing with your own Choice clients to work with in Core Partnership means you are less available to others who may need your skills more.

Introducing Partnership

Partnership clinicians work actively to ensure there is an experience of continuity from Choice. This means good preparation before the first meeting and ideally having a discussion with the Choice clinician. Small group case discussion forums can be a natural place for this to happen.

It is important to check the child/young person's and family/whānau understanding of what occurred in Choice. This provides a chance to correct inaccuracies or misunderstandings and to allow for any changes that have occurred to be explored. Introducing Partnership in this way provides a chance to build on the Choice process and agree on a plan forward.

“Hi, my name is XXXX and I’m a XXXX. It will be great to start by getting to know each other some more. What would you like me to call you? I know you saw ‘Sarah’ in a Choice appointment recently. Sarah booked us into this Partnership appointment because she felt we could work well together. Sarah and I were able to have a chat and I have read your Choice Summary so I have an idea of the goal you were hoping for and the things you were going to try at home. Today is about building on what you did with Sarah and taking things forward. There may be some things it would be helpful to talk in more detail about. Shall we start by finding out how are things are now?”

Clinician Skills for Partnership

- Sound knowledge and understanding of best practice and the CAPA philosophy - led by them, guided by us
- Broad extended assessment and intervention skills
- Ability to develop and work with clear goals and care plans
- Trust in Choice clinicians
- Flexible approach
- Ability and willingness to remain curious about practice
- Able to reflect on, and review own practice, share with peers, challenge own and other professional belief systems

Considering Partnership from a cultural perspective?

The Treaty of Waitangi is a key influence on framing health principles in Aotearoa/New Zealand. The Choice and Partnership approach encompasses a model that encourages young people and family/whānau ōritetanga (participation) in kāwanatanga (partnership) with ICAMHS. The principle of Partnership is defined as a collaborative relationship, one of working together; Partnership is a key CAPA component requiring working together with children, young people and their family/whānau. Effective Partnership values the child/young person and their support networks' viewpoint and wishes, and shares knowledge and decision making to facilitate empowerment of the young person so they can strive to achieve their goals.



Deconstructing Partnership

Does every child/young person need Core Partnership work?

Every child/young person entering Partnership needs the key working part of a Core Partnership. You may decide that this remains with the Core Partnership worker if someone else provides Specific Partnership, or you may transfer those functions to the Specific Partnership worker if that makes more sense to everyone involved.

Can I do specialist work in Core Partnership?

Yes! If you have specific skills you will find you use them at a level that is needed and accepted by the child/young person. Having the ability to identify and (as an example) 'work with core schema' does not mean however that every person you see needs this depth of therapy to effectively reach their goals.

Can you do joint work in Core Partnership?

Yes! The average of 7 sessions includes a proportion of co-work. The range is wide, 7 appointments for the child/young person and their family/whānau may involve 14 clinical hours if two clinicians work together. This is fine as long as the session average across the client group in Core Partnership remains around 7.

Does Core Partnership have to involve 7 sessions?

Partnership work can be as many or as few appointments as are needed, as long as progress is reviewed against clear goals. Most children/young people and family/whānau in ICAMHS receive an average of 7 Core Partnership appointments, but the range may be wide and not limited to 7. Teams working with specific cultures may find their approach to practice differs, requiring more time for relationship building - in these cases, the service average is just higher and may require adjusting the multiplier for job planning.

What if Core Partnership goes on much longer than 7 appointments?

Partnerships can 'drift' if goals are too broad, challenging or vague. This may not be obvious initially but can become clear with time. If this happens, goals need to be reviewed, clarified or changed and further

intervention provided. Peer group discussion can help clinicians to refocus the work. Consideration needs to be given as to whether a specific technique or increased intensity of work is needed i.e. a move to Specific Partnership.

Does Core Partnership work reduce specialist skills and roles?

No. Core Partnership work needs Specific Partnership work to support it. Defining a clinician's Specific time actually promotes and preserves their Specific skill sets.

Doesn't selecting a Partnership clinician impair the therapeutic relationship?

No. We all know that a key part in any change process is the relationship between client and the clinician. Having a contact with one person and then immediately making a change to another challenges some of our fundamental beliefs about the importance of engagement. The E in Choice stands for engagement – engagement in this sense is the child/young person and their family/whānau engagement with the process of change; not necessarily engagement with the clinician. We have found that the ability to select a clinician that suits the child/young person as well as engaging them in their own change process is more valuable than simple continuity. The focus in Choice is development of the Task Alliance, as we know from research that this has a great impact on outcome. We also know from service user feedback that families/whānau (and especially young people) find it allows them to be more open in the Choice appointment if they know it is a one-off.

The CAPA philosophy is focused on empowering children/young people and their family/whānau to achieve their goals in Partnership. CAPA aims to maximise the effectiveness of practitioner skills and administration processes where possible to add value at every step. CAPA is all about doing the right things with the right people at the right time by people with the right skills. Remember CAPA is flexible and should be tailored to meet the needs of your community and service.



wharaurau.org.nz