

**The Choice And Partnership Approach**

# **Guidelines For CHOICE**

**Curiosity Honest Opinion Informed Consent Engagement**

**CAPA**  
The Choice & Partnership Approach



**Werry Workforce**  
**WHĀRAURAU**  
For Infant, Child and Adolescent Mental Health



## The Choice and Partnership Approach (CAPA)

The Choice and Partnership Approach (CAPA) was developed by Ann York and Steve Kingsbury in the United Kingdom. It is a collaborative service improvement model offering Choices to young people and their families/whānau in their dealings with mental health and addiction services, and Partnership with clinicians during treatment. CAPA aims to maximise the effectiveness of practitioner skills and administration processes where possible to make every step add value for the service user. It is flexible and can be tailored to fit individual services.

CAPA encourages early face-to-face contact, family/whānau involvement and client self-determination. This early (or first) face-to-face contact with the service is called the Choice Appointment.

### Purpose

This guide aims to clarify the intent and necessary steps of a Choice Appointment as implemented under CAPA. It describes the philosophy of Choice and provides a framework to support the learning of core skills and knowledge required to undertake a Choice Appointment. The guide is intended for new clinicians, clinicians who are new to CAPA and Choice Appointments and can also be used by teams looking to have a consistent CAPA approach to care. Using a guide for Choice Appointments encourages a stance of continuous clinical practice improvement.

Understanding the CAPA service model and its components is also an essential part of learning about the Choice appointment. Further information can be found on the CAPA website:

[www.capa.co.uk](http://www.capa.co.uk)

and Werry Workforce Whāraurau website:

[www.werryworkforce.org/CAPA](http://www.werryworkforce.org/CAPA)

This guideline is a result of collaboration with the Child, Adolescent and Family Mental Health Services (CAMHS) at Waitemata DHB, Bay of Plenty DHB, Midcentral DHB, Canterbury DHB, the Werry Workforce Whāraurau CAPA team and Dr Ann York.

## Choice philosophy

The key CAPA philosophy is focussing on the young person and family/whānau viewpoint and wishes. Choice is about engaging the young person and family/whānau, supporting them to make choices about what they need and working together on issues that matter to them. Choice is about:

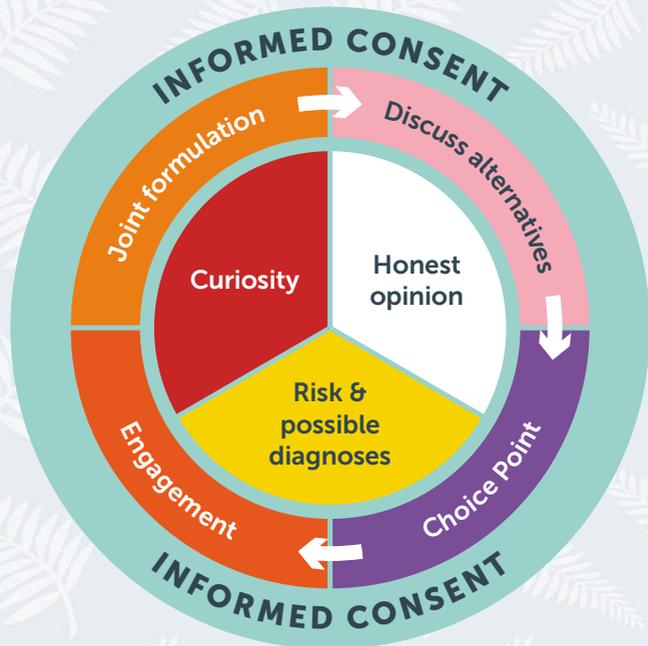
- Understanding the presenting concerns of the young person and their family/whānau
- Recognising and valuing the expertise the young person and their family/whānau brings
- Understanding the role of the clinician to inform evidence-based care and decision making
- Considering risk and possible relevant diagnoses
- 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
- Communicating what the service can and cannot provide
- Maximising therapeutic contact and using principles from Single Session Therapy – as this may be the only clinical contact needed or wanted
- Focussing on strengths, resilience and promoting independence.

This philosophy underpins the young person and the family/whānau journey through the service.



# Key components of Choice

Choice involves seven basic components:



The seven basic components are not linear; the first three are used until a joint formulation is made:

- ▶ **Curious:** being curious and following the young person and family/whānau concerns; really listening to their views, understandings and hopes.
- ▶ **Risk and Possible Diagnoses:** being active in thinking and discussing risk and screening for any relevant diagnoses.
- ▶ **Honest Opinion:** this is us presenting our advice or opinion (so far) to discuss together, which leads to Joint formulation.
- ▶ **Joint Formulation:** to gradually form an understanding with the young person and family/whānau as to what the areas of concern are and what might be helpful. It means recognising family/whānau expertise, strengths and goals in conjunction with clinician expertise and knowledge about best practice and treatment.

Then:

- ▶ **Discuss Alternatives** in a way that the young person and family/whānau can understand what is available and what may help, leaving enough time for questions. Present as many options as possible to empower the young person and their family/whānau. Options include what the team can provide, what other services can offer and what the young person and their family/whānau can do for themselves; this leads to the Choice Point.
- ▶ **Choice Point:** agreement as to their goals and a joint understanding and discussion of alternatives to help the young person and family/whānau make an informed Choice about the next step (this may be a Partnership appointment, engaging another service, self-management or something else).

And finally:

- ▶ **Engagement:** engage the young person and family/whānau in their own change by considering how they think they can help with their concerns. This can include things they can do to help themselves, and any “homework” (tasks the young person and family/whānau complete in addition to the Choice appointment). The majority of the initial part of the Choice appointment is being curious and feeding our opinion into the discussion to gradually create a joint formulation. A key part of our task in this phase is to also consider risk and possible diagnoses, so these can be discussed collaboratively and agreement made on a way forward.



# The steps of Choice

## 1) Set the scene

- Address cultural considerations or needs, as appropriate (consider offering karakia or inviting family/whānau to do so).
- Introduce self and service (remember your introduction of yourself for Māori or Pacific families may be different than for other families and may take more time - don't rush!).
- Explain confidentiality and limits.
- Explain how Choice works, and how long the appointment will take:

*"We ask families/whānau to tell us about their concerns and a little about what they'd like to change. Then we normally discuss some ideas and eventually agree on a plan. If we decide together that further involvement with this service is needed, we would match you with someone with the right skills to help you with your goals."*

- Dependent on the age and stage of the young person, offer opportunities for all to stay together or ask if anyone needs time alone with the clinician.

## 2) Explore concerns

- Ask those present to tell you about what they are worried about, how long it's been going on and how it affects their lives.
- Ask how others (such as other family/whānau members or friends or teachers) see things.
- Explore family/whānau structure and any family/whānau or developmental history that may be relevant as required.
- Ask those present if they have any ideas about why this is happening now, and what keeps it going.

## 3) Cover risks and complete screens

- Suicidality or self-harm, and/or harm to others
- Family/whānau violence/home safety
- Sexual abuse
- Alcohol and drugs
- Smoking
- If there are significant safety issues STOP at this point and attend to these - explain this to the young person and their family/whānau.

## 4) Explore hopes, wishes, strengths and solutions - be curious!

- Ask all present how they would like things to be different, what their hopes are for the future and ask how they think these things would look.
- Continue this line of questioning until you reach a point of agreement about what the young person and their family/whānau most want to work toward.
- Ask the young person and their family/whānau what they have already tried, how it went, whether any part of it worked. What were the barriers to it working or sticking to it?
- Ask the young person and their family/whānau what other solutions or supports might be helpful based on their own understanding and expertise.
- Ask those present what they think it would take to move toward their goals, how much motivation would be required and from whom.
- Summarise and validate the efforts, strengths, resourcefulness and care provided by the family/whānau of the young person.



## 5) Share your honest opinion and develop a shared understanding/formulation

- Using ordinary language, provide your honest opinion of everything discussed:

*“Can I tell you what I think?”*

and ask the young person and their family/whānau what they think about this.

- Provide a clinical perspective about what has been helpful for other families/whānau in similar situations (using evidence based information); also discuss what tends not to work.
- Gradually form an understanding with the young person and their family/whānau as to roughly what is going on, then move toward a clear joint formulation. The formulation determines whether the young person and their family/whānau stay with the service, or work out more appropriate options. If you cannot reach a joint understanding in the time allowed, invite them back for a Choice Plus appointment.
- Next discuss a comprehensive selection of options without overwhelming the young person and family/whānau; allow for discussion of what each option is like and how it may help.

## 6) Develop a selection of options

The plan will be summarised in the letter to the young person and their family/whānau following Choice. The family/whānau may use their strengths to pursue one or more of the options identified earlier, and can include:

- Drawing on brief advice or practicing a strategy introduced by the clinician (homework)
- Introducing a self-help book, website or similar, alongside a plan for how the young person and family/whānau will use it
- A follow-up appointment (Choice Plus) to review the plan, trouble-shoot or identify any barriers to success
- A referral to the School Guidance Counsellor, NGO or specialist services (i.e. drug and alcohol, adult mental health, parenting courses, etc.).

If you feel there is a layer of complexity still to explore or you have not yet reached a joint formulation, invite the young person and their family/whānau to come back for Choice Plus. Seek consent from the young person and family/whānau to obtain relevant information from school, agencies and other family/whānau members involved in the interim. Consult with colleagues to help you make sense of the presentation and consider other possible options. If indicated, consider offering Choice Plus with another team member e.g. Senior Medical Officer.

- Agree that some brief intervention is required and provide this over one or two further appointments (e.g. brief intervention, Single Session Family Therapy).
- If multiple agencies are involved and the young person and family/whānau consent, consider a referral to a family support service as such a Children’s Team or Strengthening Families to assist with care planning.
- If due to the young person’s mental health presentation they meet entry criteria, offer Partnership and support the family/whānau to set Partnership goals.
- Support the young person and their family/whānau to make their Choice (the Choice Point).

## 7) Pre-Partnership Planning

If young people and their families/whānau move to Partnership, the next step is engaging them in Partnership planning:

- **Goal setting**

What are the goals of the intervention and how will we know if there is progress? Work with the young person and family/whānau to ensure the goals are Specific, Measurable, Achievable, Agreed, Realistic and Time-limited (SMART).

[www.mindtools.com/pages/article/smart-goal.htm](http://www.mindtools.com/pages/article/smart-goal.htm) is a useful resource on goal setting.

The test of a reliable goal is: can the receiving Partnership clinician begin to work with a person using the agreed goal, or do they have to start all over again?

- **Agreeing who will attend the first Partnership appointment**

This might be a strategy for the young person and family/whānau to practice, a thought diary or other ways of gathering information about the presenting concerns. This will be reviewed in the first Partnership session.

- **Agreeing who will attend the first appointment in Partnership**

Book the Partnership slot after the Choice appointment with a clinician with the right skills, style and personality to help the young person and family/whānau reach their goals.

- **Ensuring that those who will be involved in Partnership understand this is a focussed intervention to work on the agreed goals:**

*"If you decide to come back to our service, a clinician will work with you to achieve the goals we agreed on and give you an idea of how long this might take. Generally families/whānau come see us for XX weeks/sessions for these sorts of concerns."*

## Elements for Choice

When introducing the Choice appointment to new clinicians, it is useful to have them sit in and observe a Choice appointment (with consent of the young person and family/whānau). When confident, the new Choice clinician can then undertake a Choice appointment while supervised by an experienced Choice clinician.

Once the new Choice clinician is capable, they can undertake Choice appointments on their own and seek assistance when required. The induction to Choice and extent of co-working will depend on the experience and skill set of the new Choice clinician.

## Skills Needed for Choice

- Excellent engagement skills - able to facilitate enough engagement to be useful, but not to impede transfer to the Core Partnership clinician.
- Ability and comfort working with a range of therapeutic modalities. Comfortable with the concept of facilitating with expertise rather than being an expert with power.
- Core assessment skills
- Able to formulate with families/whānau
- Ability to collaboratively develop goals
- Able to develop Pre-Partnership work
- Competent with risk assessment
- Outcome focused (includes use of routine outcome measures)
- Knowledge and awareness of local services
- Knowledge of practice-based evidence and ability to communicate this clearly to young people and families/whānau



## Post Choice peer group

Sometimes it's hard for a clinician to know exactly what is helpful despite coming to a joint formulation with the young person and their family/whānau. When this happens, it's ok to say "I'd like to talk with my team and then I'll get back to you". The purpose of the Post Choice peer group is to generate more ideas and options about what may be helpful for the young person and their family/whānau.

## Full booking into a Partnership slot

Full booking means that the young person and their family/whānau book their next appointment at the end of the Choice appointment, they leave knowing when to attend their next visit. With full booking there are no internal waiting lists. A Partnership clinician is chosen by how closely their core extended skills match the intervention goals. Incorporate Choice for the young person and their family/whānau according to what is realistic in the service considering: day, time, venue, gender of clinician, discipline, etc.

## Correspondence and paperwork

At the end of each appointment, a written communication is sent to the young person and their family/whānau, the referrer, and agreed others summarising the nature of the issues, the options considered and the agreed actions. This summary includes what the young person and their family/whānau will do to help themselves, the goals decided upon and what services are needed.

If the young person and family/whānau have chosen to return to the service then details of the key worker/care co-ordinator, Partnership appointment and Partnership clinician/s are given. This can be shared in a letter, as a structured form or equivalent care plan.

The clinical notes should contain any other information that would be helpful to the clinician at Partnership that is not in the letter. Bear in mind 'if I were to take on this young person at Partnership, would the letter and clinical notes tell me all I need to know to work effectively?' As is true for all records, these can be made available to the young person and their family/whānau on request.

## Approaches to Choice

CAPA aims to maximise the effectiveness of practitioner skills and administration processes where possible to make every step add value. CAPA is all about doing the right things with the right people at the right time by people with the right skills. CAPA is flexible and can be tailored to meet the needs of your community and service. It is important to ensure a consistent approach to Choice appointments so the young person and their family/whānau can have all options available to consider. Some services have established teams of clinicians who undertake Choice appointments exclusively. These teams found having a focussed Choice team reduced demands placed on the Partnership pathway; Partnership work being all the work completed following on from the Choice appointment and any Choice Plus.

[worryworkforce.org](http://worryworkforce.org)



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