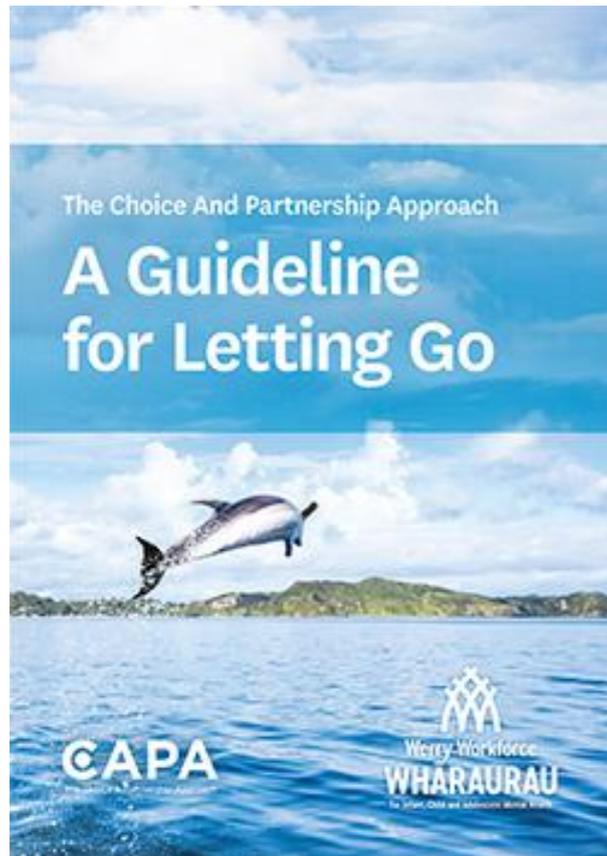




The Choice And Partnership Approach



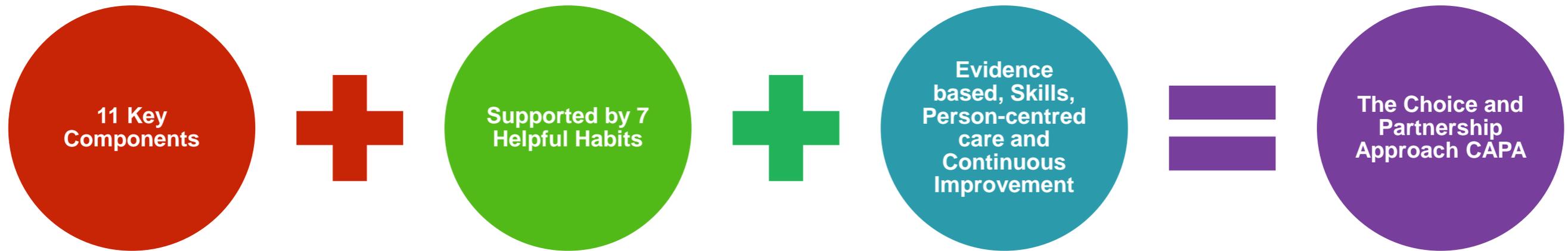
Letting Go



WHAT IS THE CHOICE & PARTNERSHIP APPROACH?

- The Choice and Partnership Approach (CAPA) is a collaborative service improvement model offering choices to young people and their families in their dealings with mental health and addiction services.
- CAPA is flexible, can be tailored to fit individual services and encourages early face-to-face contact, family/whānau involvement and client self-determination.
- CAPA is about empowering children, young people and their family/whānau to access their own resources and the resources within their communities, so they can move forward with their lives.

What is CAPA?



A Continuous Service Improvement Model

CAPA is...

Doing the right things, **with the right goal/s**

With the right people, **with the right skills**

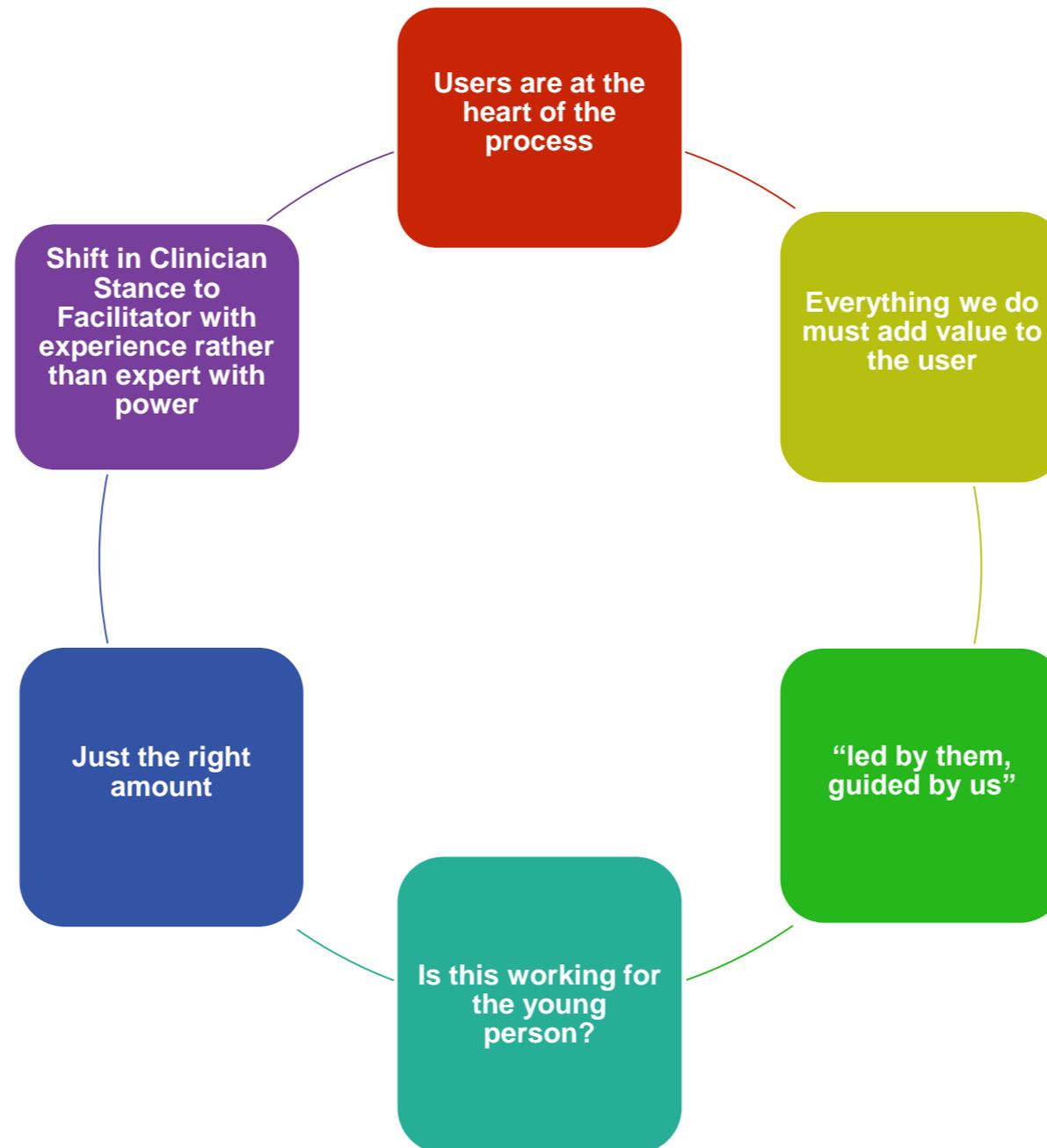
At the right time, **with no waits**

CAPA is most effective when all **11 components** are in place. This ensures **Implementation, Quality and Sustainability** are not impaired.

There are two **Foundational** items; **Leadership** and **Team Away Days**, both essential for implementation and fidelity to the CAPA model.



Values of CAPA



Letting go

- The CAPA activity of 'letting go' refers to the case closing and ending of an episode of care, where the young person and their family/whānau transitions out of the service.
- The ability to let go is important in helping children and young people and their family/whānau to regain control of their lives; and assists teams to achieve a smooth flow through their services.
- Letting go should not be thought of as an ending, but a beginning.
- Having a systematic approach to letting go and understanding the CAPA service model and all its elements is essential in assisting services to meet the needs of children, young people and their families/whānau.

Letting go

- For many, letting go is cause for celebration; where the process is viewed as a positive growth experience.
- For others, the ending of the therapeutic relationship can be an incredibly anxious time, as the letting go process can feel complex and create concerns for the child or young person, family/whānau and clinician.
- In ICAMHS the way we support the transition of children, young people and family/whānau out of ICAMHS and close files (letting go) is often well described in terms of administrative processes but poorly explained clinically.

Letting go

There are numerous factors that influence the ease and success of letting go and the duration of treatment. These include:

- The level of engagement and trust between the child/young person, family/whānau and clinician.
- The type of treatment (a brief intervention or long-term psychodynamic therapy).
- The focus on agreed goals and associated outcomes (the greater the focus and review process, the increased likelihood of positive outcomes).

Letting go

There are numerous factors that influence the ease and success of letting go and the duration of treatment. These include:

- Clarity regarding the endpoint of an episode of care (as examples: symptoms resolve and menstruation returns in anorexia nervosa; or the service model is a brief intervention approach and the session numbers are fixed).
- The departure of the Partnership clinician (key worker) (often the child/young person and their family/whānau won't want to continue on with another clinician).
- The clinician having protected time for administration, supervision and multidisciplinary discussions within clinicians' job plans (all support focused service-delivery).

Difficulties in transitioning, closing case files and letting go

- While some children, young people, family/whānau and clinicians will be better positioned to end the service contact than others, there are recurrent themes identified that explain why letting go remains a challenge.
- Some of the factors relate to factors identified by clinicians and services, and some relate to beliefs held by service users.



Difficulties in transitioning, closing case files and letting go

The range of factors include:

- A culture of inter-dependence created both between the child, young person, family and the clinician, and the clinician and the family/whānau.
- A lack of perceived continuing community support.
- Concerns regarding ongoing risk and responsibility.
- Long waits to re-enter services.
- External pressures to keep case files open.

Fears and concerns about going it alone

- Some children, young people and family/whānau experience concerns regarding their ability to manage without the support of ICAMHS.
- Partnership clinicians (key workers) can sometimes be seen as a security blanket.
- Clinicians may have to navigate family/whānau concerns about their own ability to manage after letting go; these concerns are often compounded if the child or young person still exhibits concerning behaviours.
- Negotiating conflicting views on readiness to let go. This can contribute to clinicians resisting letting go even when it is no longer clinically beneficial.

Unrealistic expectations

- The weight of expectation on ICAMHS to 'fix' a child or young person's problems, as well as pressure to continue treatment when a child or young person does not seem to be as well as hoped.
- Clinicians can be left feeling pressured to continue seeing a child or young person when successful treatment outcomes or more accurately, assumptions around what successful treatment outcomes should look like, are not being achieved.
- Long waiting lists can also create challenges regarding expectations.

When improvement is less than desired

- Clinicians often hold strong beliefs about their role and what the work of a mental health service is.
- Clinicians may have feelings of perfectionism and omnipotence (the idea that they can and will solve their clients' problems).
- Can lead to an overestimation of what is possible in treatment, influencing the letting go progress even where there is little demonstrable improvement being made.

Concerns regarding a lack of other sources of support

- Letting go can feel particularly challenging when other sources of support are not available or easily accessible within the community.
- Concerns and beliefs regarding limited skill, capacity and accessibility of other services across sectors can contribute to family/whānau and clinicians' unwillingness to let go.
- Clinicians may feel it is necessary to play a supporting role instead of one which provides specific treatments.

Concerns regarding ongoing risks

- Ending treatment with a child/young person where risk remains, can create additional challenges to letting go.
- When clinicians identify ongoing risks, they may continue to see the child or young person for longer than clinical judgement might otherwise recommend 'just in case' or try other interventions unlikely to work to demonstrate that all avenues have been exhausted.
- Concerns can relate to the safety and wellbeing of the child or young person, but also to professional liability concerns, a 'the buck stops here' mind-set.

Long waiting lists

- Long waiting times to re-enter ICAMHS can contribute to a reluctance in letting go.
- Children, young people and their family/whānau may be especially reluctant to let go if they initially experienced delays in accessing ICAMHS support.
- Long re-entry times back into ICAMHS can also create anxiety for the clinician who has ongoing concerns regarding the level of risk associated with a particular child or young person, should their mental health deteriorate in the future.

Conflicting views about the role of treatment

- Services and clinicians can have differing views about how to measure progress, and what positive outcomes look like.
- Conflicting viewpoints can lead some clinicians or services to oppose a clinician's decision to let go.
- Other clinicians may have trouble letting go, if they feel unable to manage the anxiety that comes via pushback from other health professionals.
- Clinicians can also experience a sense of guilt in leaving another professional to hold perceived risk.

Making case closing easier – processes for letting go

- Planning for letting go with children, young people and their family/whānau should begin from the first contact.
- Involving children, young people and their family/whānau in the letting go process from the outset increases their sense of control, reduces the culture of inter-dependency and empowers them to end the relationship through the process of choice.
- Remember a key component of the CAPA philosophy is to ensure we offer children and young people and their family/whānau choice at every point.

Processes that can assist with letting go:

Use care plans

- A care plan is a description of the main issues, goals and intervention plan and also identifies which professionals and agencies will be involved as partners.
- The development of care plans is important, as care planning helps clinicians, the child/young person and family/whānau to be clear about what they are all aiming to achieve.
- Care plans also help ensure the expectations of all parties are matched, so that the child, young people, family/whānau and clinicians can work towards common goals.

Ideas for developing care plans include:

- As a team, agree the headings and format of care plans for your service.
- Write in plain English, avoiding jargon.
- State the Partnership clinician (key worker), co-workers, agencies and network.
- Make goals SMART.
- Record what the family/whānau and others will do.
- Include dates for review.
- Include baseline and regularly review outcome measures.
- Ensure copies are made available to family/whānau and networks with consent.
- Have a system for collating outcome measures so each clinician knows how their cases progress.

Processes that can assist with letting go:

Talk and plan endings from the beginning

- The time-limited nature of any treatment should be established from the very beginning and it is important to discuss the parameters around treatment as early as possible with the child, young person and family/whānau.
- Letting go should not be seen as the last stage of treatment (a discrete event); rather, letting go is a process that should be detailed and planned for from the first session.
- Clear, early, continued communication around the completion of treatment will help prepare the child/young person and family/whānau so the ending doesn't appear sudden or arbitrary.

Processes that can assist with letting go:

Create realistic goals and expectations

- Setting realistic goals can make the end of treatment a positive and empowering process.
- Developing and agreeing on clear and achievable goals can assist with realistic expectations regarding the likely outcomes to be achieved.
- When the goal envisaged is being achieved, the child or young person is likely to feel encouraged, more positive about themselves, their abilities, and ICAMHS.
- Realistic goals can also assist clinicians to view their work and themselves in a positive light.

Processes that can assist with letting go:

Other sources of support

- Alongside identifying, discussing and engaging other sources of support within the community, clinicians should work with children, young people and family/whānau to produce self-management, crisis, or relapse plans; sometimes referred to as 'just in case' plans.
- Clinicians should ensure the establishment of early communication with other services across sectors rather than waiting till the time of transition.

Processes that can assist with letting go:

Have a systematic approach to long-term issues

- Ask what longer-term supports family/whānau, children and young people experiencing enduring problems may need.
- Agreements may be developed with partner agencies about types of longer-term support to be provided.
- Provide opportunities for the child/young person to bypass waiting lists and re-enter the service sooner if necessary.
- Offer 'boosters' or drop in group sessions to the child/young person once treatment formally ends.

Processes that can assist with letting go:

Clinicians supporting each other

- Culture, management and leadership within services may also impact on the letting go process.
- Peer group and individual supervision and support are important.
- Supervision can also be a prompt to consider and review why longer duration case files remain open.
- Teams are encouraged to adopt a collaborative approach to multi-agency meetings and multi-disciplinary teams.
- Clinicians and professionals from other services must also establish realistic and matching expectations

Other practice recommendations

- The process of letting go should remain flexible, as it depends on the needs of the individual child or young person and their family/whānau.
- Clinicians should work to develop a language that fosters hope and mutual trust in conversations around letting go.
- Appropriate training and ongoing support should continue to be made available to support clinicians with the letting go process.

Summary tips for letting go:

- Plan and talk about letting go with the child/young person and their family/whānau from the first contact.
- Care planning – with a view to letting go.
- Make goals measurable, achievable and realistic so everyone is able to see clearly when the goals are achieved.
- Agree on a set number of sessions or end date and review regularly using progress measures.
- Have an alert system to remind you and the child, young person and their family/whānau to review goals with a view to letting go.

Summary tips for letting go:

- Discuss other sources of support regularly.
- Involve other agencies early (including the referrer) to ensure appropriate transition planning and timely follow up when letting go.
- Support each other as professionals both within and across agencies.
- Look for alternatives to ICAMHS for those with enduring problems.

Consider:

- Do you regularly discuss transitions and closing case files in team and individual supervision?
- What system is in place in the team to remember to review children and young people?
- Do you discuss how to involve other agencies if you have not already done so?

Consider:

- Does your team have a common view on the amount of change needed before you let go of children, young people and their family/whānau?
- How does your team involve the child/young person, family/whānau and other agencies in the review process?
- Does your team actively discuss with every child/young person and family/whānau, right from the start, the time when they will no longer come to the service?

REMEMBER...

The CAPA activity of letting go refers to the ending of current contact with a child/young person and their family/whānau which involves a transition out of ICAMHS.

CAPA is all about empowering children, young people and their family/whānau to access their own resources and the resources within their communities, so they can move forward with their lives.

ICAMHS helps these children and young people to regain control of their lives. The focus is on the time the child, young person and their family/whānau will no longer need us rather than assuming the need for extensive ongoing ICAMHS input.

Remember letting go should not be thought of as an ending, but a beginning - Certificates not tissues required...

REMEMBER...

- 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.

CAPA WORKS WHERE:

- There is a commitment to the CAPA philosophy – *language change is key*
- A demonstrated understanding with Service and Clinical Leads regarding what ‘capacity’ looks like (Service Level Agreement)
- All 11 key Components are in place
- 7 Helpful Habits are regularly monitored
- Data is kept and shared with everyone...

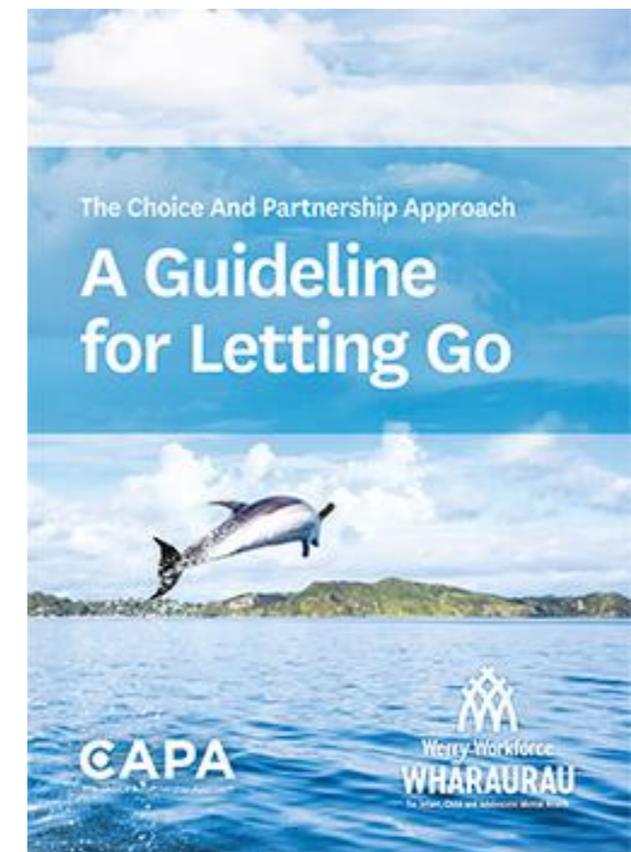
What you should notice



The Choice And Partnership Approach

For further information on CAPA please contact the
Werry Workforce Whāraurau
CAPA Project Manager
Megan Grimwood
m.grimwood@auckland.ac.nz

werryworkforce.org/CAPA/Partnership



References

Dalzell, K. Garland, L. Bear, H. Wolpert, M. (2018). In search of an ending: Managing treatment closure in challenging circumstances in child mental health services. London: CAMHS Press.

The Choice and Partnership Approach (CAPA). (2013). Retrieved from <http://www.capa.co.uk/>