

The CAPA Experience



The Choice and Partnership Approach as experienced by the Green Team at Child & Family Specialty Services, Whakatata House.

What we are going to talk about....

- An Introduction to our service
- What is CAPA
- Piloting CAPA –The team’s journey
- The Family’s Journey
- CAPA outcomes (Dec 07- April 08)

Our Service





CAPA - Choice and Partnership Approach

- CHOICE
- PARTNERSHIP
- CORE & SPECIALIST WORK

The 7 Helpful Habits

- Handle demand
- Extend Capacity
- Let go of families
- Process Map and redesign
- Flow management
- Use of Care Bundles
- Look after staff

Piloting CAPA, Team Process

- 2-day CAPA workshop in March 2007, 3 attendees
- Allocated time at weekly MDT mtg
- 'Team away days' for CAPA development
- Choice appointment times and partnership slots

Piloting continued...

- Plan appropriate paper work
- Relevant agencies in communicate to be updated and listed
- Pukenga Atawhai asked how to ensure service is accessible to Maori
- Team discussed vulnerable families as a special group
- Risk –functional inquiry, RA

Prior to the Choice Apt

1. Referral
2. Letter of invitation (10 days)
3. Choice of time offered for appointment
4. 2nd letter of confirmation
5. Forms returned
6. Pre- Choice prep

After Choice Appointment

- Paper work

- Choice Appointment Summary
 - HONOSCA
 - Psychiatric Assessment Summary if required

- Partnership work

Dear Bruce and Sarah,

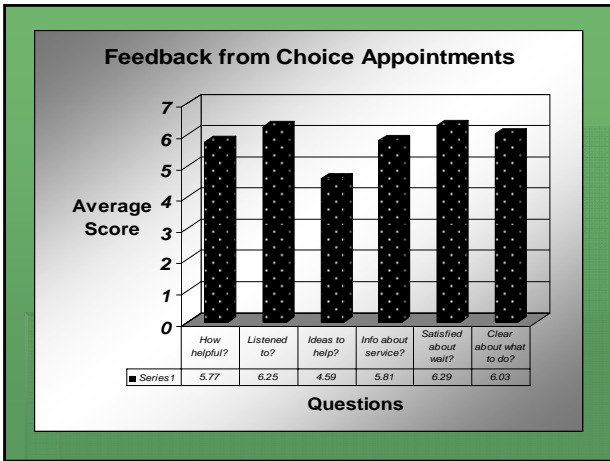
CC: Dr A Matthews

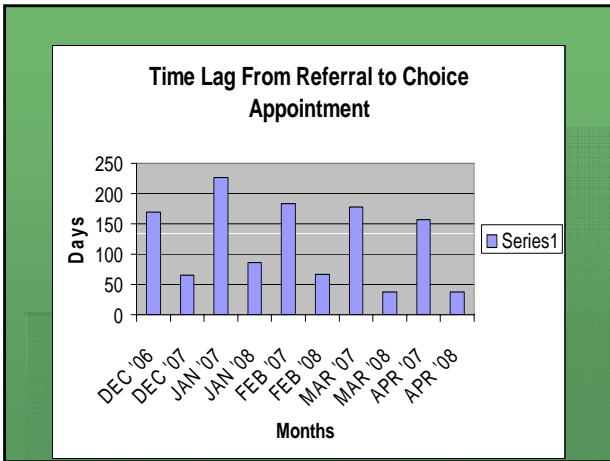
Thank you for bringing Johnny into Whakatata House on the 9th of April 2008. On this day you met with Katrina Falconer (senior clin. psychologist), Erin Bradley (student social worker) and myself.

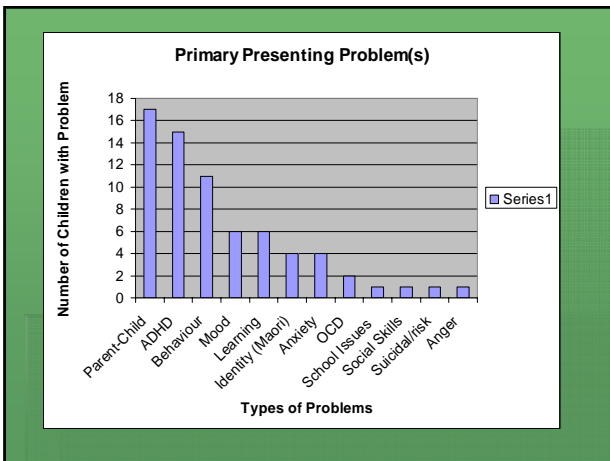
You described your main concerns which included Johnny's hitting behaviour and queried whether he has ADHD. You explained that his behaviour has been an issue since starting school and that hitting tends to occur on a daily basis. You explained that it was not so much the frequency but rather the severity of the hitting that concerned you, such as the incident resulting in his sisters nose bleeding. This has been handled by telling Johnny off and reminding him to keep his hands to himself. You have also used time out, and you say this works. You have noticed that Johnny is irritable and more likely to hit out when he is tired. You mentioned that he is similar to his two older siblings who have ADHD in that he is very active, needs little sleep and can't sit still.

Outcomes

- Feedback from Choice Apts
- Time referral - choice appointment
- Presenting problems
- Team experiences







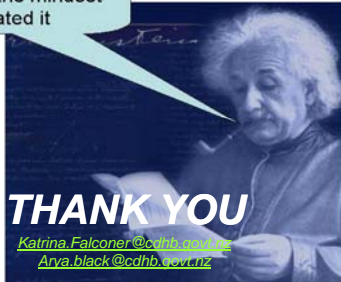
Weaknesses

- For children who need advocacy
- Lack of training in psychiatric assessment
- Compliance with mental health standards

Team experience

- Feel like a burden has lifted –no longer feel responsible for families not engaging, no longer feel like we are carrying families
- More “walking the talk” in terms of strength-based practice (focus on how things are working and what is going well rather than focusing on illness and pathologising the problem)
- More solution-focused and in-line with recovery model (say how)
- More empowering for families (say how)
- Efficient use of family’s and clinicians time,
- Purposeful easy-to-comply paper work requirements

You will never solve the problem with the mindset that created it



Albert Einstein
