

Principles of Recovery Oriented Practice	Principles of Choice and Partnership Approach [CAPA]	CAPA Techniques for Recovery Oriented Practice
<b>Individual uniqueness</b>		
Recognises that Recovery is not necessarily about cure but is about a meaningful and satisfying life.	The Choice framework focuses on what matters to the young person and family. This can be in any domain.	Conversation in Choice appointment is individually tailored to the particular service user and family at that particular time and at their particular stage in the process of change.
Accepts that Recovery outcomes are personal and unique for each person and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life.	CAPA is a collaborative model that focuses on the young persons choices and thus places them at the centre of any intervention	Goals for work are jointly agreed between clinician, service user and their family. Goals are agreed during Choice appointment and reviewed throughout Partnership work.
Empowers individuals so they recognise they are at the centre of the care they receive.		Language used emphasises service user and family as active participants in change e.g. ‘choice’ appointment rather than ‘assessment’; and ‘partnership work’ rather than ‘treatment’.
<b>Real Choices</b>		
Supports people to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored.	Choice is central to the stance of CAPA.  CAP A is a strengths based model which does not assume that a specialist CAMHS contact is what a young person needs or wants.	Clinician is viewed as ‘facilitator with expertise’ rather than ‘expert with power’. Clinician’s role is to facilitate service user and family to make informed choice about what they need and want, and to chose which service best fits what they want from the services available to them.
Ensures individuals can build on their strengths and take as much responsibility for their lives as they can at any given time.	The best risk management involves working actively with service users and their families.	Emphasis on exploring service user’s and family’s strengths and resources from Choice appointment onwards.  It is explained to service user and family that Choice appointment may be a one-off session and may be all that is necessary for service user and family to ‘get back on track’.  ‘Homework’ is set at Choice appointment for service user and family to do together before Partnership work starts.
Allows us to balance our duty of care whilst supporting people to take positive risks and make the most of new opportunities.		Choice appointment includes multiple tasks including risk assessment, as well as motivational enhancement, psycho-education, and working on engaging in process of change.

<b>Attitudes and Rights</b>		
Involves listening to, learning from and acting upon communications from service users, their relatives and others about what is important to each person.	The Choice framework involves curiosity with the aim of reaching a joint understanding.	Emphasis on clinician staying curious and spending time listening to views and goals of service user and their family, with recognition that goals will be unique to the particular individual and may vary between family members.
Promotes and protects people's legal and citizenship, rights		Knowledge of external resources/agencies, and helping service user access these is seen as part of clinician's role.
Supports people to maintain and develop meaningful social, recreational, occupational and vocational activities which enhance mental wellbeing.		Goals agreed in Choice and worked on in Partnership include areas of life important to service user and their family.
<b>Dignity and Respect</b>		
Consists of being courteous, respectful and honest in our interactions	CAPA promotes a non-hierarchical interaction with young people	Conversational, collaborative style used, with everyday language rather than jargon.
Involves sensitivity and respect for each individual's own values and culture.	Cultural and personal values are a given in CAPA	Professional opinion is shared in transparent way and understanding/formulation is jointly agreed between clinician, service user and their family.
Challenges discrimination and stigma whether it exists within our own services or the broader community.		Structures in place within the multi-disciplinary team to ensure challenge of each other's practice. This includes weekly peer group supervision and discussion of all service users in post-Choice feedback sessions.
<b>Respectful Partnerships</b>		
Acknowledges each person is an expert on their own life and that recovery involves working in partnership with individuals, their relatives and carers to provide support in a way that makes sense to them.	CAPA uses own expertise to facilitate their choices and understandings	Partnership clinician is matched with the particular service user and their family, depending on goals identified in Choice appointment. The model(s) of therapeutic work offered is chosen to fit with the service user's and family's preferred style.
Values the importance of sharing appropriate information and the need to communicate clearly and effectively to enable effective engagement with services.	Partnership work is a collaborative focused on their choices with continual review of the chosen goals	Choice letter is copied to service user and family and includes detailed summary of Choice appointment including understanding/formulation, goals and action agreed.
Involves working in positive and realistic ways with individuals, their families and carers to help them realise their own hopes, goals and aspirations.		Clinicians are supported by multi-disciplinary team to 'let go' of service users when they achieve their realistic goals. Clinicians review all families they are working with after 6 months within multi-disciplinary peer group supervision. Service operates with no waiting list so can be easily accessed again.

Note : CAPA Techniques for Recovery oriented practice only make sense if they are used within a multi-disciplinary team where Recovery Principles are embedded in team culture and team interactions.