Principles for Engagement

The importance of engagement

Engagement, also referred to as the therapeutic relationship (or alliance), is the connection assisting therapeutic work between the service user and the worker (Todd, 2010). Engagement is a critical factor in recovery across different cultural and demographic groups, with service users, family/whānau and workers consistently emphasising its importance.

“I think if you don’t actually engage with a person from the start of the therapeutic process then you’re not going to get far.” New Zealand practitioner.

This sector feedback is also supported by research that has identified engagement as one of the most important factors contributing to therapeutic effectiveness (Warwar & Greenberg, 2000; Vasquez, 2007).

It is critical to get engagement right at the first point of contact. It is also important to recognise that sound engagement is a fluid process that positively influences outcomes throughout people’s recovery journeys.

Engagement is founded on the following main components (Bordin, 1994; Kirsh & Tate, 2006):

• the connection and rapport between the service user and worker
• the collaborative nature of the work
• agreement on goals
• agreement on tasks.

Engagement is also an important component of trauma informed care. A high percentage of people with mental health, addiction and disability problems have trauma in their lives. The characteristics of a trauma informed care approach include understanding the service user and their symptoms in the context of their life experiences and history, culture and society; genuine collaboration between the worker and the service user at all phases of service delivery and an emphasis on strengths, skill building and acquisition. These practices will be discussed throughout this resource.

Let’s get real and talking therapies

Let’s get real1 is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. Developing positive engagement is integral to demonstrating the Let’s get real Real Skills. This resource has been developed to assist people entering the mental health and/or addiction workforce to apply the principles for engagement instrumental in demonstrating the Real Skill performance indicators at essential level. More specifically, this resource presents practical tips for developing positive engagement to demonstrate the first two Let’s get real Real Skills: Working with services users and Working with families/whānau. This resource may also be a useful support to undergraduate curricula, to assist in ensuring that people entering the workforce possess basic engagement skills. Finally, it may serve

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1 – The Let’s get real framework can be downloaded from the Ministry of Health website.
as a useful reminder to practitioners of the importance of engagement when working with service users and families/whānau.

This resource has drawn from Te Pou’s talking therapies2 work to provide practical tips for developing positive engagement with service users and families/whānau. Te Pou asked 150 New Zealand practitioners working with diverse population groups:

• what practices really engage people in therapy?
• what specific practices achieve engagement with people from different population groups?

A series of talking therapies guides were then produced that combined this consultation with national and international research. These guides present effective ways to engage and use talking therapies with Māori, Pasifika peoples, older adults, Asian peoples, refugees, asylum seekers and new migrants, and people with problematic substance use3.

This resource provides a snapshot of the common engagement principles to emerge from the suite of talking therapies guides. For specific guidance on how to engage with these different population groups, refer to the individual guides (available on the Te Pou website). While these resources can assist in developing knowledge about practices that support positive engagement, they are not a substitute for training in engagement skills or cultural competence.

2 — Talking therapies are based on psychological concepts and theory, and are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and support recovery.

An overview of the research

Reviews of mental health research show that engagement is primarily achieved through developing a strong therapeutic relationship, and predicts positive mental health outcomes (Horvath & Simons, 1991; Martin, Garske & Davis, 2000). In research looking at the treatment of substance-related problems, an early therapeutic relationship predicts engagement and retention in alcohol and other drug treatment. The strength of this relationship also predicts early improvements during treatment, but it is unclear whether engagement predicts post-treatment substance-related outcomes (Meier, Barrowclough & Donmall, 2005).

Research is yet to confirm the factors that cause an effective therapeutic relationship. However, emerging evidence suggests a number of service user and practitioner factors can have an impact on engagement.

Service user factors include:

• motivation for treatment
• attendance
• interpersonal styles
• confidence that treatment will be effective (Broome, Simpson & Joe, 1999; Kolden, Howard, Bankoff, Maling & Martinovich, 1997; Ross, Polascheck & Ward, 2008).

Practitioner factors include:

• being able to display a flexible, honest, respectful, trustworthy, confident, warm, interested and open style
• the ability to employ techniques such as exploration, reflection, noting past therapeutic success, accurate interpretation, facilitating the expression of emotion, and attending to the service user’s experience (Ackerman & Hilsenroth, 2003).

Studies by Kirsh and Tate (2006) and Bedi (2006) provide useful frameworks for engagement, where service users were asked what they thought helped to establish their therapeutic relationship with the practitioner.

3 — The talking therapies suite for working with different population groups can be downloaded from the Te Pou website.
Principles for Engagement

Getting the foundation right: values and attitudes

The right values and attitudes support good engagement. Without them, practice is likely to be perceived as inauthentic, and rapport and connection with the service user could be compromised. Research has found that a mental health and addiction worker’s attitudes and interpersonal skills predict service users’ cooperation and involvement in treatment (Crits-Christoph et al., 2009). Clearly service users determine whether a person’s intent is genuine before they are ready to receive any offer of service. This service user perspective is summarised well in a resource used during Le Va’s essential level Real Skills plus Seitapu training programme:

“...they don’t care what you know until they know that you care.” Pacific service user (Le Va, 2010, p.12).

Respect, human rights, service, recovery, communities and relationship are the fundamental values that Let’s get real identifies as critical to ensuring the delivery of effective services. Values that are particularly influential in fostering engagement are outlined below.

Respect: service users are the focus of practice. The values of each service user and of their community are the starting point for all work.

Service: people working in mental health and addiction services are committed to delivering an excellent service for all service users. This includes service user partnerships at all levels and phases of service delivery, including the choice of services available and the actual delivery of services.

Relationships: positive and authentic relationships are fostered in all spheres of activity.

People working in mental health and addiction treatment services reflect the following attitudes in their work:

- compassionate and caring
- genuine
- honest
- non-judgmental
- open-minded
- optimistic
- patient
- professional
- resilient
- supportive
- understanding.

Professional supervision can assist people to identify ways to reflect these values and attitudes in their daily work with service users and family/whānau. The Let’s get real Professional and personal development Real Skill states that every person in a mental health and addiction treatment service actively reflects on their work and practice, and works in ways that enhance the team to support the recovery of service users. This includes engaging in supervision, where time is taken to meet with an experienced practitioner for guided reflection on current ways of practising.

While having the right values and attitudes is crucial to ensuring good engagement, the flip-side is also true. That is, without good engagement skills these values and attitudes can be rendered ineffective. The following sections draw from consultation with New Zealand practitioners to present a set of key engagement skills useful when working with service users and families/whānau.

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4 – Te Pou has developed a set of resources to support the increased use of professional supervision for mental health nurses. These resources are transferrable to other disciplines and settings, and are available for download from the Te Pou website.
General principles for engaging with service users

Let’s get real Working with service users Real Skill: every person working in a mental health and addiction treatment service utilises strategies to engage meaningfully and work in partnership with service users, and focuses on service users’ strengths to support recovery.

It is important for people working in mental health and addiction treatment services to recognise the central role service users play in their own recovery.

“It is so easy to focus on our models, techniques, and skills that we sometimes forget that therapy only works to the degree that it activates the natural healing propensities of clients.” (Sprenkle & Blow, 2004, p. 1)

The mental health and addiction worker can focus on engaging with the service user to develop a therapeutic relationship where the person feels safe to share their story and empowered to begin a journey to recovery.

The following Let’s get real performance indicators for the Real Skill Working with service users are key to establishing engagement.

- Establishes a connection and rapport with service users as part of a thorough assessment process and recovery planning.
- Develops effective therapeutic relationships with service users and works flexibly with them.
- Acknowledges the personal, physical, social, cultural and spiritual strengths and needs of each person, including the service users’ interpretation of their own experiences.
- Works in partnership with the service user to develop a plan for recovery that is service-driven, identifies strengths and needs, and is solution focused.
- Includes service users in decisions about their service and treatment, and seeks feedback.

Practitioners consulted for Te Pou’s talking therapies work discussed a variety of practical ways to demonstrate these performance indicators that follow.

Preparation

Good preparation lays the foundation for positive engagement. While a large case load can sometimes make it difficult to find the time to carefully prepare for the critical first point of contact, investing this time reaps future rewards in the therapeutic relationship between workers, service users and their family/whānau. Reviewing clinical records and gathering as much information as possible about service users before the first meeting supports responsive service delivery. While this background work is important, people’s histories are only part of the information. People do change, therefore take care to enter the first session with an open mind and respond to what the service user brings.

Calling or text messaging clients to discuss and outline the first meeting and to clarify any preferences or cultural needs promotes engagement, as does identifying whether they would like family/whānau members present.

If the client is from a different ethnicity, try to find out their country of origin, how long they have lived in New Zealand, preferred language, name, gender and whether an interpreter is required. Workers can then consult with a cultural advisor to identify cultural practices and codes of conduct that may apply based on this information. Take the time to learn how to pronounce people’s names correctly and use appropriate cultural greetings. While these may seem like small actions, they can contribute significantly to engagement as people often value authentic attempts to acknowledge their culture. Finally, make sure service users know where to go and who to ask for when attending their first meeting.

Cultural safety and competence

“Culture is who the person is, the identity the person carries, if we can’t acknowledge this, how can we work with a person?” New Zealand practitioner.

Culture is made up of language, rituals, values, processes, networks of people and priorities. Culture is a broad concept that incorporates ethnicity, age, gender and sexual orientation (among other diverse lived experiences). In addition, ‘cultural’ groups are not homogenous. For example, one person’s perception of their culture may differ to another person’s, despite sharing the same ethnicity.

This diversity means that workers cannot be expected to understand the nuances of every service user’s cultural experience. However, people can employ relevant knowledge and skills to work more effectively with people from cultures other than their own. A Let’s get
**Principles for Engagement**

When meeting service users and their family/whānau, it is important to ensure that the right protocol and etiquette is followed for establishing engagement. The cultural advisor can be invaluable in this process, as they may have extensive knowledge about preferred engagement processes, codes of conduct, and cultural elements into work with service users. This includes developing core understandings of the values, beliefs, common experiences, and codes of conduct for people from different cultural groups and incorporating these into service users’ recovery plans. Culturally competent workers understand their own cultural beliefs and preferred behaviours and recognise their impact on relationships with others. They are also willing to address any overt or covert discrimination noted within themselves or others. A key skill is to be conscious of one’s own limitations in cultural matters and know who to refer to or contact for cultural support and expertise.

Culturally and linguistically diverse training courses and national and international resources are available to New Zealand workers. Refer to the Resource section for related information.

**Cultural support**

It is important for people working in mental health and addiction treatment services to be able to access resources and people with cultural expertise to obtain advice about preferred engagement processes, codes of conduct, models of health, and cultural interventions where appropriate. Involving a cultural advisor for the first meeting is often recommended as this is a critical stage for establishing engagement. The cultural advisor can ensure that the right protocol and etiquette is followed when meeting service users and their family/whānau for the first time.

**Clear explanations**

Service users need to understand the goals and processes for service delivery and the role of the mental health and addiction worker. A skilled and experienced interpreter is often essential when working with culturally and linguistically diverse service users. Take care to ensure the right language supports are in place for the first session as this initial engagement builds a foundation for future communications.

“Service users and families/whānau can express and explain situations more fully in their language of choice and not feel embarrassed or frustrated when struggling to provide the equivalent English explanation” (Te Pou, 2010, p. 22).

When communicating with a person from a different culture, particularly when English may not be their first language, aim to use plain language and demonstrate dedication to understanding what the person is saying. Attending to and responding to body language can help create a sense of connection and rapport with the service user and their families/whānau. For example: smile, use respectful and culturally appropriate levels of eye contact, nod to show understanding, and maintain open body postures.

People from more collectively oriented cultures (such as Pacific, Māori and Asian cultures) may have a high respect for authority and place a strong emphasis on harmony. Consequently, they may give positive answers to avoid disagreement but not pursue the agreed action. A Māori service user describes this as: “We don’t make a noise... It’s just not our way to make a fuss, to challenge something” (Janse, Bacal & Crengle, 2008, p. 47). Therefore it is important to use open-ended questions to actively gather feedback, ensure messages are understood and carefully check for agreement.

**Take time to build rapport**

Initially engagement is more about taking the time to understand who the person is, rather than what any problems may be (Le Va, 2010). Service users and family/whānau “want to see the affective (heart) side of a relationship first before receiving information or the advice they are looking for.” (Le Va, 2010, p. 11). To help establish rapport and trust it can be useful for the mental health and addiction worker to share a little bit about themselves with the service user and their family/whānau. After all, service users are routinely required to share highly personal details and experiences. Workers
who willingly share their own experiences (within professional boundaries) can strengthen trust and rapport with service users.

Take time to understand the service user and family/whānau’s views on their mental and physical health, as well as their spiritual perspective. This can be encouraged through reflective listening (hearing, understanding and summarising an understanding of what the person is saying), responding with empathy and a non-judgmental approach, and providing positive feedback.

People from non-Western cultures often have differing conceptions and understandings of what mental health is. Their views on the origins of, and effective remedies for, mental illness and addiction may be based on concepts such as fate, breaches in sacred practice and spirits. It is important to understand these viewpoints and reflect them in therapeutic goals and recovery plans, such as incorporating traditional therapies.

People from different cultures may express symptoms of mental illness in different ways. For example, people from traditional African and Asian societies may tend to express emotional distress as physical health problems (referred to as ‘unexplained medical symptoms’). In addition, concepts of mental illness can hold negative and stigmatising connotations, for example in Asian cultures. Mental health and addiction workers need to be sensitive to this possibility and use positive language that normalises mental health and addiction problems to support service users to openly share their experiences. This is described by a performance indicator for the Let’s get real Real Skill Challenging stigma and discrimination, where every person working in a mental health and addiction treatment service needs to understand and acknowledge the impact of language in relation to stigma and discrimination, and role model using language that is non-judgmental and non-discriminatory.

Establish an active partnership

It is important for the worker and service user to form a shared understanding of what the issues are. This includes discussing assessments, outcome measures that indicate where the service user is at in their recovery journey, other mental health information, and options for recovery plans. Staff need to understand service users’ strengths, goals and life aspirations. Together workers and service users can then agree on treatment approaches that meet the individual service user’s needs and goals.

Regularly seek feedback

Research has shown that where practitioners regularly seek feedback from service users about the approach being used, whether they feel heard, and whether their goals are being addressed (using a simple measure such as The Session Rating Scale 3.0), service users are less likely to drop out of treatment and more likely to make a faster recovery (Miller, Duncan & Hubble, 2004; Whipple, Lambert, Vermeersch, Smart, Nielsen & Hawkins, 2003). The worker and service user can use this feedback to discuss ways the service could be adjusted to support ongoing positive engagement.

**General principles for engaging with families/whānau**

*Let’s get real*, Working with families/whānau Real Skill: Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users and ensures that families/whānau, including the children of service users, have access to information, education and support.

Families/whānau are pivotal in service user’s recovery. The sense of identity service users from collective cultures hold may be more closely connected to their family/whānau than who they are as an individual. Other service users may be less closely connected with their family/whānau of origin. In all cases, however, taking care to understand family/whānau dynamics and find appropriate ways to involve family/whānau will be essential to engagement for these service users.

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5 — The Session Rating Scale 3.0 and the Outcome Rating Scale are brief scales that service users can use to provide feedback on the therapeutic alliance and outcomes. They can be downloaded from [www.talkingcare.com](http://www.talkingcare.com)
The following *Let’s get real* performance indicators for the Real Skill Working with families/whānau are key to establishing engagement.

- Recognise that service users’ family/whānau may extend beyond traditional family concepts.
- Work in partnership with service users to identify and include family/whānau, significant people and other networks to support recovery.
- Establish connection and rapport with family/whānau as part of a thorough assessment process and recovery planning.
- Work with family/whānau in such a way that they feel heard, informed and supported.
- Share relevant information with family/whānau and significant people while respecting service users’ right to privacy.
- Work to understand family/whānau perspectives, including the dynamics within families/whānau.

Practitioners consulted for the Te Pou talking therapies work provided a variety of practical ways to demonstrate these performance indicators that follow.

**Flexible definitions of family/whānau**

Every family/whānau structure is different and sits on a continuum, from an individual nuclear family at one end to a traditional collective family/whānau at the other. The service user’s family/whānau can also include friends, neighbours, and other supportive people and can change over time. The mental health and addiction worker’s role is to understand each service user’s unique family/whānau situation and ask service users who, and how, they would like to begin to include these people in the recovery plan. Sometimes a service user may not be ready to involve all their family/whānau members in their recovery. The worker needs to respect the service user’s wishes. The service user can be encouraged and supported to involve family/whānau members with whom they have a current relationship, when the time is right.

**Support from family advisors**

A family/whānau may be faced with a variety of challenges, e.g. financial hardship, legal issues, mental health issues, relationship stressors, family violence, and concern about the care of their children. Despite these challenges the *Let’s get real* Real Skill Working with families/whānau holds the expectation that all people working in mental health and addiction treatment services encourage and support families/whānau to participate in the recovery of service users. To assist in managing complexities that can emerge when involving family/whānau in the service user’s recovery journey, workers can consult with family advisors or others who have expertise in this area.

**Sharing information**

Family/whānau (particularly those from more collective-based structures) may want to be involved in all aspects of the recovery process, including knowing details of the illness or treatment plan for their family/whānau members. It is natural for families/whānau to want to be involved and know what is happening in order to support their family members. However, sometimes service users might not be comfortable with their information being shared. The mental health and addiction worker needs to find out from the service user who they would like to share what information with. With the service user’s permission, a family/whānau meeting can help to form agreement on what information can be shared. Advance directives\(^6\), legislation and risk issues also need to be considered, as in some circumstances a worker will be required to share information with family/whānau and other parties, despite the service user’s current preferences. Advice can be sought from experienced team members in these situations.

**Involving the family/whānau in the recovery approach**

Research has shown that involving family/whānau in the recovery process can lead to better outcomes (Coppello, Velleman & Templeton, 2005; Velleman, 2010). Home visits and family inclusive sessions are good ways to involve key family/whānau members where an emphasis is placed on providing family/whānau members with information and support to assist their family member’s recovery. Family inclusive sessions can involve more factors and co-facilitation or input from a family advisor could be considered. Practitioners consulted during the talking therapies work recommended a set of actions to apply during these sessions: seek clear agreement from service users about what is appropriate to be shared, pay attention and give respect to family/whānau structure and roles, give everyone present a chance to express their views, allow more time than that required for a one-on-one session, set boundaries and take care to facilitate discussion in a way where no-one is blamed.

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\(^6\) An Advance Directive is defined in the Code of Health and Disability Services Consumers’ rights as “a written or oral directive: a) By which a consumer makes a choice about a possible future health care procedure; and b) That is intended to be effective only when he or she is not competent” (New Zealand Medical Association, 2011).
It is important to highlight that, while involving family/whānau in the recovery process can be helpful, roles need to be clearly defined. Through a desire to help their loved one, family and whānau members may feel the need to take on a therapist role. In this instance, the worker can explain that the family/whānau are being involved to support the service user’s recovery journey, rather than offer therapy.

Providing support to the family/whānau

It is important to offer direct support to family/whānau members by providing them with information and guidance about ways they can support their family member’s recovery. Family/whānau members, particularly spouses, parents and children, may be affected by living with someone who experiences mental illness and/or addiction problems. This may lead family/whānau members to develop their own physical and mental health issues. Mental health and addiction workers need to be conscious of this possibility, and ensure family/whānau members can access support to address their own mental health concerns if needed.

Summary

Engagement, also referred to as the therapeutic relationship, has been identified as one of the most important factors contributing to therapeutic effectiveness (Vasquez, 2007; Warwar & Greenberg, 2000). Good engagement skills, underpinned by the right values and attitudes, support delivery of effective services.

Establishing positive engagement with service users and their family/whānau can be challenging, especially when working with people from different cultures. Time and effort is required to create rapport and connection with the service user and their family/whānau. While large caseloads can be a barrier, this initial time investment will reap 10-fold rewards in later stages of the recovery journey (Le Va, 2010).

This resource draws from extensive consultation with New Zealand practitioners interviewed for Te Pou’s Talking Therapies work to provide a series of practical tips for developing positive engagement with service users and family/whānau. It has been designed to assist people entering the mental health and/or addiction workforce to develop the engagement skills necessary to demonstrate the essential level performance indicators for the Let’s get real Real Skills. These principles for engagement include:

- investing time to prepare well for the first meeting
- taking the time to connect and build rapport
- demonstrating respect and incorporating cultural protocols into the therapeutic approach
- drawing from cultural and family support/expertise where appropriate
- ensuring good communication is enabled
- actively partnering with service users and family/whānau in goal setting and recovery plan development
- regularly seeking feedback.

Addressing the needs of young family/whānau members

The Let’s get real Working with families/whānau Real Skill requires all workers to “ensure that families/whānau, including the children of service users have access to information, education and support”. With the service user’s and parent’s agreement, it can be useful to involve the younger family/whānau members in some sessions, to provide the young person with a safe place to talk about their experience, what further support they might need, and to see that their family member has a plan to recover. Other ways to support young family/whānau members are the inclusion of plans for children/young people in parents’ crisis plans and referral to programmes which provide age-appropriate psycho education, and aim to build resilience. Staff can also work with young people directly to identify their strengths, and encourage them to pursue activities and engage with community groups that foster these interests and develop their self-esteem and resilience (Velleman, 2010). Guidance may need to be sought from a family advisor or specialist practitioner in child and adolescent mental health if specific concerns for the young person are apparent. For more information about how to develop engagement with younger family/whānau members refer to the Resource section.
Resources

Cross-cultural training links and resources

Culturally and linguistically diverse (CALD) resources and training: Cultural Competencies for health practitioners when working with migrants and refugees (RASNZ and Waitemata District Health Board, 2008). Order from admin@rasnz.co.nz.

National Cultural Competency Tool (NCCT) for Mental Health Services: Contains a set of Australian National Cultural Competency Standards and a range of practical aids and strategies, including an organisational self-assessment checklist, to support organisations in enhancing their cultural competency.
http://www.dhi.gov.au

Cultural competence: Advice to GPs to create and maintain culturally competent general practices in New Zealand.
http://www.rnzcgp.org.nz

Working with Māori

He rongoa kei te kōrero Talking Therapies for Māori: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Māori people.
http://www.tepou.co.nz

The Takarangi Competency Framework: Outlines clear steps to understanding and integrating Māori values and beliefs into therapeutic practice.
http://www.matuaraki.org.nz

Four Māori kōrero about their experience of mental illness: Māori service users share experiences of what has helped and hindered their recovery.
http://www.mhc.govt.nz

Working with Pasifika peoples

Talking Therapies for Pasifika Peoples: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Pasifika peoples.
http://www.tepou.co.nz

Real Skills plus Seitapu. Working with Pacific Peoples: A Pacific cultural competency framework that people working with Pacific service users and their families/whānau can aspire to.
http://www.leva.co.nz

Pacific people in New Zealand talk about their experiences with mental illness: Pacific service users share experiences of what has helped and hindered their recovery as Pacific peoples using New Zealand mental health services.
http://www.mhc.govt.nz

Working with Asian people

Talking Therapies for Asian people: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Asian people.
http://www.tepou.co.nz

Kai Xin Xing Dong website: The Mental Health Foundation has developed this website for the Chinese Community. It contains culturally appropriate mental health resources for service users and community members.
www.mentalhealth.org.nz/kaixinxingdong

http://www.fmhs.auckland.ac.nz

Working with refugees, asylum seekers and new migrants

Therapies for refugees, asylum seekers and new migrants: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with refugees, asylum seekers and new migrants.
http://www.tepou.co.nz

Fate, spirits and curses: Mental health and traditional beliefs in some refugee communities: This book provides insight into the traditional beliefs about the nature, causes and management of mental health held by some refugee communities from the Middle East and Africa.
www.rasnz.co.nz

Refugee Health Care: A Handbook for Health Professionals: This book provides insights into the cultural and ethnic backgrounds of the main refugee groups in New Zealand as well as provides guidance to health professionals on conducting culturally sensitive consultations and effective use of interpreters.
http://www.moh.govt.nz
Principles for Engagement

Working with older adults
Talking Therapies for Older Adults: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with older adults. http://www.tepou.co.nz


Working with children and adolescent people

The Choice and Partnership Approach: CAPA focuses on doing the right things with the right people, at the right time, and by people with the right skills. http://www.camhsnetwork.co.uk

Evidence-based Age-appropriate Interventions: Outlines the range of child and youth mental health and addiction disorders, the expected prevalence of these disorders and the range of age-appropriate therapeutic skills/interventions that are needed to work effectively with children, young people and their family/whānau. http://www.werrycentre.org.nz

Working with people with problematic substance use
Talking Therapies for people with problematic substance use: Part of Te Pou’s talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with people with problematic substance use. http://www.tepou.co.nz

Guidelines for fostering engagement with families: These guidelines produced by Kina Trust and Matua Raki aim to promote best practices for alcohol and other drug workers to engage with families, to maximise wellbeing and the capacity for positive change. http://www.matuaraki.org.nz

References


Kirsh, B., & Tate, E. (2006). Developing a comprehensive understanding of the working alliance in community mental health. *Qualitative Health Research, 16*(8), 1054-1074.


Principles for Engagement


The Talking Therapies guides