An exploration of the relationship of the conceptual theory of the Vona du Toit Model of Creative Ability and the International Classification of Functioning, Disability and Health.

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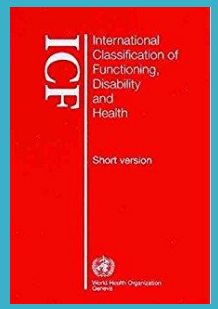
5th International VdTMoCA Conference, 18 July 2017

Understanding The Vona du Toit Model of Creative Ability



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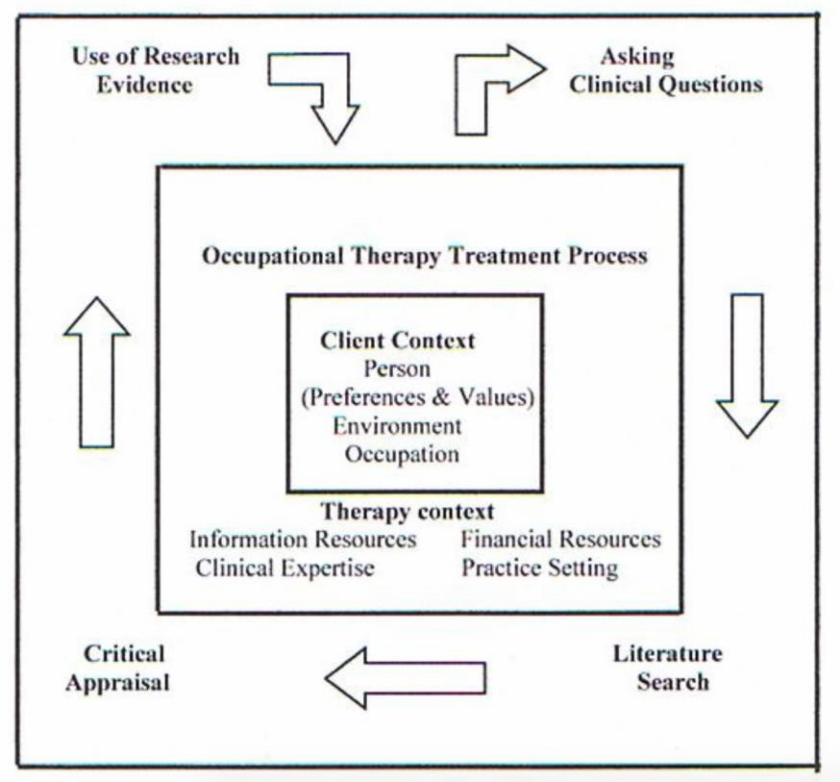
Background

Evidence-based practice (EBP) is based on the integration of critically appraised research results with the clinical expertise, and the client's preferences, beliefs and values.

Why is it important to OT?

The generation of research is critically important to advancing occupational therapy and ensuring the viability of the profession.



(Bennett and Bennett 2000)

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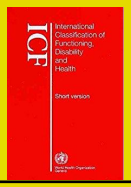
ICF vs VdTMoCA

ICF 	VdTMoCA 
Framework for describing and organising information on functioning and disability.	Framework for describing levels of participation in the OPA's based on motivation theory
Provides a standard language and a conceptual basis for the definition and measurement of health and disability.	Focusses on recovery and ability rather than dysfunction or deficit.
Is a classification of health and health-related domains.	Describes stages or levels of creative ability i.e. An individual's ability to engage/produce actions at different levels of functioning.
Considers body functions, activity, participation, environment, personal factors that are affected by a health condition.	Focusses on the OPA's and the participation in everyday activities in relation to the environment, activity and personal factors.
Based on biopsychosocial models.	Based on biopsychosocial and developmental models.
Used to improve communication between health care workers, researchers, policy-makers and the public, including people with disabilities.	Used to interact with clients but has the potential to be used to improve communication between health care workers, researchers, policy-makers and the public.

Justification

- Wits Carnegie Fellowship
- We want to add to the ever growing evidence base.
- ICF is a classification system to standardise current practice – potential to apply it in different ways.
- This project will be aligned with international and interdisciplinary
- WFOT is in the process of the conceptual mapping of the major OT models (Prodinger et al., 2014).
- Stucki, (2005) established 8 rules to link health measures to the ICF.
- Conceptual mapping of OT models with the ICF is high on the international agenda and it is necessary that the VdTMoCA also be put through this process to ensure its currency in the practice environment.

Linking Rules

- The first rule is related to the mapping of concepts between the 2 measures.
- This study is therefore the first step towards establishing the importance of the VdTMoCA in practice.
- Beginning the conceptual mapping as suggested by WFOT
- Linking rules help to align concepts of activity limitations and participation restriction.

Table II. *Updated linking rules with examples*

Number	Rule	Example
1.	Before one links meaningful concepts to the ICF categories, one should have acquired good knowledge of the conceptual and taxonomical fundaments of the ICF, as well as of the chapters, domains, and categories of the detailed classification, including definitions.	
2.	Each meaningful concept is linked to the most precise ICF category.	Item C4 of the West Haven-Yale Multidimensional Pain Inventory: "Play cards and other games". This item is linked to the 3rd level category d9200 "Play" and not to the 2nd level category d920 "Recreation and Leisure".
3.	Do not use the so-called "other specified" ICF categories, which are uniquely identified by the final code 8. If the content of a meaningful concept is not explicitly named in the corresponding ICF category, the additional information not explicitly named in the ICF is documented.	Item 17 of the Stait-Trait Anxiety Inventory: "I am worried". This item is linked to b152 "Emotional functions" and the additional information "worried", which is not explicitly named in the ICF, is documented. Item 5.1 of the Aberdeen Low Back Pain Scale: "In your right leg, do you have pain in the foot/ankle?". The meaningful concept "pain in right foot/ankle" identified in this item is linked to b28015 "Pain in a lower limb" and the additional information "right foot/ankle" not contained in that category is documented.
4.	Do not use the so-called "unspecified" ICF categories, which are uniquely identified by the final code 9 but the lower level category.	Item 14 of the Dallas Pain Questionnaire: "How much do you think your pain has changed your relationship with others". The meaningful concept "your relationship with others" is linked to d7 "Interpersonal interactions and relationships" and not to d799 "Interpersonal interactions and relationships, unspecified".
5.	If the information provided by the meaningful concept is not sufficient for making a decision about the most precise ICF category it should be linked to, the meaningful concept is assigned nd (not definable). Special cases of this rule: a. Meaningful concepts referring to health, physical health or mental (emotional) health in general, are assigned nd-gh, nd-ph or nd-mh (not definable-general health, not definable-physical health, not definable-mental health), respectively. Meaningful concepts referring to quality of life in general are assigned nd-qol (not definable-quality of life).	Item of section 5 of the St. George's Hospital Respiratory Questionnaire: "I have unpleasant side effects from my medication". The meaningful concept "side effects" is assigned "nd". Item 1 of the SF-36: "In general, would you say your health is …?". The meaningful concept "health" is assigned "nd-gh". Item 1 of the WHOQoL-Breff: "How would you rate your quality of life?". The meaningful concept "quality of life" is assigned nd-qol.

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The Research Project

Aim

To explore the relationship between the conceptual theory of the Vona du Toit Model of Creative Ability and the International Classification of Functioning, Disability and Health.

Method

- Q methodology
- Quantitative method of analysing qualitative data.
- To break down complex qualitative data into units which can be uniquely arranged/ ordered by subjects and analysed quantitatively.

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Q Methodology

- Stage 1 - Develop the Q sort pack
- Stage 2 - Administer the q sort
- Stage 3 - Factor analysis of the data and interpreting factors.

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Stage 1 - Generate Statements

1. literature review
- 90 statements
- Reduction phase – expert in field
- 40 statements in Q sort pack

2. Pilot validity of statements

3. Analyse pilot and amend

Stage 2- Administer the q sort

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VdTMoCA Research

Please read the following statements and decide how they match your perspectives of using the VdTMoCA in practice.

The VdTMoCA:

1. Provides a common language and a tool for the exchange of information to describe human functioning
2. Can function across professional boundaries and handle differences in perspectives across the multidisciplinary team
3. Improves the quality of interdisciplinary work processes and contributes to a more systematic approach to rehabilitation tasks by team memb
4. Provides a unified and standard language and framework f human health and well-being
5. Facilitates multidisciplinary responsibility and coordination

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(13) The VdTMoCA is likely to find wide acceptance across world regions, scientific and professional disciplines, payers and service providers, policy-makers, governmental sectors and advocacy organisations.

7/40

Disagree (1)	Neutral (2)	Agree (3)
(3) The VdTMoCA improves the quality of interdisciplinary work processes and contributes to a more systematic approach to rehabilitation tasks by team members.	**(18)** The VdTMoCA is a tool that has high trans-cultural validity.	**(29)** The VdTMoCA is an effective framework for describing the situation of persons with chronic illness.
(25) The VdTMoCA provides a suitable framework to describe the environmental issues that impact on individuals.	**(38)** The VdTMoCA is not focussed on curing and illness but on the person's functioning in his or her actual life and environment.	**(7)** The VdTMoCA addresses the health care needs of patients with complex or chronic diseases.

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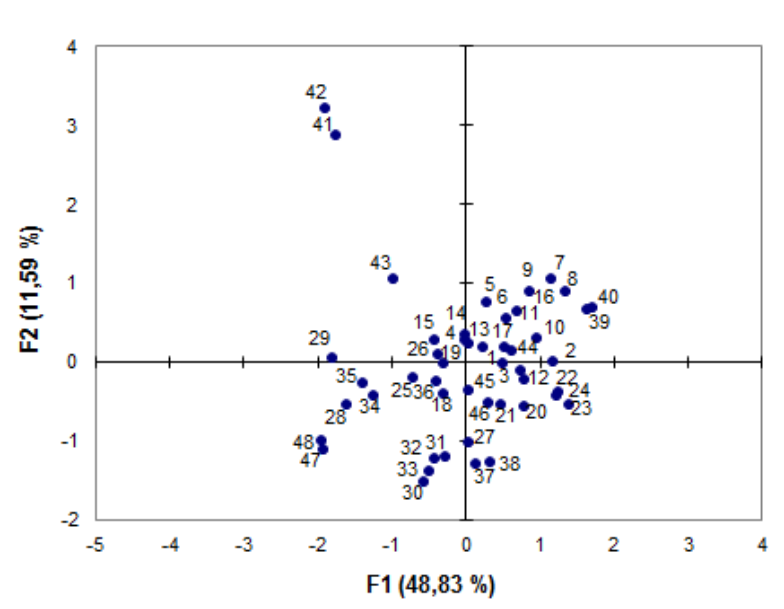
Stage 3 - Analysis

- Factor analysis and interpretation.
- To determine patterns in the data.
- Q methodology groups people - factor represents people with similar views.
- Analysed SA vs UK data separately.
- Each analysis had 1 significant factor.



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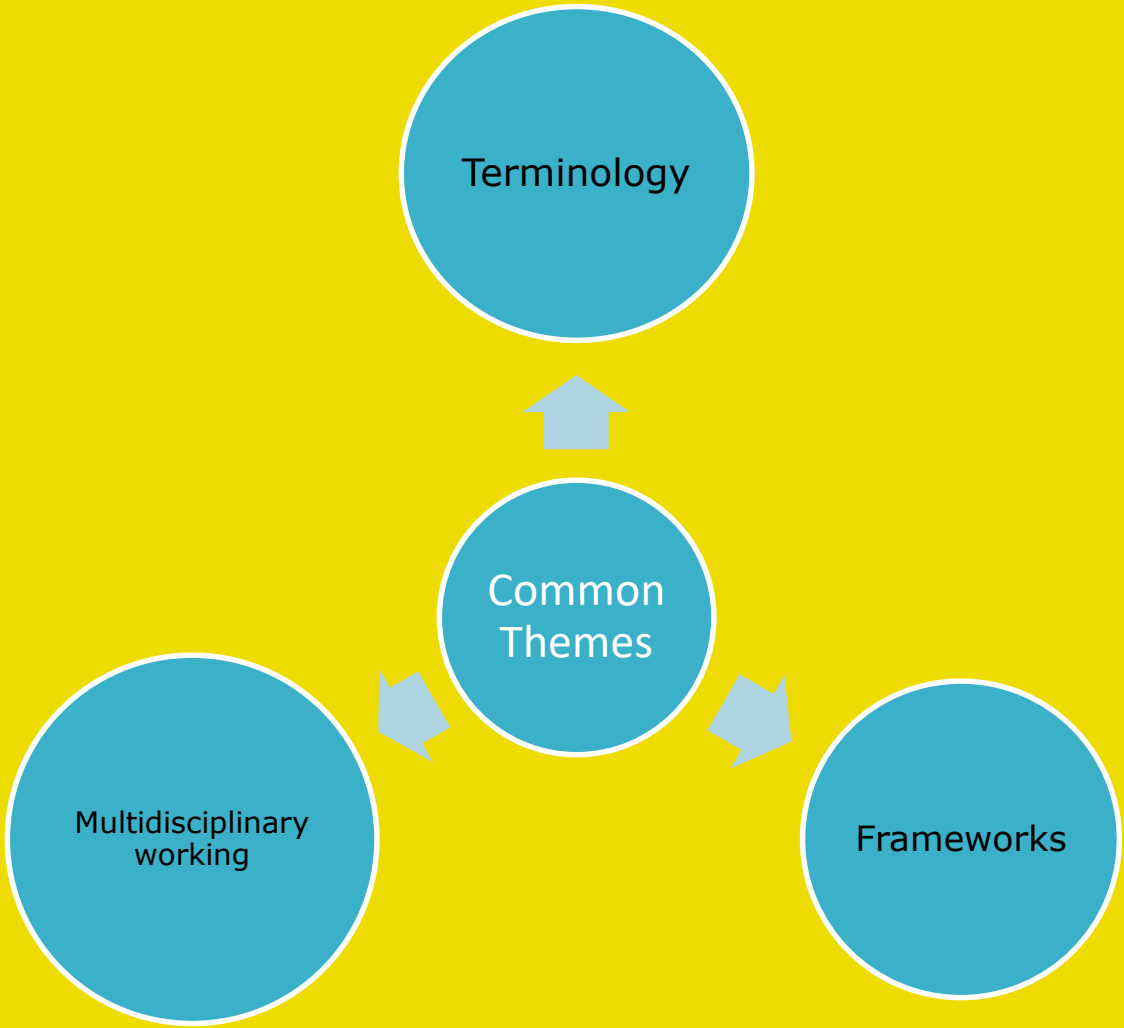
Results

Common Themes



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Results

Theme 1- Terminology

Needs further conceptual clarification and development in several key areas (23) 2 and 1

Language or terminology is in harmony with common language in the health care system (26) -4 and -3

-4	-3	-2	-1	0	+1	+2	+3	+4
The language or terminology is in harmony with common language	is likely to find wide acceptance across world regions, s	provide a common language and a tool for the exchange of	it can function across professional boundaries and handle	it is a patient-centred evaluation tool that considers the	it is a clinical problem solving tool for OT and rehabilitation	it is a tool that has high trans-cultural validity	it conceptualises functioning from a holistic and lived-e	can enhance person-centred care
The language can be used to transcend disciplinary	The model will enable development of suitable policies	improves the quality of interdisciplinary work processes	it provides a unified and standard language and framework	it is a biopsychosocial model designed to provide	interventions in one component of the model can potential	the model fails to specify in detail the content of some	Can be used as a model to guide clinical thinking	It can be adopted into clinical, educational
	It works as a classification system that supports standards	it provides a rational framework for the description of h	facilitates multidisciplinary responsibility and coordination	it enables the classification and assessment of functioning	has the potential to be used as a framework	The components need further conceptual clarification	The focus of the model is not on cure and illness but on	
		it may serve as reference for any professional discipline	it addresses the health care needs of patients with complete	it enables one to describe and quantify in detail cognition	the components of the model may be used in guiding rehab	The model broadens the professionals' thinking		
		It can be used as a model in the reform of legislation	it is a tool for organising information about functioning	Provides a suitable framework to describe the environment	a powerful analytic and explanatory model of human	The model is applicable, reliable, and strongly correlate		
			It is an effective clinical tool with specific disorders	Effective framework for describing the situation of	It can influence activities related to data collection			
				The model provides a framework for defining impairments				
				It is a model that reflects the complexity of disability				

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Results

St.	Statements that were Common	UK	SA
23	Needs further conceptual clarification and development in several key areas	2	1
26	Language or terminology is in harmony with common language in the health care system	-4	-3
2	Improves the quality of interdisciplinary work processes and contributes to a more systematic approach to rehabilitation tasks by team members	-1	-1
13	It may serve as reference for any professional discipline involved in rehabilitation within or outside the health sector	-3	-3
16	Has the potential to be used as a framework to provide structure, clarify team roles and demonstrate clinical reasoning in multidisciplinary rehabilitation settings	0	1
25	Provides a suitable framework to describe the environmental issues that impact on individuals	0	0
17	Enables the classification and assessment of functioning and disability in everyday activities and social involvement for individuals with medical conditions	0	-1
29	Is an effective framework for describing the situation of persons with chronic illness	0	-1
11	Provides a rational framework for the description of health states associated with diseases and disorders	-2	-2
9	Is a biopsychosocial model designed to provide a coherent view of various dimensions of health at the biological, individual, and social levels	2	3
32	Is applicable, reliable, and strongly correlated with developmental theories and captures the developmental nature of many abilities in children and adults	2	3

Results
Distinguishing Statements

	Distinguishing Statements	
	UK:	
22.	Fails to specify in detail the content of some of its main components, which may limit its educational capacity and influence.	-4 2.11*
	SA:	
15.	Can enhance person-centred care	4 1.95*
38.	Is not focussed on curing and illness but on the person's functioning in his or her actual life and environment	3 1.77*
30.	Is a powerful analytic and explanatory model of human experience and behaviour in any situation, not just illness and disease.	1 0.69*
35.	Can influence activities related to data collection, framing assessment interventions, measuring clinical research outcomes and research investigating the impact on quality of life,	1 0.64*
33.	Provides a framework for defining impairments, activity limitations, and participation restrictions	0 -0.07*
12.	Is a tool for organising information about functioning and disabilities.	-1 -0.82*
39.	Works as a classification system that supports standardised identification and description of health and health-related function	-3 -1.35*

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Discussion

Even with different contexts, some common perceptions:

- Terminology
- Multidisciplinary working
- Use of VdTMoCA as a framework/theory

Distinguishing Statements:

- UK - conceptual components
- SA - person centred care vs. population centred care as focus is on individuals rather than population health status

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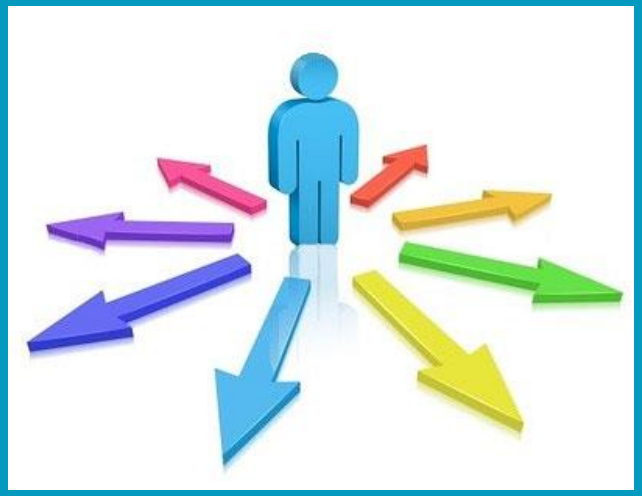
Where to next…….

- Continue data collection for larger representative sample
- Following data analysis we anxiously anticipate the level of linkage between the ICF and VdTMoCA

- CPA and APOM to be mapped to the codes of the ICF.
- If we get good linkage – we need to re-evaluate the veracity of the VdTMoCA



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So……

- Do we have a platform to showcase the evidence?
- Wits Alumni Carnegie – Diaspora Fellowship
- Collaboration to build the evidence.

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Thank-you, questions?

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