Applying the VdT MoCA to Paediatric Therapy: A Collection of Perspectives

BRONWYN ROANE
PAEDIATRIC OCCUPATIONAL THERAPIST

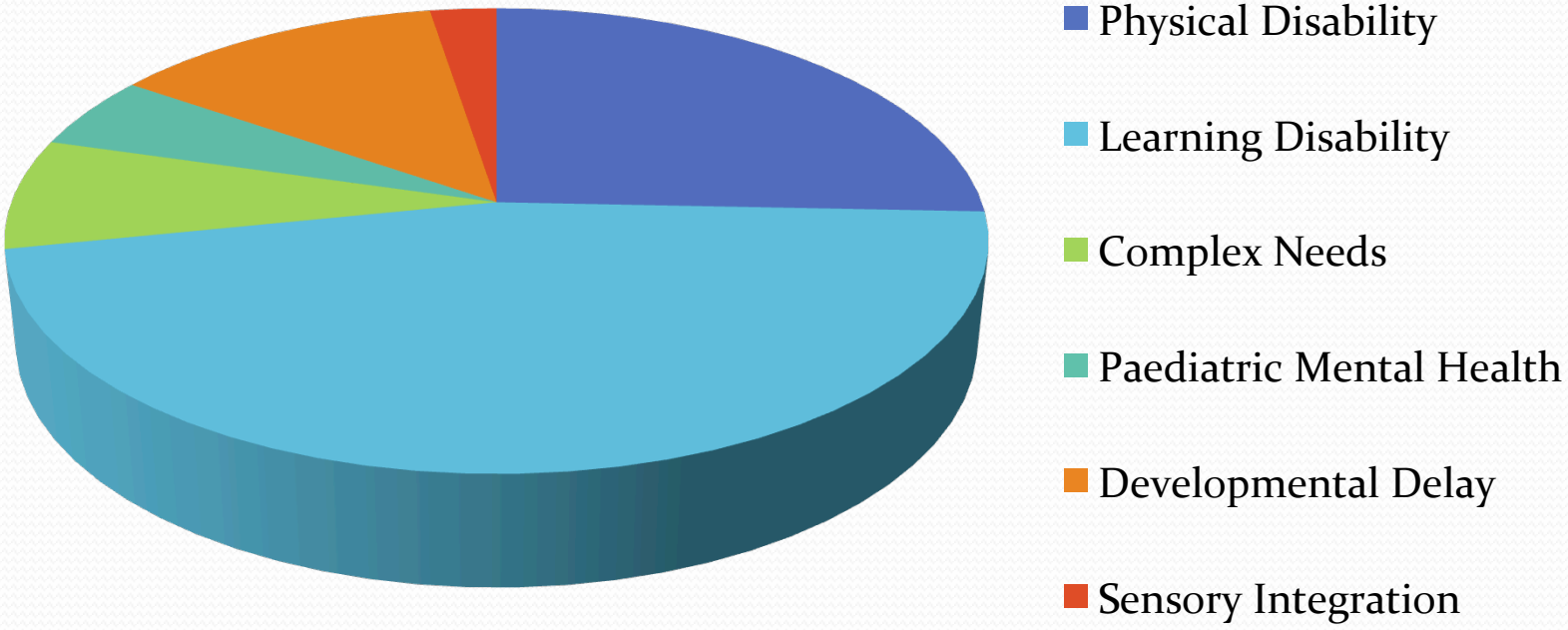
Data Collection

- Anonymous questionnaire sent to 30 participants with cover letter to explain purpose of questionnaire
- 20 participants responded
- Questionnaire provided qualitative and quantitative data

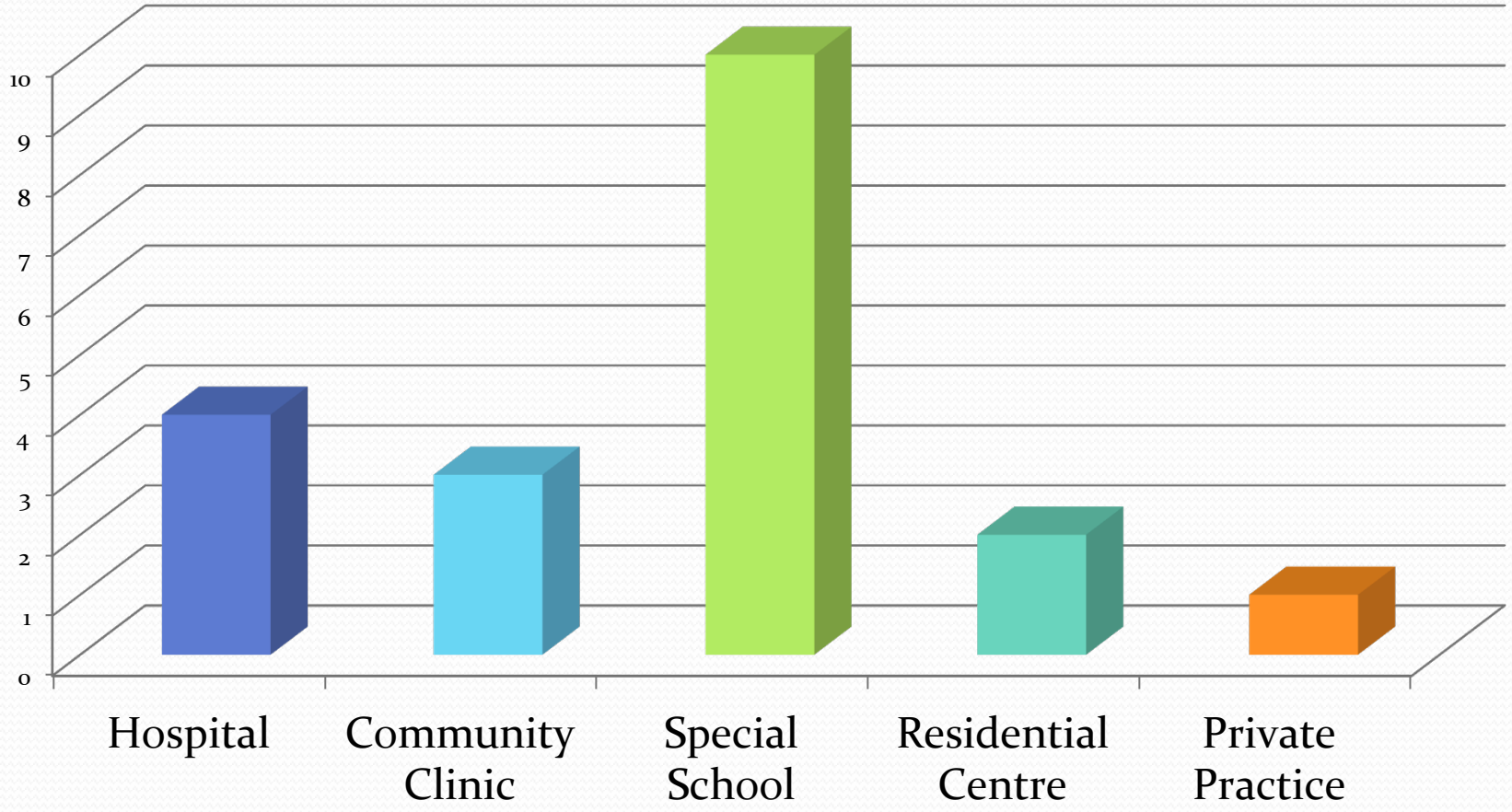
Demographic Information

- All participants were females who had studied Occupational Therapy in South Africa
- Average number of years in Paedatric OT Practice = 2 years
- 17 participants currently practice in South Africa and 3 participants are currently practicing in the UK

Field of Practice within Paediatric OT

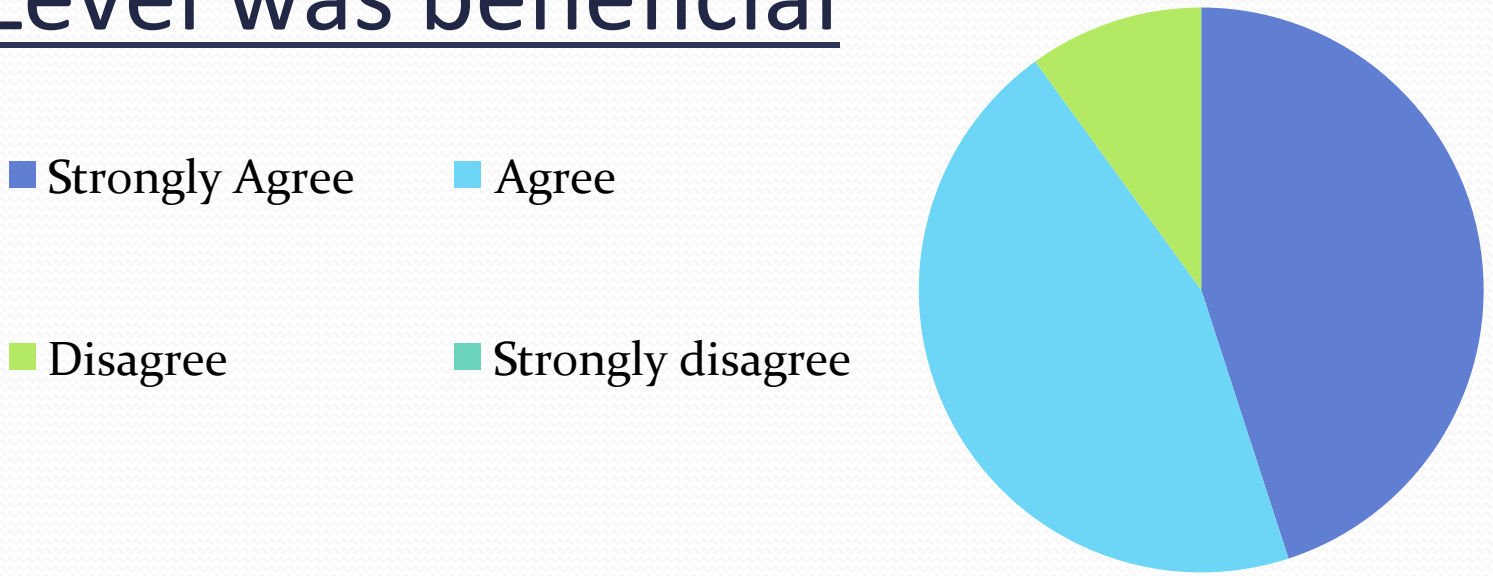


Work Placement



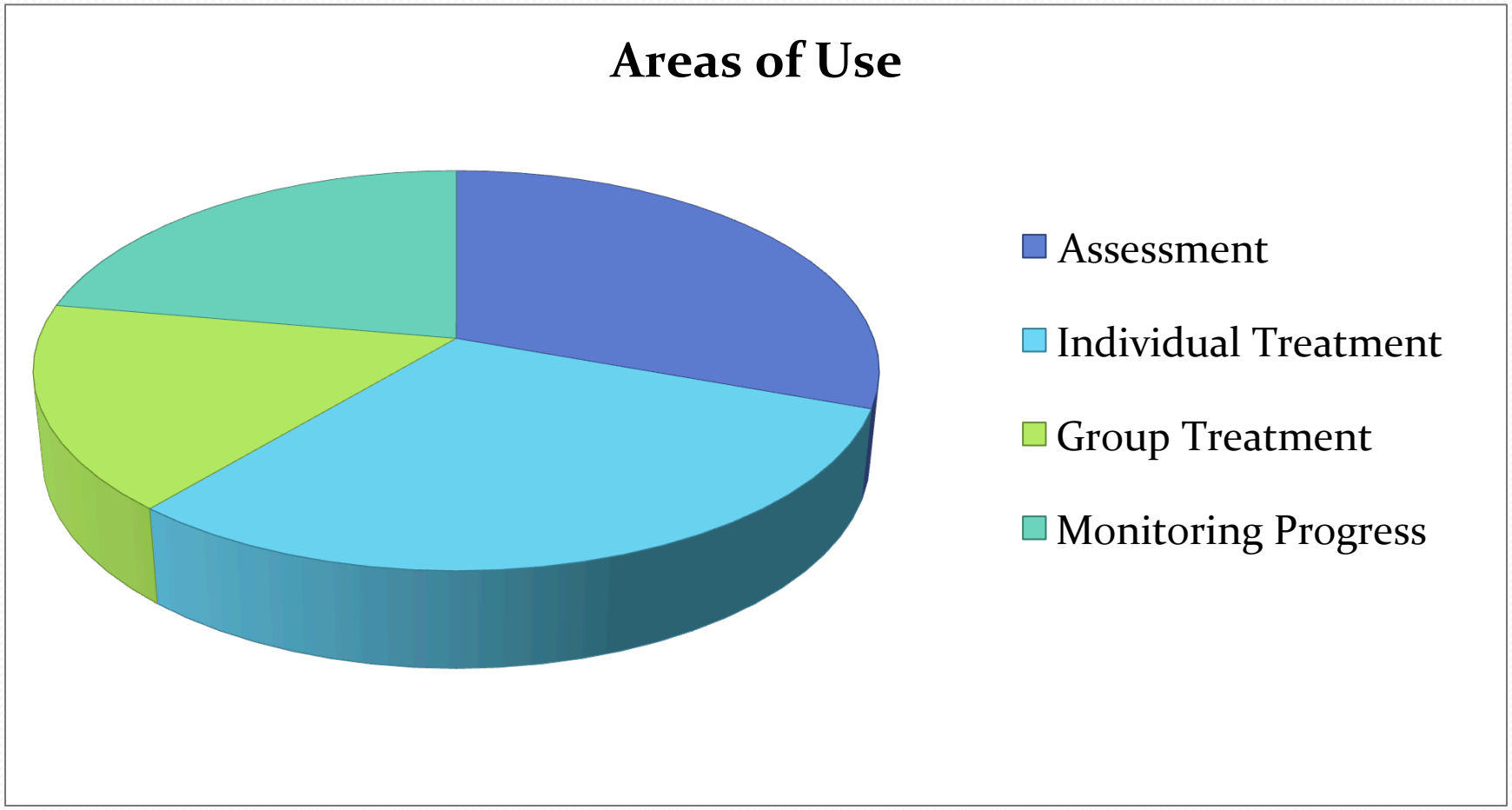
RESULTS OF THE SURVEY

Training in VdT MoCA at University Level was beneficial



AGREE	DISAGREE
"It created a mindset that always makes you think about where a child lies according their creative ability and assists in comparing this with their peers"	Applied mainly to the adult psychiatric field
"It helped to level a patient and then find appropriate treatment activities according to their level. Knowing their level, also helped in understanding their behaviour"	Model not taught in relation to paediatric setting in great detail
"Very thorough and laid out the specifics of the different levels of motivation and the corresponding level of action."	Large amount of theory which was overwhelming
"Using it throughout university ensured that I had feedback and assistance with using and interpreting it correctly."	Different feedback from different lecturers
	"There were too many grey areas and overlap between the different levels which made it confusing for students and thus difficult to realistically apply with clients"

55% of Participants use VdT MoCA in Paediatric OT



VdT MoCA in Paediatric Assessment

- Use of a checklist based on the model in order to use OPA's to assess level of action
- Assists in formulating list of areas requiring intervention
- Observation of activities, interviews and collateral information from parents, school staff etc.

"Clear set of criteria laid out in an easy to follow format that assists me in quickly in categorising a client's level of motivation and their corresponding level of action."

VdT MoCA in Individual Treatment

- Assists therapists in identifying the “JUST RIGHT CHALLENGE”
- “Once the client has been leveled it becomes easier to make the treatment more specific and suited to the client's level as CA gives handling, activity guidelines, presentation guidelines etc.”
- “Baseline principles provide insight into how one should handle the child, how to present activities, structure the treatment area and how to grade should this be appropriate. Thus the session is planned and prepared by the therapist prior to the child attending. The child is required to explore with the tools and materials and the therapist tidies up after the session.”

VdT MoCA in group treatment

- Helpful in grouping clients based on levels- this provides a common measure
- *"Therapy is relevant, the same treatment principles can be applied"*
- Assists with group norms and rule awareness and compliance thereof within a social situation (depending on the level of the children), therefore promoting social skills
- Assists in identifying group activities that will be relevant and therapeutic to all group members

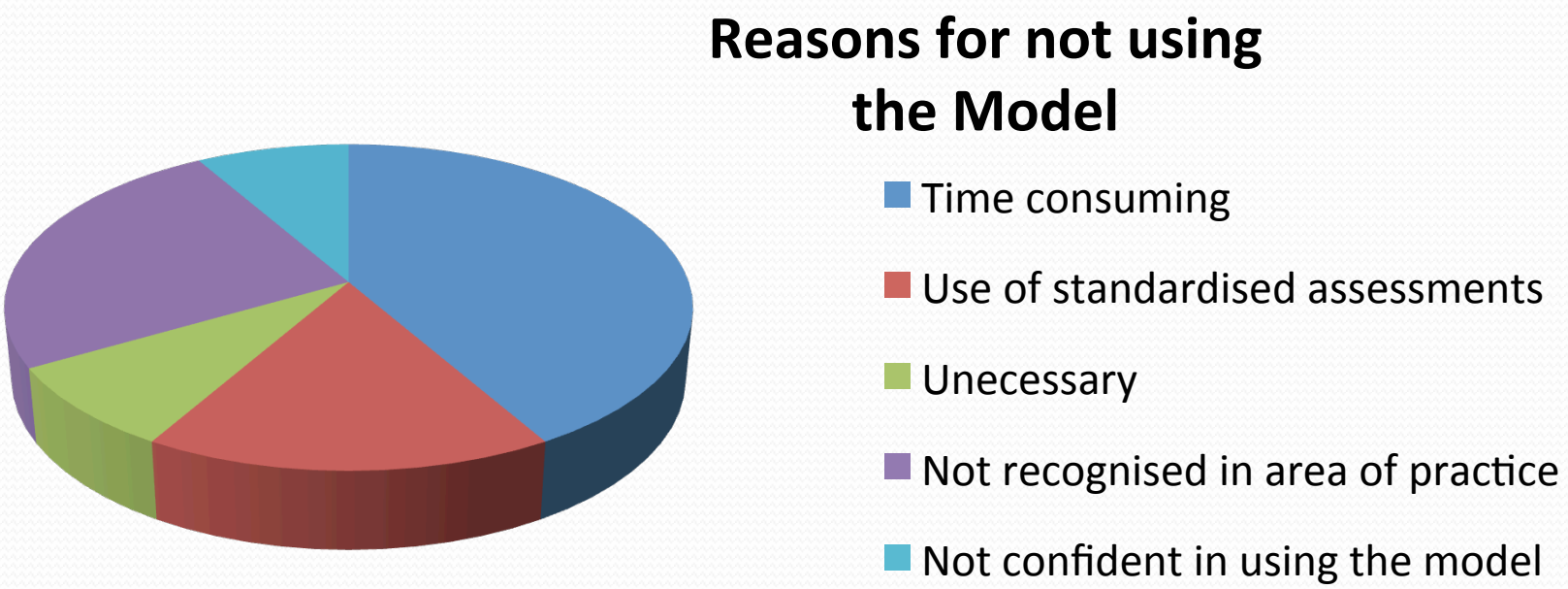
Benefits of using VdT MoCA

- The model works on a developmental continuum so it can be used to identify goals of treatment
- Useful in grading treatment programmes
- Useful for lower functioning clients - the model provides appropriate guidelines such as activity selection and handling
- *" Working with children on the Autistic Spectrum, the model has been helpful in describing how one can provide therapeutic intervention even to those children who seem largely unresponsive and 'difficult to engage'."*
- Useful tool for monitoring progress
- Provides explanation of the relationship between a client's motivation and their occupational performance

Difficulties with using VdT MoCA

- *"It is an occupational therapy specific model, so when working in the multi disciplinary team setting it needs to be explained to the other team members in a great amount of detail if it is to be used as a guiding model for the MDT."*
- Difficulty explaining the model to parents
- Very little research and literature on the use of the model in paediatrics
- *"The model needs more revision in terms of the classifying criteria for each level- overlap and grey areas"*

45% of Participants did not use the model in practice. All of the participants who do not use the model would be interested in using the model in practice



Moving forward: Factors that would promote the use of VdT MoCA in Paediatric OT

- More opportunity to apply the model at university level
- Time to implement the model into standard range of assessments

  " I wish I had the time to create a treatment program within this model as I believe it is highly informative and an effective use of resources and clinical skill."
- More concise assessment procedure e.g. checklist. This could be completed by OT support workers, school staff etc. and then used by OT to assess level

- Information that is more specific to paediatrics-

  "I think there should be a school section added to the model. Assessment and treatment of work may be different to the treatment of the school sphere in children. It would be nice if the model also emphasised children's roles and responsibilities as it does with adults."

- Working with other Paediatric OT's who use the model in order to improve confidence in application

Conclusion

- All participants felt that the use of VdT MoCA was beneficial to paediatric OT to a varying degree
- The majority of those who use the model find it beneficial in guiding treatment and monitoring progress
- Therapists who do not use the model find it time consuming and difficult to use in areas with high caseloads, e.g. special schools. However, all therapists would be interested in using the model
- Many therapists felt that the model needed to be applied more to a paediatric setting in order for it to be more effective
- The model can be used to guide clinical reasoning even if it is not used concretely in practice