

The Model of Creative Ability

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Overview

- Background to Kneesworth Hospital and Patient Engagement Service
- Examine and discuss the Vona Du Toit Model of Creative Ability (VdTMoCA)
- Using the model as an evidence base
- Using the model in practice
- Questions

Kneesworth Hospital & the Patient Engagement Service

- 150 beds for men and women detained under Mental Health Act
- OT led Patient Engagement Service (PES) of 4 specialist core teams for 4 care pathways:
 - Male Mental Illness (MMI)
 - Women
 - Personality Disorders
 - Learning Disorders
- Each core team includes Activity Assistants, Education Co-ordinator, Sports Instructor
- Service shares Art & Crafts Instructor and Music Instructor

Vona Du Toit Model of Creative Ability (VdTMoCA)

- OT Recovery model
- 4 areas of Occupational Performance:
 - Personal management / self-care
 - Leisure
 - Work
 - Social
- Provides means of measurement
- Combines core belief and skills of OT

VdTMoCA

- Motivation – basic skills to interact
- Assists in concept formation:
 - Basic
 - Elementary
 - Composite
 - Abstract
- Patients concepts are affected/disturbed
- Model addresses task concept

CLIENT:

Jane

DATE:

feb 2008

	TOILET	SELF DIFFERENTIATION	SELF PRESENTATION	PASSIVE PARTICIPATION	INITIATIVE PARTICIPATION	ACTIVE PARTICIPATION	COMPREHENSIVE PARTICIPATION
Action	Undirected/ Unplanned	Incidentally constructive or Destructive (1-2 step task) X	Explorative (3-4 step task)	Product centred (5-7 step task)	Product centred (7-10 step task)	With originality - transcends norm / expectations	Product centred
Violation	Egocentric to maintain existence	Egocentric to differentiate self from others X	To present self, unsure	Robust. Directed to attainment of skill	Directed to product, a good product, acceptable behaviour	Directed to improvement of product procedures, Etc.	Directed to participation with others, to compare and evaluate self in relation to others.
Handle tools / materials	Not evident	Only simple everyday tools (e.g. spoon) X	Basic tools for activity participation - poor handling	Appropriate skill	Good	With initiative	Very good
Relate To people	No awareness	Feeeling awareness X	Identification selection, makes contact, tries to communicate, superficial	Communicate	Communicate / interact	Close interpersonal relationships, intimacy, can assist others, adapt, allowances, consideration	Adapt, allowances, consideration, close interpersonal relationships, intimacy, can assist others
Handle Situations	No awareness of different situations	No awareness of ability X	Stereotypical handling, makes effort, but unsure or timid	Follower, variety of situations, participates in a passive way	Manages a variety of situations, appropriate behaviour	Can evaluate, adapt, adjust according to need, can deal with problems	Can evaluate, adapt, adjust according to need, can deal with problems
Task Concept	No task concept, basic concepts	No task concept, basic and elementary concepts X	Partial task concept, compound concepts	Total task concept, extended compound (abstract element concepts)	Comprehensive task concept, integrated abstract concepts	Abstract reasoning	Abstract reasoning
Product	None	None X	Simple - familiar activities, poor quality product	Product fair quality (aware of expectations)	Product good quality, (according to expectations)	Quality - can adapt, modify, exceed, have expectations, evaluate, upgrade	Quality - can adapt, modify, exceed, have expectations, evaluate, upgrade
Assistance / supervision needed	Total assistance and supervision (24-hour)	Physical assistance and constant supervision X	Constant supervision needed for task completion	Regular supervision	Guidance, supervision, regular or new activities, occasional for known activities	Guidance, formal training - (own responsibility), help to supervise others	Guidance, formal training - (own responsibility), help to supervise others

BEHAVIOUR Behaviour	Bizarre, disorientation	Bizarre, little reaction, disorientation X	At times strange behaviour, hesitant, unsure, willing to try out,	Follower, but will participate <i>passively</i> – occasionally strange	Socially acceptable, behaviour generally controlled	Acceptable, shows originality	Socially acceptable or correct, variety of situations, adaptable, plan action behaviour
NORM AWARENESS Norm Awareness	None noted	None noted X	Starts to be aware of norms	Norm awareness (aware of expectations)	Norm compliance (do as expected, required standard)	Norm transcendence (do better, more than norm, adapt and so on), graded from activities or situations variety of situations	Norm transcendence (do better, more than norm, adapt and so on), graded from activities or situations, variety of situations
ANXIETY / EMOTIONAL Anxiety / Emotional Responses	Limited responses	Limited, uncontrolled – basic emotions comfort or discomfort shown X	Varied, usually low self-esteem and anxiety, poor control	Full range of emotions, mostly controlled, makes effort	Subtle differences, compassion and self-awareness, anxiety used	New situations – anxiety, normal emotional responses (anxiety motivator)	
INITIATIVE EFFORT Initiative Effort	None noted	Feeble, minimal effort – not sustained X	Effort inconsistent, not maintained, decreased, frustration, tolerance	Varies	As expected, required, sustained	Consistent and original	Consistent and original
TOTALS Totals		11	1				

LEVEL OF CREATIVE PARTICIPATION: **SELF - DIFFERENTIATION**

LEVEL:

Therapist directed	X
Patient directed	
Transition	

ASSESSOR: **A. Crofton**
M. Taylor

PATIENT ENGAGEMENT SERVICE

This report has been compiled by the Occupational Therapist on behalf of the Male Mental Illness Service Patient Engagement Team. It includes contributions from Education Coordinator, Sports Instructor, Activity Assistants, Skills Centre and instructors specialising in Arts & Craft and Music.

The Vona Du Toit Model of Creative Ability (VdTMoCA) is a recovery model of Occupational Therapy practice, used within the Male Mental Illness Service as an assessment tool, theoretical framework for treatment interventions and outcome measure.

The model enables therapists to facilitate the recovery of motivation and occupational performance. There are nine levels within the model: Tone, Self-Differentiation, Self-Presentation, Passive Participation, Imitative Participation, Active Participation, Competitive Participation, Contribution and Competitive contribution. For each level, intervention in the form of activity is graded with patients progressing through the levels from structured supportive therapist directed interventions through to independent maintenance of skills. This aims to support each patient through a positive rehabilitative journey beginning with ward based interventions and leading to a variety of off-ward opportunities both hospital and community based.

Following assessment X's overall level is determined at

Model of Creative Ability Assessment

	Self Differentiation	Self Presentation	Passive Participation
Action		x	
Volition		x	
Handling of tools and Materials			x
Relate to People		x	
Handle Situations		x	
Task Concept		x	
Product			x
Assistance/Supervision Needed		x	
Behaviour		x	
Norm awareness		x	
Anxiety/Emotional Responses			x
Initiative Effort		x	

Details of X's current level of ability

	Ability
Action	Explorative (3-4 step tasks).
Volition	Seems willing to try, to present self, unsure.
Handling of tools and Materials	Appropriate Skill
Relate to People	Identification selection. Makes contact, tries to communicate, superficial.
Handle Situations	Stereotype handling. Makes effort but unsure/timid.
Task Concept	Partial task concept. Compound concepts.
Product	Product fair quality (aware of expectations).
Assistance/Supervision Needed	Physical Assistance and constant supervision.
Behaviour	Constant supervision needed for task completion.
Norm awareness	Starts to be aware of norms.
Anxiety/Emotional Responses	Varied and anxiety. Poor control.
Initiative & Effort	Effort inconsistent, not maintained reduced frustration tolerance.

Treatment aims for level include:-

-
-
-

9 levels:-

Group 1 –

- Tone
- Self-Differentiation *

Group 2 –

- Self-Presentation *
- Passive Participation *
- Imitative Participation *

Group 3 –

- Active Participation
- Competitive Participation
 - Contribution
- Competitive Contribution

Self-Differentiation

Personal management

(poor)

- Poor awareness/ability to perform tasks - residual splinter skills may be present e.g. getting dressed but in dirty clothes or clothes inside out.
- Assistance/supervision from staff needed.

Social ability

(poor)

- Able to recognize familiar/unfamiliar e.g. staff.
- Communication is erratic.
- Use of simple words/gestures to communicate.
- Evidence of psychotic symptoms present.
- No concept/little awareness of social norms.
- Unable to differentiate between situations consequently behaviour not adapted.

Vocational/Work skills

(poor)

- Purposeless/incidental.
- Interaction with materials sustained only for short periods.

Leisure skills

(poor)

- No concept of free time.



Self-Differentiation

Aims

- Increase concept formation of self, objects & environment.
- Involvement with activity.
- Develop focussing of attention for short periods.

Treatment principles

- ❖ 1-2 step, no/basic tools.
- ❖ No demands e.g. planning
- ❖ No social demands e.g. sharing
- ❖ Short duration of activity, with impressive end product to ensure experiencing success
- ❖ Demonstrate, do with patient
- ❖ Constant verbalisation/supervision







Self-Presentation

Personal management

(awareness/developing skills)

- Consolidate basic hygiene skills.
- Quality & efficiency more socially acceptable.
- Unable to organize skills into a routine, need reminders however can complete independently.

Social ability

(awareness/developing skills)

- Developing basic social skills.
- Conversation superficial & egocentric.
- Social behaviour often inconsistent & often disregard the feelings of others.

Vocational/Work skills

(awareness/developing skills)

- Emergence of task concept - essential for doing activities independently & being productive.
- Participation is goal directed, purposeful & product centred.
- Emphasis is on the process of exploring materials/objects/interactions rather than product.
- Difficulty with decision making when more than 2/3 options and of abstract nature.
- Difficulty working at acceptable rate e.g. impulsive/quick or very slow.
- Quality is poor, can not evaluate product.

Leisure skills

(awareness/developing skills)

- Start to develop leisure interests based on past experience.
- Developing understanding of activities for the purpose of work, survival or pleasure/recreation.
- Unable to pursue interests/leisure activities independently.
- Often participate but need structure/support.



Partnerships in care

Self-Presentation

Aims

- Improve awareness of effect of self on environment.
- Improve basic tool handling.
- Improve self-esteem.
- Improve social/norm awareness, communication & acceptable behaviour in different situations.

Treatment principles

- ❖ Well organised, structured situation. Concrete activity that lends itself to exploration
- ❖ Support & encouragement, give information to increase knowledge (teach) basic tool handling
- ❖ Flop proof (success important)
- ❖ Give recognition for effort (even if product is poor)
- ❖ Encourage social contact/communication.







Partnerships in care

Passive Participation

Personal management

(fair – good)

- Well ordered hygiene routine carried out independently & efficiently.
- Poor organisation into a practical routine e.g. doing washing only when no clothes to wear.
- Interest in refined forms of self-care & fashion.
- Budgeting skills – may need support/structure.

Social ability

(fair – good)

- Interpersonal activity directed towards being accepted & belonging.
- Communication maintained, rational & logical.
- Able to form relationships with others.
- Assertive skills developing.
- Difficulty dealing with difference of opinion & resolving conflict.

Vocational/Work skills

(fair – good)

- Product centred.
- Consolidated task concept.
- Interest in all aspects of activity.
- Less supervision required.
- Able to sustain effort over a period of time.
- Improved quality of product.
- Judgement of performance is poor.

Leisure skills

(fair – good)

- Greater range of interests in recreation.
- Actively participate with others in organised leisure programmes.



Passive Participation

Aims

- Increase personal management (domestic & community skills).
- Increase knowledge & skills.
- Increase socialisation (social skills & social behaviour).
- Address leisure skills/use of free time.
- Improve work habits (prevocational training).

Treatment principles

- ❖ Must include elements of planning/decision making
- ❖ Must improve skill & knowledge
- ❖ Indicate standard expected – use sample as norm
- ❖ Feedback & review needed – help evaluate task/performance







Imitative Participation

Personal management

(good)

- Behaviour concerning hygiene & care of belongings – consistent & efficient.
- High level of awareness of suitability of dress for a wide variety of situations/occasions.
- Appropriate management of finances.

Social ability

(good)

- Efficient communication.
- Able to manage a variety of situations, able to evaluate situations & behaviour.
- Higher anxiety in unfamiliar situations.
- Self-awareness & compassion evident.

Vocational/Work skills

(good)

- Goal directed & norm compliant.
- Work tolerance & endurance more robust.
- Efficiency demonstrated.
- Prevocational skills – good.
- Vocational skills – developing with formal training.

Leisure skills

(good)

- Wide variety of interests & skills.
- Group or individual activities.
- Engage in activities independently.



Imitative Participation

Aims

- Maintain & improve life skills e.g. stress management.
- Constructive use of free time/leisure skills.
- Increasing range of situations handled to include unfamiliar situations to assess coping strategies.
- Involvement in vocational/work skills.

Treatment principles

- ❖ Decrease structure/support
- ❖ Increased no of steps (7-10) & complexity
- ❖ Fallibility – need not always be successful
- ❖ Evaluation of product/performance
- ❖ Elements of problem solving



Partnerships in care





References

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Any questions?

Thank you for listening!

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