The Model of Creative Ability: enabling OTs to do their job

Wendy Sherwood
Occupational Therapist
Senior Lecturer
London South Bank University

Models for practice

- Make sense of a complexity of information regarding clients' motivation and occupational performance
- Determine the processes of assessment, intervention and evaluation
- Use occupational therapy practice models
- To do so, is a professional requirement within the profession's Standards of Proficiency (Health Professions Council 2003)
- OT Model + evidence-based practice

Current issues

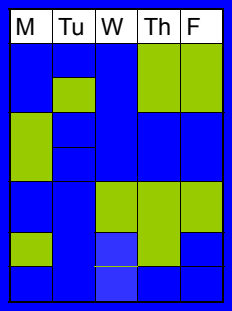
- Utility:
  - Time consuming
  - Not sensitive to client presentation
  - Adaptations dilute validity + reliability
  - Difficult language / changing concepts

Model of Creative Ability (du Toit 1991)

- **It works – effective**
- **All clients – diagnosis + severity**

'unmotivated'
'too unwell'
'not ready for OT'

- **Structured programme attends to all needs**
- **Fast Ax**
- **Core OT skills focused**
- **OT intervention**
- **Outcome measure**



- 2004-2005: Research interviews to identify the methods and processes of assessment and the environmental influences on assessment (In-patient)
- 2005: Visits to participants' work in SA
- 2006-present: Collaboration with South Essex Partnership Trust
- 2003-present Collaboration with experts at SA universities
- Runwell MSU (Forensic conference 2004)

Seminar overview

- Vona du Toit and SA context
- Theory of creative ability
- Assessment: OT focus, efficiency, effectiveness
- Intervention: OT focus, efficiency, effectiveness
- The future

MCA: a South African model

- Vona du Toit – 1960s + early 1970s
- Du Toit Memorial Lecture
- Vona and Marie du Toit Foundation (1991)

South African context

- Large institutions
- 1000 clients: 1-15 OTs and OTAs
- 80 clients: 1 OT
- Many services very poorly resourced
- Traditional OT departments + focus

Theory of creative ability

- Developmental theory
- Defines motivation

❖Motivation is the energy for action: action expresses motivation

❖Can assess the observable level of action and identify the corresponding level of motivation

❖All humans have an innate drive to master challenges

- Indicates interrelatedness between motivation and action
- Provides criteria / description of each level
- Assessment (outcome measure)
- Provides a detailed guide for intervention
- Clear aims
- Handling principles for the therapist

Developmental stages / levels

Motivation: Tone

- Existence: Action is haphazard: seemingly purposeless. Very fleeting contact made with materials and objects. Seems to be largely unaware of others. No evident awareness or control of bodily functions.
- Total nursing care is usually required.

Action: Predestructive

Motivation: Self Differentiation

Attainment of basic awareness of self as an entity and different from others, awareness of environment and others. Attaining basic control over bodily functions.

Makes contact with materials and objects. The type of contact is often unrelated to the actual function or properties of the objects / material and therefore often unconstructive/destructive. Recognises an incidentally constructive action. .

Action: Destructive / incidentally constructive

Motivation: self-presentation

Directed towards developing a sense of individuality and presenting this self to others and in different situations. Motivated to 'find out', and is therefore explorative - the process being more important than the end product.

Contact, when made with others, is usually on an egocentric, need fulfilment level

Action: explorative

Motivation: passive participation

Directed towards doing and being with others; establishing what are the norms and expectations; handles tools reasonably well: able to produce a fair to good product.

Superficial relationships are formed and communication concerns everyday matters. The person is essentially a follower in a group or relationship

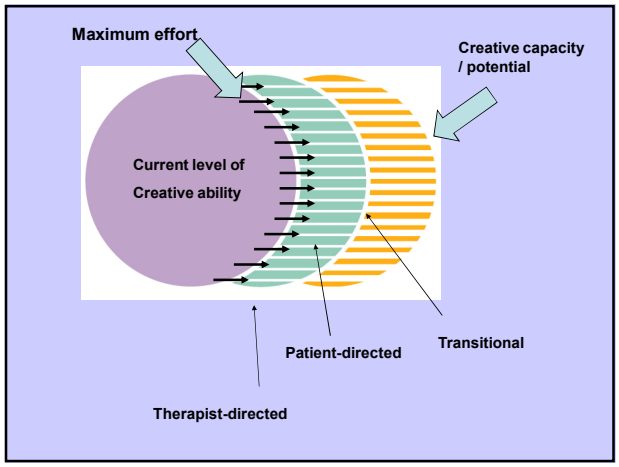
Action: experimental

Motivation: imitative

Doing and being the same as others: doing what is expected. Product centred, tasks according to norms/ expectations.

Relationships characterised by interaction and sharing: social skills are at an acceptable level.

Action: imitative



Motivation	Action
Tonic	Predestructive
Self-differentiation	Destructive/incidental
Self-presentation	Explorative
Passive participation	Experimental
Imitative participation	Imitative
Active participation	Original
Competitive	Product-centred
Collaboration	Situation centred
Competitive contribution	Society centred

GROUP 1: Motivation for Constructive action
•Body functions
•Differentiate self

Group 2 – Behaviour and Skill Development for
Norm adaptation
Psychological safety
Sensory awareness
Work skills
Ind. living skills development
Norm compliance: work and social

Group 3 – Behaviour and Skill Development for
Self-competence
Leadership skills
Original and innovative
Dedicated and self motivated
Self evaluation
Strong contribution

Expected levels

REHABILITATION

IMITATIVE

EXPERIMENTAL

EXPLORATIVE

DESTRUCTIVE/INCIDENTAL

PREDESTRUCTIVE

CARE / TREATMENT SUPERVISION

VOCATIONAL REHAB

COMMUNITY

REHAB/DAY HOSPITAL

ACUTE

PICU

EMI

Assessment

- Evaluation of occupational performance in 4 occupational performance areas:

Personal management
Use of free time
Social ability
Work ability

- Structured social group
- Task assessment: familiar + unfamiliar activity
- Interview

Assessment

- Personal management
- Use of free time
- Social ability

} General observation: own + nursing / MDT/ family

All information made use of: 'pointers' towards usually one of two levels (initial assumptions)

Personal management
Use of free time
Social ability

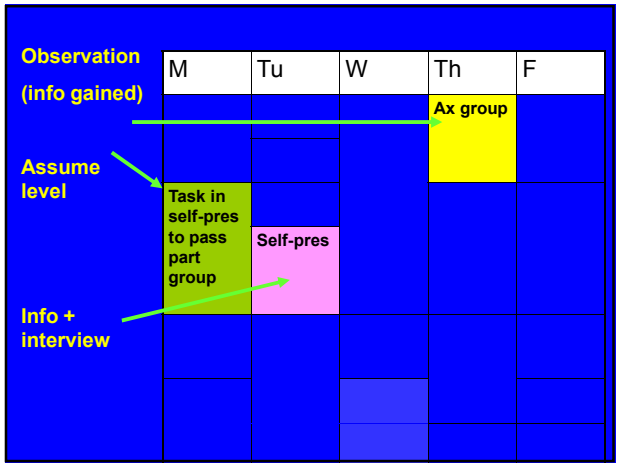
} Observation / info gained

- Initial assumptions

Work ability: OT assessment proper – task assessment to 'check out' assumptions

Observation

Structured evaluative group =
Task assessment
Interview



- Social ability:

observations → assumptions → intervention

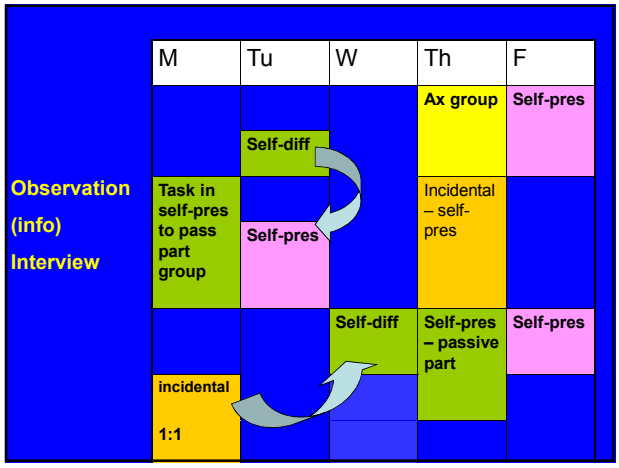
Level effective intervention: activity analysis

- Self-presentation – activity that:
- enables exploration: range of colours, tools material, procedures and options
- Allows basic tool handling (familiar)
- Flop proof and quick gratification
- Has few rules
- Stimulates emotional response
- Encourages social contact/communication

- Use of purposeful activity
  - activity that meets interests, needs, abilities

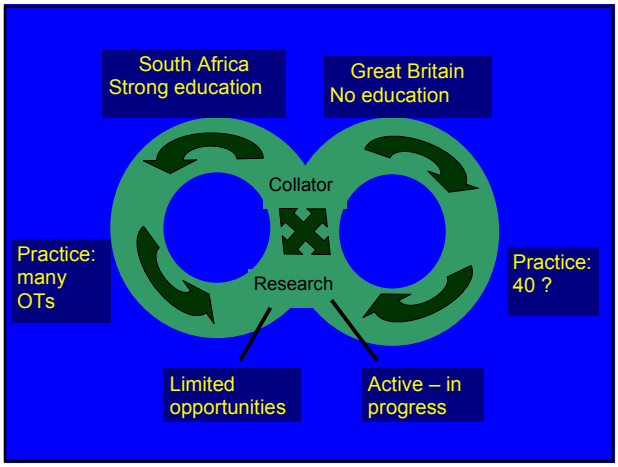
Meaningful: provides the client with opportunity for growth

- Grading – 'just right challenge'
- Therapeutic use of self - handling principles
- Activity groups
  - guides OT to know which clients will not benefit from OT groups (but guides 1:1 Rx)
  - guides choice of activities for groups and the type of group to maximise function
  - enables OT to formulate an effective OT programme



Other benefits

- Outcome measure – observable change
- Guides Ax and Rx for large numbers (Dain van der Reyden IN Crouch and Alers 1997)
- Ease of communication between OTs
- Easy to guide OTAs for effective Ax and Rx
- Can facilitate proper MDT working
- Enables the formulation of a guide for family/carers



Witswatersrand – Johannesburg

(Pat de Witt)

Pretoria

Kwa-Zulu Natal – Durban

(Dain van der Reyden)