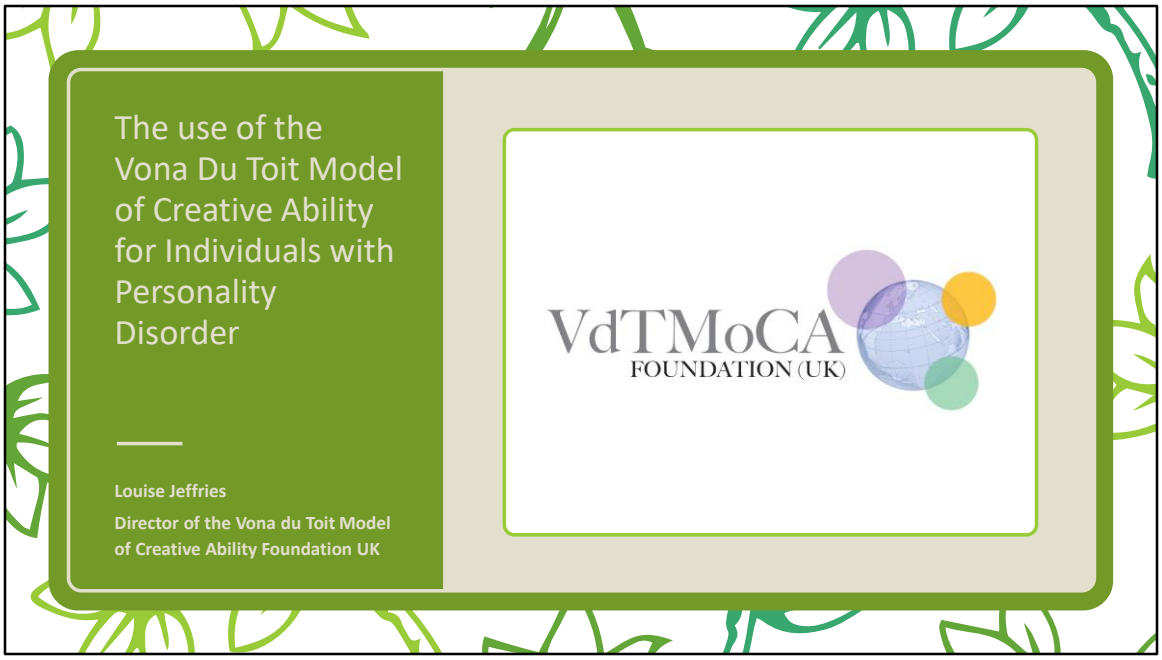


My name is Louise Jeffries and I'm here in my capacity as a Director of the Vona du Toit Model of Creative Ability Foundation UK.
The foundation is a Community Interest Company serving Occupational Therapist's and support staff, students and educators in the use and development of the model throughout the UK.
The foundation is responsible for maintaining the integrity of the model, ensuring accuracy of information, developing a literature database and identifying research priorities.
The foundation has published two books on the use of the model in acute mental health and learning disability and the third will be focusing on forensic settings. We also maintain an active and up to date website and release our publication 'Participation' twice yearly.

As well as being a Director for the Foundation I have been qualified as an Occupational Therapist for over 20 years and have spent the majority of this time working in Medium secure settings.

Plan

- Theory of Creative Ability
- Vona du Toit Model of Creative Ability
- Levels of Creative Ability – crisis to recovery
  - Treatment priorities
  - Treatment principles
- Activity Participation Outcome Measure
- Questions

I have 45 minutes to tell you about the Vona du Toit model of creative ability which is a simple yet very complex model so this will only give you an overview.

I shall first provide a brief explanation of the theory, relating this to personality disorder.
I shall then explain the model itself.
I will take you through the levels of creative ability relating this to personality disorder through stages of crisis and recovery.

As I take you through the levels I will outline treatment priorities and explain treatment principles giving real examples from clinical practise.

I will conclude by demonstrating some outcomes through the use of the Activity Participation Outcome Measure.

And at the end there will be time for questions.
The term personality disorder is not preferred by everyone therefore instead of this I shall use ‘people’ or ‘individuals’.

To create:
'Bring something new into existence'
'To cause something to happen as a result of one's actions'

Creative ability does not mean an artistic flair or action

To Create means -

To bring something in to existence
To cause something to happen as a result of ones actions

The term Creative Ability therefore is a persons motivation, ability and capacity to bring about change in oneself through their action.

An individual does not reach their creative capacity by merely engaging in familiar and comfortable activities, change will only be visible if there is some additional challenge, something which requires exerting effort.

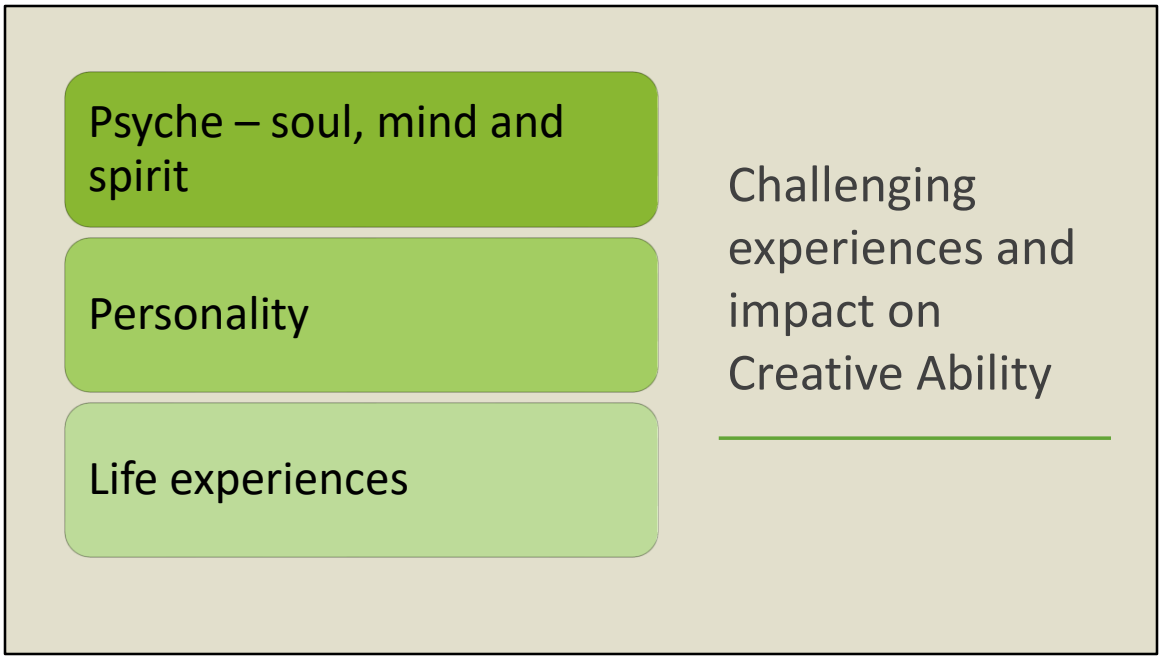
Theory of Creative Ability

- Recovery focused
- Vona du Toit
- An individuals psyche, personality and life experiences impact on the ability to relate to and connect with the world. (Materials, objects, people, situations)
- Combination of motivation and action

The Vona du Toit Model of Creative Ability is an Occupational Therapy recovery focused model.
The theory of creative ability was developed through the work of Vona du Toit a South African Occupational Therapist during the 1960's and 70's.

Creative Ability considers the individual as a totality and assumes everybody has a level of motivation to relate to and connect with the world. An individual's psyche, personality, and life experiences all have an impact on the ability to relate to and connect with materials, objects, people, and situations.

But relating to and connecting with the world, also requires action, and it is the combination of the motivation manifesting itself through observable action which tells us an individual's level of creative ability.



Our level of motivation and action will depend upon many contributing factors – our temperament and character making up our personality, our spiritual meaning and connection with ourselves and our world, all combined with our life experiences.

Consider this for a person who has experienced trauma, who has had negative experiences with attachment to care givers, who have a temperament leading them to be vulnerable later on in life. These individuals find it difficult to feel safe in their world, they don't trust others, they feel disconnected from themselves and the world. How are these people going to relate to and connect with this unsure world which creates high levels of anxiety.
A world in which perceived abandonment is real.

Levels of Creative Ability

Level of motivation	Level of Action
Imitative Participation	Imitative norm compliance
Passive Participation	Experimental
Self Presentation	Explorative
Self Differentiation	Destructive, Incidentally constructive/unconstructive
Tone	Undirected/unplanned

The VdTMoCA assumes that motivation and action are intertwined and identifies levels of motivation with coinciding levels of action. The levels are not rigid they are continuous and fluid with emerging skills subtly intertwined.
There are in total 9 levels of creative ability however these first 5 are the most common levels seen within mental health services. Each level has 3 phases which makes the model extremely sensitive to pick up on small change.

The levels of creative ability assist clinicians in understanding individuals who may have had previous challenging experiences of relating to and understanding the world and have difficulty relating to and connecting with their current environment.

How does the model assist the therapist?

- Is recovery focused so always looking forward
- Provides an accurate assessment of an individual's level of creative ability
- Identifies specific treatment priorities
- Stipulates considered treatment principles
- Is an outcome in itself – with additional outcome measure

The model is recovery focused and is always looking forwards to the next level in ones growth and development.

A qualified Occupational Therapist conducts a variety of activity-based assessments including the use of familiar and unfamiliar tasks as well as observation of functioning within the four performance areas of

Personal management
Social ability
Work ability
Constructive use of free time

Once the level of creative ability is confirmed the model then identifies treatment priorities. It then provides treatment principles which inform the therapist how to best use therapeutic self, how to structure and present activities and the demands of the activities. The model doesn't tell you which activities to do, you as the therapist need to carefully select these to ensure they are within your patients frame of reference.
The model is an outcome measure in itself being able to track change through the levels and phases, however it also has an assigned outcome measure – the Activity Participation Outcome Measure which I shall explain later.

Tone (Undirected/unplanned)

- Motivation is egocentric to maintain existence
- No connection with the environment
- No awareness of others
- No ability to relate to or connect with materials and objects
- No or little response to stimuli
- Require 24 hour care

Tone is the first level of creative ability which I shall not dwell on as throughout my experience I have only worked with a handful of people on this level.

These individuals' exist without any depth, they have no or little awareness or ability to relate to their environment and people within it. They may lie motionless, unconnected with the world.

They need 24 hour care and treatment needs are to –

- Establish and improve biological tone
- Develop ability to relate to environment
- Develop focusing of attention for fleeting periods.

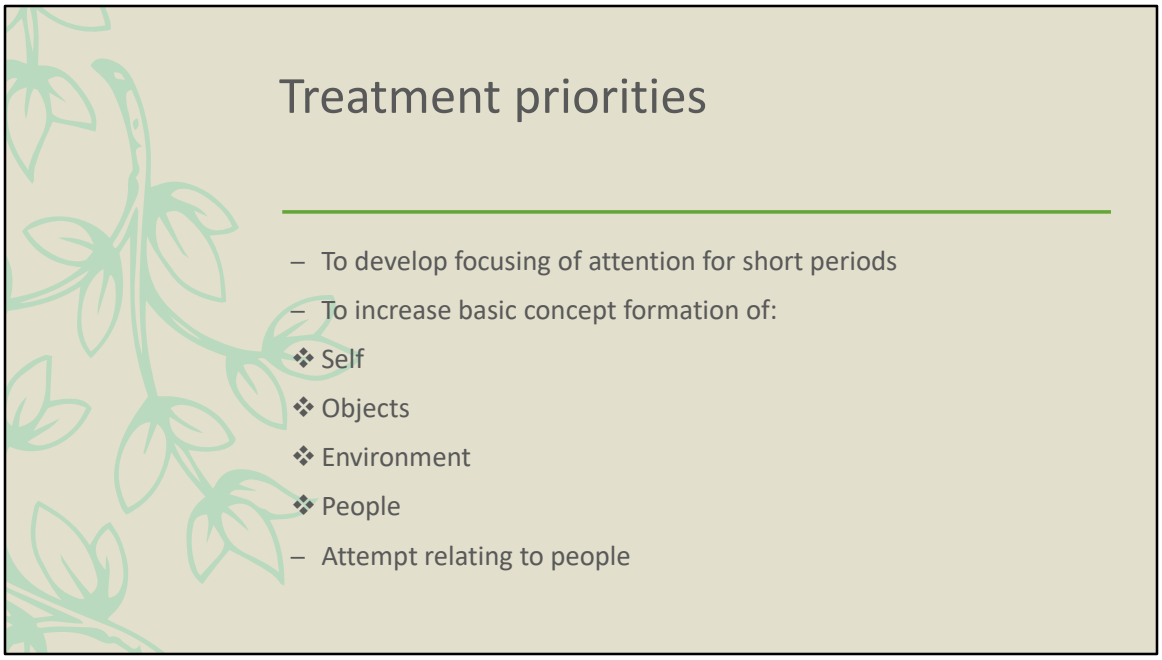
Self-Differentiation (Destructive, Incidentally constructive or unconstructive)

- Motivation is egocentric to differentiate between self and others
- Distressed and detached
- Self-concept is distorted
- Impulsive behaviour driven by basic emotion yet with great intensity
- Chaotic behaviour - no norm awareness
- Initiative and effort applied to either cause themselves harm or to harm others in order to protect themselves

I recently watched a video of a young lady in crisis who said 'I feel distorted, I am completely outside my body, yet I get swallowed up by it at the same time'.

This perfectly describes the next level of creative ability referred to as the Self-Differentiation level with incidentally constructive or unconstructive action. And people on this level are usually in a state of crisis.

Individuals feel extremely distressed and detached from the world
The world becomes distorted as they attempt to differentiate between their inner and outer selves, themselves and others.
They display harmful or violent behaviour because of their inability to feel safe in the world, to trust others – is the act of self harm an attempt to connect with their inner self – their inner torment. Impulsive behaviour may be driven by basic emotions but with high intensity.
They show fleeting awareness of others, communication may become incoherent, their ability to focus attention is poor
Concepts of materials and objects in the world may also become distorted, misusing objects to self harm, tearing and ripping items, throwing, destroying
They display little initiative and effort unless to cause harm to self or others because of the distress they are experiencing.



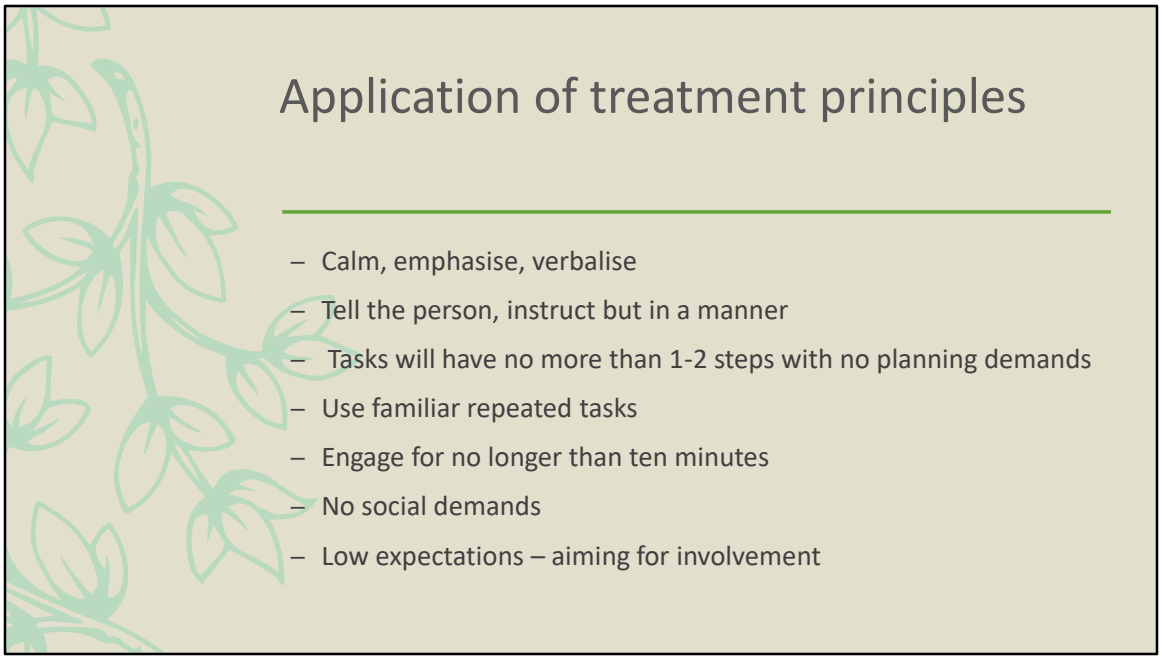
So what are the treatment priorities for somebody on this level of creative ability.

If I have a patient who is disconnected from the world, detached in a deep emotional crisis they need to begin to connect – by –

Developing focusing of attention

They need to begin to relate to themselves and the wider environment – by –

Increasing basic concepts of self, objects, their environment and people within it and they need to attempt to relate to people



The treatment principles are comprehensive so I can only give you an overview

I am going to be very calm, emphasise individual characteristics and verbalise what is happening going to happen – when a patient is in crisis they need to be able to connect with their world, they cannot cope with an overload of information they have to process. They are in a heightened state of anxiety and will not remember what you have said.
So I am also going to tell the person what to do rather than ask as the demands of weighing up options to make a decision are too much.
I am going to orientate them to familiar objects and materials describing their properties to facilitate a connection.
The demands of the tasks will be no more than 1-2 steps with no demands on planning or decision making. I will engage the person for up to 10 minutes and the activity must have an impressive end product.
As some people struggle with unfamiliar tasks whilst the person is in a crisis state I may use only familiar every day tasks to reduce the likelihood of further withdrawal.

Treatment principles in context

I responded to an incident in a low secure ward involving a patient I had worked with in the past.
When I arrived he was surrounded by several large men wearing gloves, it was noisy and several people were trying to communicate with him. He was clearly distressed and angry and had caused harm to the environment and himself.

So I implemented the treatment principles –
I asked the large men to leave (as he had been physically abused by his father)
I sat next to him and said 'it's Louise, I'm going to sit next to you'. He looked at me.
I asked a nurse fetch a cup of water. When it arrived I said 'Drink this water, it's cold and fresh'. He took the cup and drank it in one, he drank another. He explained how cold it was and that he really needed it.
I sat quietly with him, I had no expectations from him other than relate to me. I pointed out a new speaker in his room which he immediately connected with and told me about, although only briefly. We sat quietly. And after some time he calmed down and he then reached out for a cloth and started to clean, a very familiar and comforting activity for him which quickly produced an impressive end product.
I did not bombard him with information. I did not try and discuss the incident. I let him be him.

Self- Presentation (Constructive explorative action)

- Impulsive behaviour
- Rapid mood changes
- Difficulty with planning, organising, problem solving
- Difficulty initiating and maintaining effort
- Poor Self concept
- High levels of anxiety

Once out of a crisis situation the individual is now more motivated towards presenting their newly found selves within their world, through more explorative action on the self- presentation level.
However their ability to relate to and connect with the world effectively is affected by impulsive behaviour, rapid mood changes, difficulty with planning ahead, organising, considering consequences and problem solving. These difficulties impact upon the ability to produce a good quality end product therefore they are constantly receiving negative feedback about their abilities.

They also have difficulty initiating, and effort cannot be sustained due to fluctuating mood, limited confidence and low self-esteem. However some people are impulsive in initiating, driven by high levels of anxiety.

Poor self concept – is a major factor for these individuals. Individuals will have difficulty identifying and describing their strengths and needs, often giving concrete factors – I'm good at sewing or playing football.

With anxiety levels high and in a frantic effort to feel safe these individuals try and only engage in activities which they feel comfortable and are competent. Engaging in the unfamiliar is extremely threatening.
However merely engaging in familiar comfortable activities will not bring about

change, so this can be a challenge in future levels.

Social ability – social norm awareness

- Difficulty understanding and adhering to boundaries within relationships
- Can become over dependent
- Will attempt to abandon you before you abandon them
- Difficulty with interpersonal conflict
- Difficulty understanding others needs – judgement gradually improves
- Conversation usually egocentric
- Disturbed sense of belonging to groups

The ability to have awareness and comply with social norms is essential in our development and ability to relate to the world. This is not only about social interactions but how to conduct activities according to norms in our society.
On this level of ability awareness is developing and compliance not yet expected until end of the level.
I cannot begin to imagine how difficult it is to have to interact with others whilst having deep routed negative experiences, negative emotional attachments and mis-trusting interpersonal relationships.

This is why some individuals have difficulty understanding the boundaries in relationships – continue to read list above.

And so as therapists and MDT members we need to remember the experiences of our patients and enable them to develop more effective ways of interacting with others and understanding others.
We need to make explicit the social norms expected, the boundaries and differences in relationships. We need to give alternatives to negative behaviours so people know how to deal with conflict and anxiety.
We need to build trust by being open and honest in what we can do and achieve.
We need to help these individuals feel part of the society they reside in.

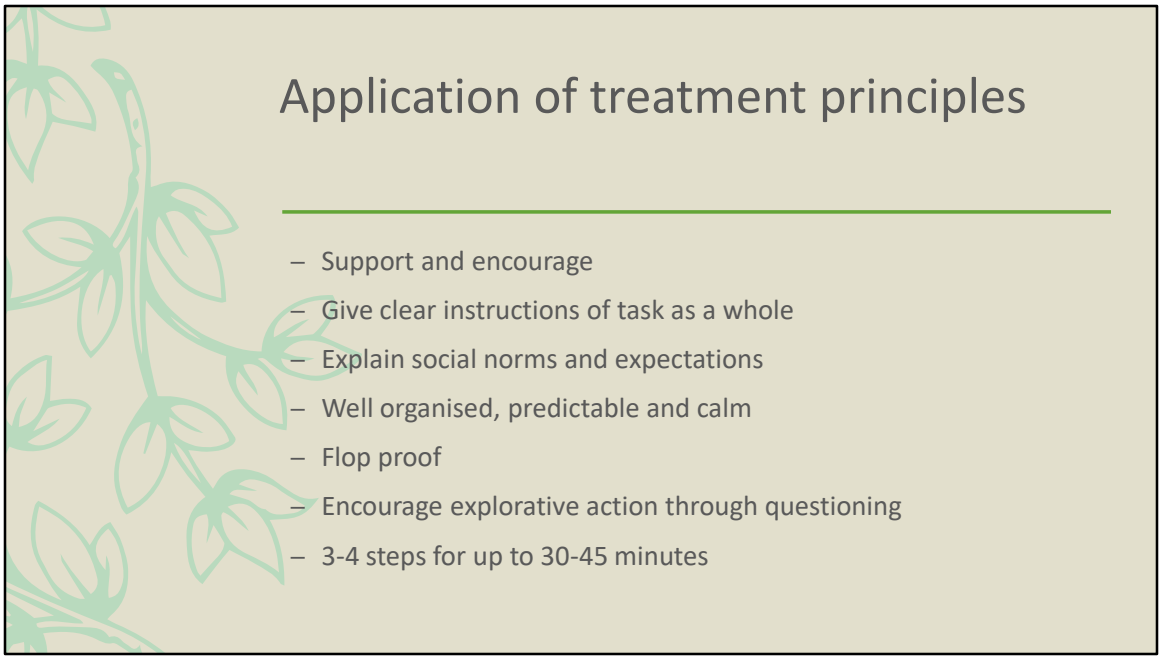
Treatment priorities

- Improve awareness of effect of self on environment
- To reduce anxiety and improve self esteem
- To improve understanding of social norms within relationships and improve social norm awareness and compliance
- To improve ability to engage with more unfamiliar tools and materials
- To experience fun and enjoyment

So what are the treatment priorities for somebody on this level of creative ability.

As a therapist I want the individual to have a positive experience of relating to the world, I want them to develop skills in a variety of areas to become more effective therefore receiving positive feedback about their performance.

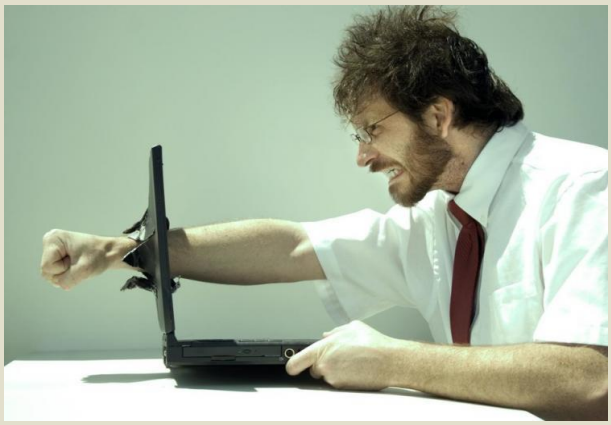
I am therefore going to – read through



So this is what I am going to do as a therapist –
I'm going to give clear instructions of the whole task to make the person aware of the steps and the end product. This aids towards reducing impulsivity and improving processing skills. (This can be related to things such as ward round)
I'm going to have the task set up, well structured and organised to reduce anxiety
And through this I'm going to make sure the task is flop proof to again reduce anxiety, improve self-esteem and increase the likelihood of continued engagement. This can be graded as the individual improves.
I am going to facilitate explorative action. Rather than focus on the individual I am going to focus on the concrete, safe, objects and materials used in an activity and in the process.
I am going to ask questions to develop processing skills – what do you think would happen if, let's try, what would be the difference between this and that.

This inquisitive approach enables the individual develop the ability to problem solve, weigh up options and work through obstacles in preparation in later levels to use these skills in more complex tasks and situations.
I will also select activities which demand care and attention to reduce impulsivity and manage emotional responses.

Treatment principles in context



I worked with a gentleman who was impulsive, anxiety levels were heightened and he had difficulty planning, managing obstacles and managing emotional responses. As a result he would rush to start a task (and always the way he wanted to do it) which would often lead to failure and sometimes destruction of the product.

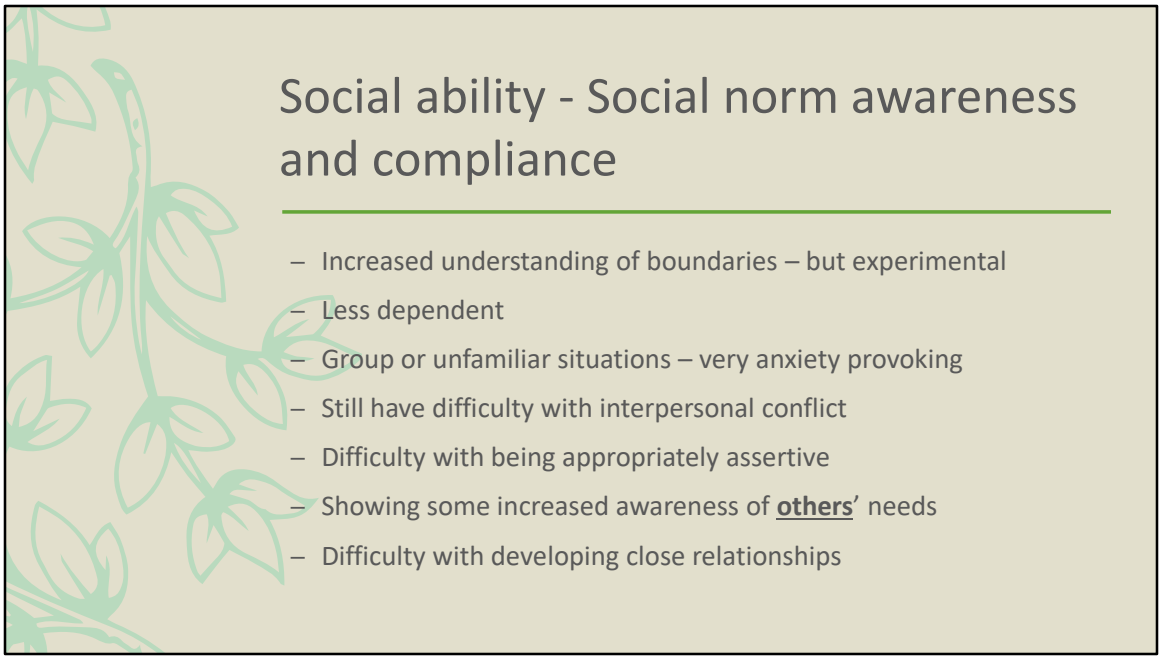
So I implemented the treatment principles –
He wanted to make a coffin shaped box for his room. On the way to the session I explained the social norms, so before he starts he needs to listen carefully to the instructions and not rush ahead.
So I provided him with a template which he could not change or adapt. I gave him clear instructions both written and verbal explaining each step. As he worked through the task he became engrossed. I questioned him about the type of glue or tape to use to assemble the box, which tools were best for the task. I verbalised how carefully he had applied the tape, how the box was sturdy because of the care he had taken to secure the edges .
So as we worked I was developing concepts of the materials and tools as well as developing concept of self. By pointing out the results of his actions he could connect with the difference in the end product when calm as opposed to being impulsive.
The task was flop proof and he was very proud of the good quality end product.

The next level of creative ability is the Passive Participation (experimental) level.

Motivation on this level is now becoming more goal directed. Individual's are more aware of the norms and expectations of the social setting and want to be more independent.
However, these individual's continue to have high levels of anxiety and whilst mood changes are less intense they are still present. This can impact on the ability to maintain effort and motivation, especially when faced with an obstacle or conflict.

Individuals on this level strive to present themselves as independent beings however this is achieved through developing a safe routine including familiar tasks. As a result these individuals can appear to be more able, so input from healthcare professionals can reduce and expectations increase.

We must remember that these individual's remain very fragile and when faced with an unfamiliar task or situation or when faced with an obstacle or conflict they can disintegrate under the pressure.



As people progress through the levels of ability inter-personal relationships remain difficult.
Individual's now have an increased understanding of boundaries in relationships and within society. However due to the experimental nature of their action which is for developing awareness of norms and may attempt to step over or break boundaries. This may see behaviour such as subverting security, not adhering to rules.

Whilst people are less dependant upon others, due to the desire for independence this can risk pushing away professionals who they may need for support.

They – read rest of list.

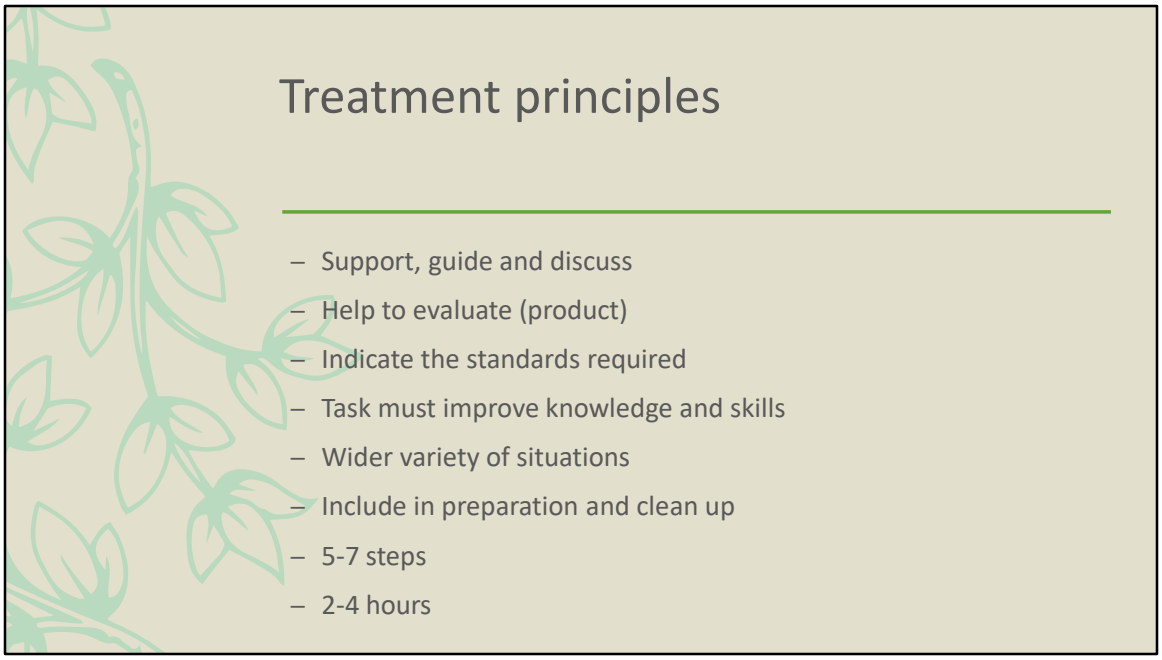
So we need to explain the rules clearly, explain the required behaviour to enable increased understanding. We need to support our patients in anxiety provoking situations, explaining what is to be expected.

We will need to assist our patients to deal with conflict and assert themselves appropriately developing skills and knowledge.

Treatment priorities

- To improve knowledge and skills
- To improve personal management
- To improve socialisation
- To improve self-esteem
- To improve work habits

So the treatment priorities on this level are – read through



As a therapist I am going to –
Support these individual's to gradually be exposed to the unfamiliar in a very supportive and carefully graded way.
I am going to facilitate evaluation of the end product as this is a precursor to being able to evaluate self in later levels.

I am going to clearly demonstrate the standards required and increase knowledge and skills in the use of tools and materials to produce good quality end products.

I want the individual to begin to take more responsibility and develop independence by helping prepare and tidy away after the session.

These individuals are very capable of engaging in tasks for up to two hours requiring occasional support from the therapist.

How to introduce the just right challenge

Rather than focus purely on the application of the treatment principles I am going to talk about introducing the unfamiliar and the just right challenge as these people struggle with very high levels of anxiety, fear of failure and low self-esteem.

I have worked with a gentleman who would only cook chicken stir fry and go to the workshop where he was a very skilled wood turner. Initially these activities were a challenge however soon became habitual.

Introducing change has to be very gradual to enable the individual to manage the increased challenge and emotional response. Therefore I very gradually changed the demands of a familiar cooking activity. So instead of buying chicken I bought prawns. Instead of using dried noodles we used fresh. This gradual introduction of the unfamiliar continued until we progressed to making different meals. And he began to trust me more.

I suggested he joined our snooker club and he agreed as snooker was a familiar task he was skilled at, and so it would be the social demands which would be the challenge.
I explained who would be going, all people he was familiar with but didn't necessarily

get on with. I explained the rules very clearly and expected behaviour. And over time he showed much improvement in the ability to work with others, tolerate others, manage his frustration and manage his social anxiety.

Imitative Participation (Norm compliant imitative action)

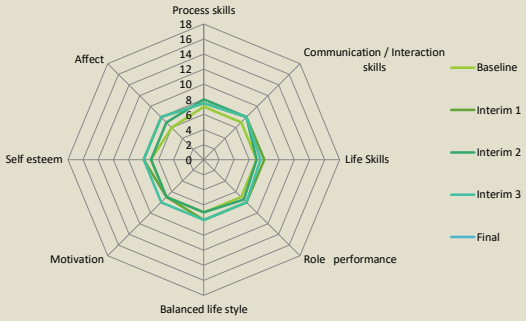
- Motivation directed towards complying to norms set by society
- Actively seeks to be part of a group
- Driven by productiveness
- Establishing independence away from care giver
- Remain stressed by unfamiliar situations
- They will do what is required of them – no more – no less

I have little experience of working with people on the Imitative level, I have probably known only one individual. If people achieve this level of ability they would more than likely be living in supported accommodation or independent accommodation in the community.

Motivation is now focused towards more productive behaviour, they want to comply to norms set by society. They want to be part of a group and develop closer more intimate relationships.
They are beginning to establish independence away from the care giver, having increased awareness of their needs and able to apply some strategies to manage with stressors in life. However they still experience stress when faced with unfamiliar situations.
These individuals will do what is required of them, no more and no less. They will require supervision in the community and close monitoring to ensure success.

It is important to say at this point that individuals will regress through levels during time of crisis.

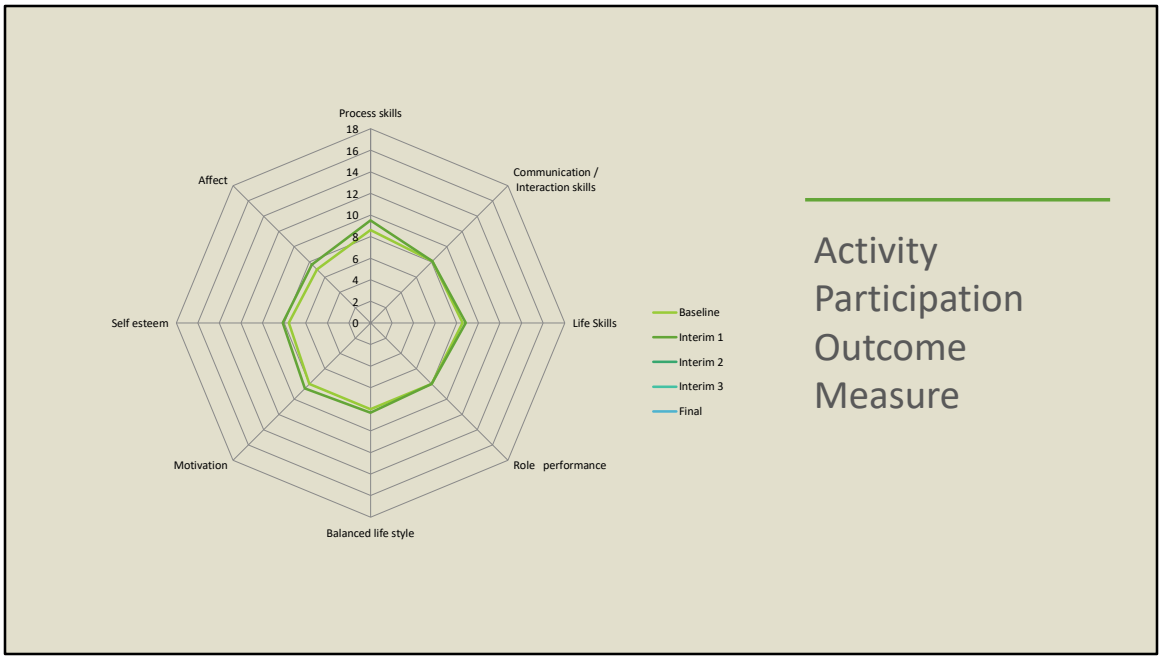
That conclude the journey through the levels of creative ability.
I am now going to share some outcomes.



Activity Participation Outcome Measure

This is an example of an Activity Participation Outcome Measure (APOM) The APOM scores 53 items within these 8 domains and then provides a numerical value to the levels and phases - and it provides you with this spidergraph

This patient had specific intervention focusing on impulsivity – impulsivity is scored within affect, however is considered in all domains – so you can see a direct improvement in the domain of affect. However there was also gradual improvement in processing skills as the patient was able to think at a slower pace and take more consideration over decisions, he was also better able to deal with obstacles and manage his emotional response.
As a result of his improved functioning there was also an improvement in the domain of self-esteem and communication and interaction skills.



This is an example of an APOM for a patient whose intervention focused on developing processing skills.

You can clearly see a marked improvement in processing, however again as a result, there was also an improvement in affect and self-esteem due to improved effectiveness and increased success.

Challenges

- Therapists often assess an individual's level of creative ability as too high
- Expectations of a patient's abilities from MDTs can be too high
- Therapists can be unsure and somewhat fearful in introducing the unfamiliar
- Patients can be resistive towards engaging in the unfamiliar
- Patients can become over-dependent upon therapists
- Inconsistency in teams can cause delay in recovery

1. If individuals engage in familiar tasks they are competent in this does not create a true level of their creative ability. This then causes delay in their recovery as the right treatment priorities are not identified. They merely continue to function in very comfortable programmes which do not challenge them. These individuals can remain in services for many years.
2. If the level of creative ability is assessed too high the expectations from the MDT of a patients abilities can be unrealistic which results in failure and potential regression through the levels.
3. Therapists can be unsure and fearful of introducing the unfamiliar due to being faced with negative emotional responses, however by NOT introducing the unfamiliar we are not giving our patients the treatment they need.
4. Patients can be resistive to engaging in the unfamiliar which requires careful handling and a very graded approach. The therapist needs to be prepared for a potentially turbulent time but must remain a pillar of support
5. Patients can become over-dependent upon the therapist which needs careful management to ensure the care team is gradually increased to involve more unfamiliar people, who in time will become familiar
6. The MDT must be consistent in their approach as any inconsistency will cause a delay in a patients recovery.

Benefits

- Improved understanding of patients needs
- Increased ability to engage individuals during crisis situations
- Increased consistency of MDT working
- Development of bespoke treatment programmes
- Improved outcomes

I used to develop programmes consisting of activities which were of interest and familiar for individuals however would see no change.

Now the OT team has a much better understanding of patients needs which in itself has increased our confidence in prescribing more appropriate treatment

We are able to engage patients during crisis situations were as before these patients were not deemed ready to engage in OT

There is increased consistency throughout the MDT and we are instrumental in creating specific care plans

We now develop bespoke treatment plans with clear treatment aims and clear goals

And most importantly we have seen better outcomes.

The Vona du Toit Model of Creative Ability

- Is Recovery focused
- Considers an individual's psyche, personality and life experiences
- Assumes that motivation and action are combined
- Facilitates growth and development
- Can have a very positive impact upon someone's life who previously struggled to understand themselves and their world

Read through

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Any questions?