Vona du Toit Model of Creative Ability

VdT MoCA FOUNDATION (UK)

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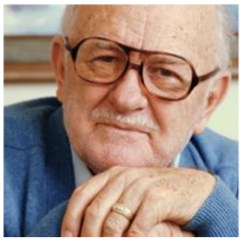
www.modelofcreativeability.com

See the website for freely accessible pages of information on the model (top tabs), assessment and intervention, centres of Excellence, CPD & Resources and much more (bottom tabs of homepage).

VdT Model of Creative Ability

- Describes the relationship between motivation and action (occupational performance)
- Levels of ability (motivation and action)
- Ability and recovery focused
- Guides OT assessment to identify the client's level within situations
- Provides a detailed guide to grading self, environment and activity for stated aims and therapeutic benefit
- Measures change

The term 'creative' refers to a person's ability to create i.e. to bring about something new. This may be something tangible (a product of some kind) or something intangible - such as a new understanding, or an increase in self-esteem.



Creating something new occurs through activity participation, ability for which is described in developmental stages of motivation and corresponding skills and behaviour (levels of ability)

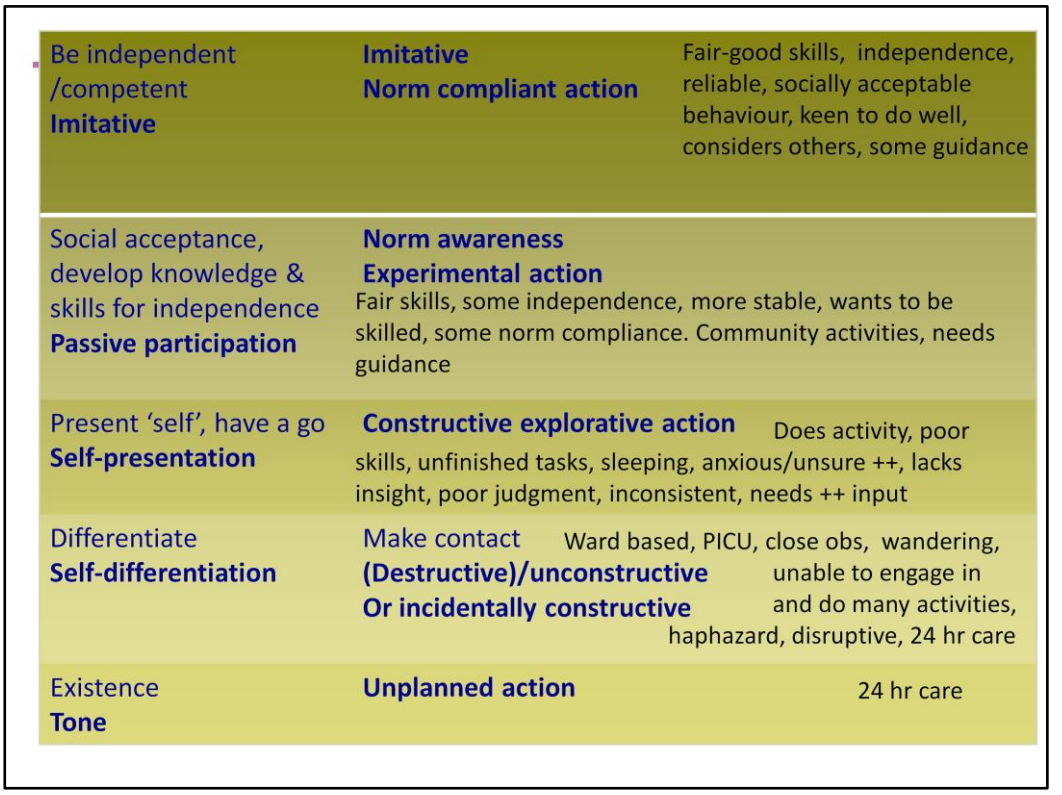
Describes levels for assessment and intervention guide
Outcome measurement

MOTIVATION	(how know?) ACTION	Do?
Do differently, new	Original	
Be independent /competent **Imitative**	**Imitative** **Norm compliant action**	
Social acceptance, develop knowledge & skills for independence **Passive participation**	**Norm awareness** **Experimental action**	 
Present 'self', have a go **Self-presentation**	**Constructive explorative action**	
Differentiate **Self-differentiation**	Make contact **(Destructive)/unconstructive** **Or incidentally constructive**	
Existence **Tone**	**Unplanned action**	

Stages (called levels) of development of **motivation** and corresponding skills/behaviour/function (occupational performance/**action**).

There are terms that attempt to describe the motivation at a particular stage, and words that describe the actions that you see.
These are not just stages of development in terms of when we walk, talk etc, but stages of developing as an **occupational being**.

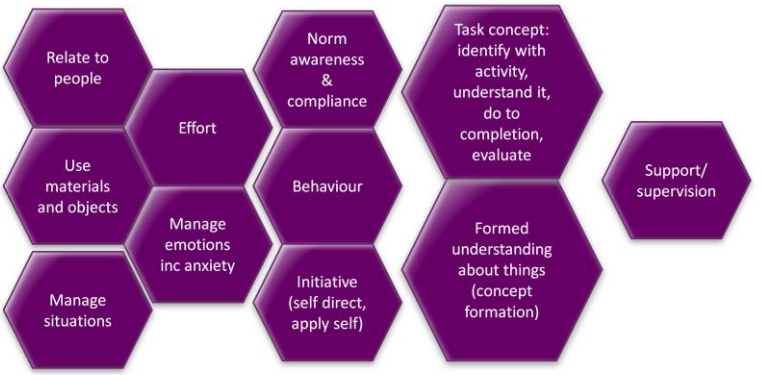
Vona's theory is that motivation is observable in what people do, how they do it and the product (and quality of) that results from their actions. Understanding what a person is motivated for in broad terms, and understanding the skills that s/he has for doing, enables us to respond with activities that meet the motivation whilst within his/her skills – e.g. as represented in the images above (for those not at the workshop, see the website for explanation of types of activities at the levels). As therapists, we are not just providing activities that are within people's abilities though, but those which present the 'just right challenge', mastery of which will bring about change. This facilitates growth in motivation and skills, enabling the person to grow towards the next level. For people who do not have the capacity for growth but will decline in ability e.g. people with Alzeihmer's. we use the model to maintain motivation and skills to prevent decline for as long as possible and enable/enhance quality of life.



Relating the levels to people that we see as clients in acute mental health/forensic, but could also be familiar to other fields of practice and settings because the levels are not about diagnosis, but degree of ability. The model views people in terms of ability, not dysfunction or deficit. People aon the lowest level of ability (Tone), still have ability and we work with the ability

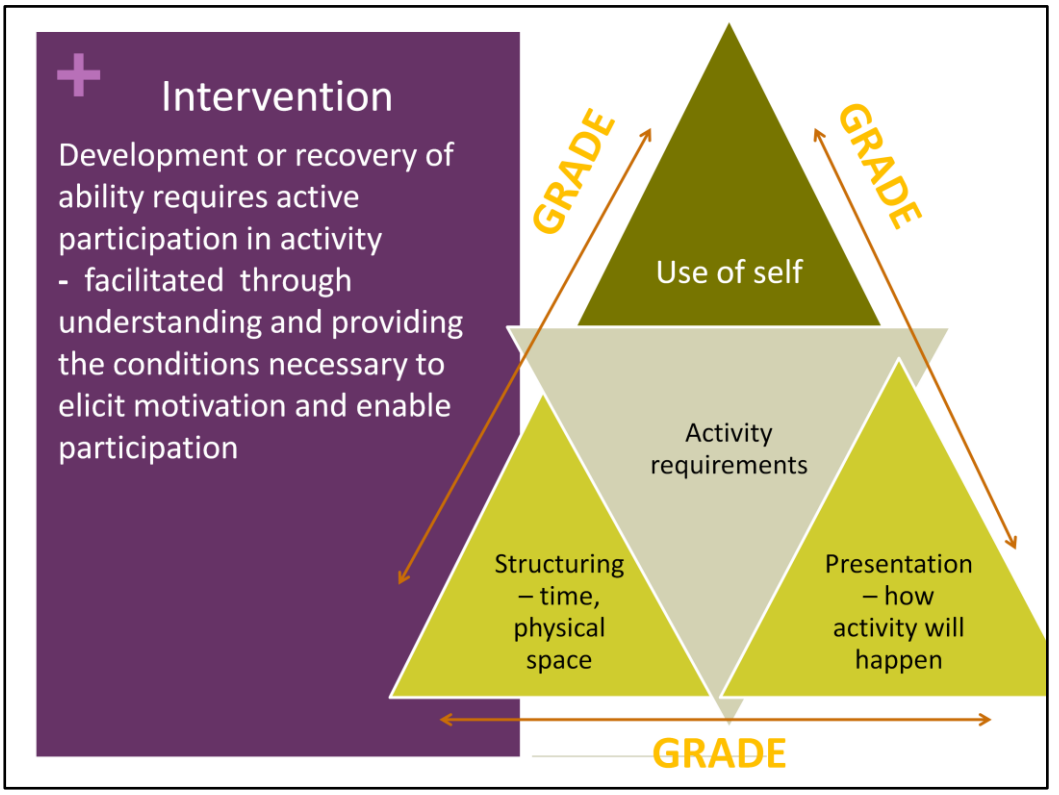
PARTICIPATION

The *way* that the person responds and participates,
plus the product created (or lack of)
identifies the person's level of ability

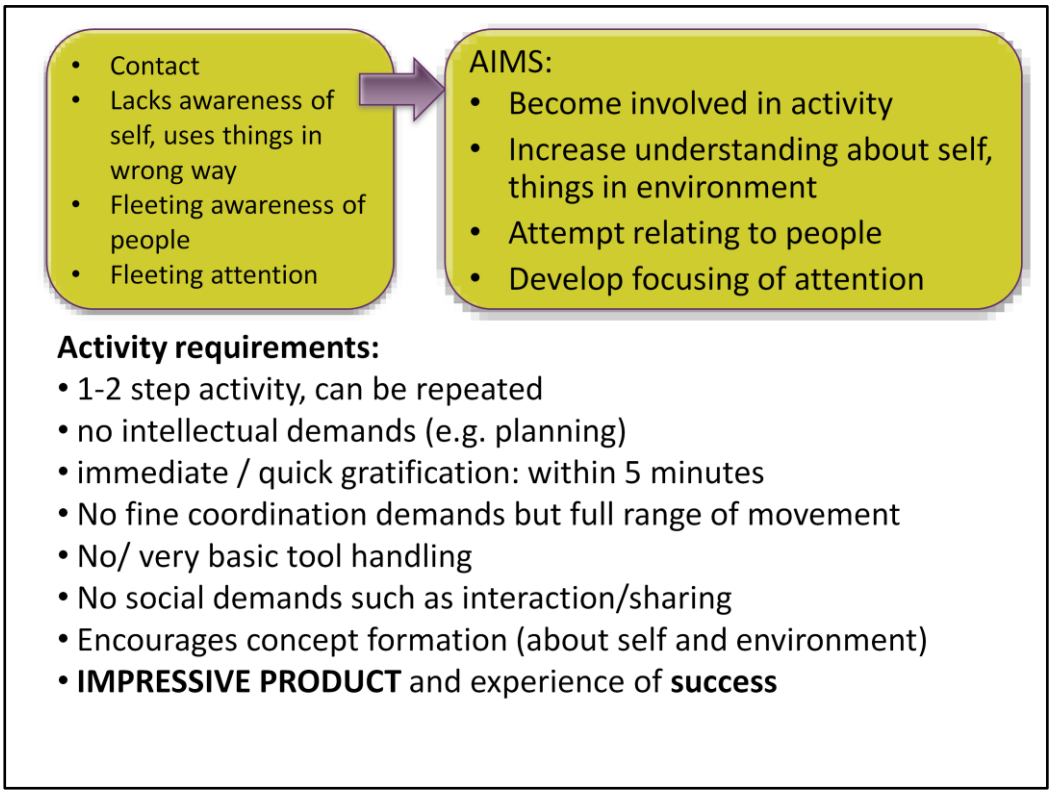


In hexagons = components of ability that are influencing each other all of the time, resulting in one's 'presentation'/actions – what is seen in one's doing

The assessment recording tool is viewable on the website.
Activity-based assessment

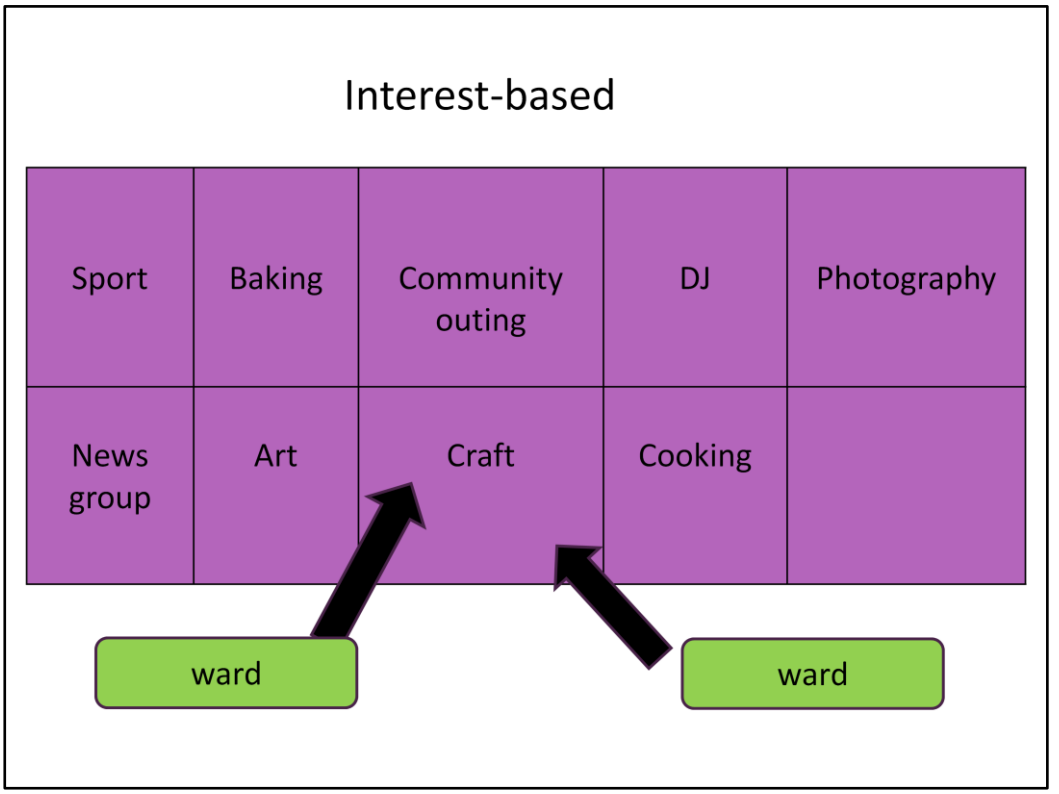


Treatment principles provided by the model, guide therapists to analyse activity to select that which will provide the 'just right challenge', plus grade the environment/time (structuring), presentation and use of self. Hence, the model enables therapists to apply their core skills and tools of practice to provide activity-based, **occupational** therapy

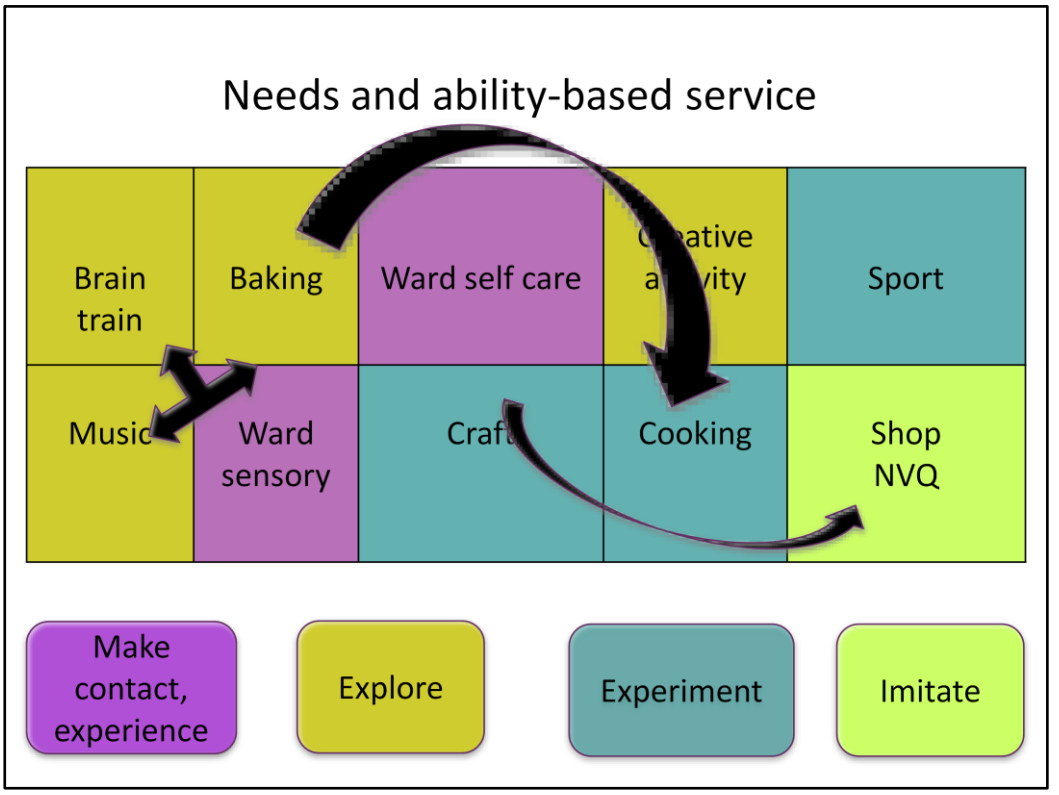


VERY brief example of guidance for working with a person on the Self-differentiation level.
A few descriptors of the person's actions (top left). The model guides clinical reasoning for treatment planning - "if a person is like this" (top left), then we must (logically) be aiming for that - the aims. These are broad aims for the level.
If that is what we're aiming for with the person (client), then how are you going to do it, you occupational therapists? You only have yourself and activity at your disposal – the tools of your trade.
Answer = the treatment principles are our guide.
Considering the motivation and skills at this level and the aims, identify some activities that meet the activity requirements.

Return to slide 2 to see if this makes more sense to you now.



This is the ‘usual’ way that OT programmes have been designed – people attend if they are interested in the activity of the session/group



Using the levels, you can make your therapy more effective by designing your sessions/groups to be level-specific. This enables therapists to better target therapy to meet aims i.e. make it more effective and satisfying for the person (client). Also provides a clear pathway through the service from admission e.g. Self-differentiation level in acute (purple sessions), to discharge at the level at which the person can be discharged from the service. There is much, much more to say about how the model can be used and its benefits, but not able to present that at this conference. Presentations by Sarah Wilson will have provided some of that detail.

Acute mental health, Berrywood Hospital, Northampton

2010	2011
66% of service users had poor functioning in self care, but this was not being addressed within OT.	68% of service users with self care needs were receiving active treatment
Individuals at self-differentiation level (17%) didn't attend OT at all – 'too unwell for OT'.	100% engaged in specific, targeted treatment
Individuals at explorative level 55% attended less than 23% of groups on their programme.	83% engaged in OT. 64% attended over ½ of suitable treatments.
Lots of groups being provided BUT 80% of groups <35% attendance.	21% of groups had a <35% attendance. 54% of groups had a 50-75% attendance.

Information from a conference poster - this information has also been shared in OT News article and in conference presentations - go to the CPD page of the website for a downloadable list of all publications, conference presentations etc. Full poster is available to members of the Foundation in the forum (resource-based forum). See website for membership info.

This is a snapshot of data gained through the use of the Analytical Survey which identifies the profile of your client population – gathers info on demographics, areas of occupational performance e.g. community living skills, social skills, self-care etc. Highlights where there are significant problems for clients so that you can see the 'problems'/aspects that need attention from the service - particularly thinking about OT service of course. The survey also identifies the amount of OT that clients attend and their level of ability. This enables you to analyse why clients are/are not attending and engaging in OT (regularly or not) i.e. is your OT pitched at the levels of your clients and is your OT addressing the significant problems of your client population? By understanding the link between level of ability and OT, you can adjust your OT to better match / meet the needs of your client population. This is illustrated (snapshot only) by the data in the slide. 2010 = pre-survey and service redesign, 2011 = post survey and service redesign.

Consider the pre-survey data. **What commissioner would be happy with paying for this service, and to which 77% of programmed therapy isn't attended by the largest client group?** (third row down above, clients on the explorative level).

Post survey data is a far better service. The acute mental health services, Northampton are now the first Centres of Excellence for application of the model in the UK – see the associated page on the website. They provide Open days twice a year to share a load of information and resources with interested OTs, managers , support workers and other other disciplines.

OT staff satisfaction post implementation

67% felt both their Job Satisfaction and Confidence had **greatly** Improved,

33% felt that both their Job Satisfaction and Confidence had Improved. (100% in total)

"I have a clear understanding of what my role is in this setting. I am able to explain to others with confidence what I am doing and why"

"Using the VdTMoCA has enabled me to become a more focused and confident practitioner who feels excited about taking these skills forward in order to benefit the whole service as well as myself as a life long learner."

At Northampton – a 12 month post VdTMoCA implementation staff satisfaction survey (snapshot of).

In the original staff questionnaire OTs identified that they were disillusioned with their role and were lacking in confidence.

Consistent feedback from OTs, support workers nad managers

Benefits to patients

More relevant goals

Better engagement and outcomes

Better quality service

Clear pathway

Occupational therapy delivery

My use of the model has led to me feeling more competent as an OT or support worker - Comments made on improved clinical reasoning	88% agree
Using the model promotes OTs' use of their core skills of therapeutic use of self, activity analysis, grading, purposeful activity etc	97% agree
Increased support worker understanding and effectiveness	99% agree

Communication with colleagues/others

The model enables therapists to describe and explain clients' progression and decline to non OTs

94% agree

Use of the model informs MDT decision-making regarding clients e.g. care plans, goals, discharge needs

88% agree

Professional identity/value and OT service delivery

My use of the model has led to me feeling more valued professionally by other disciplines at work	71% agree
Application of the model enables OTs to provide specific tailored OT	100% agree
Using the model has improved the quality of OT service delivery	72% agree

Consider the discussions at the conference regarding lacking professional identity, confidence, ability to explain OT, where is the occupation?, problems identifying and selling what is unique about OT, concerns about how to sell OT and secure commissions etc.
For many OTs, these are no longer prominent issues

SWOT and actions

Strengths Develops observational and diagnostic skills Detailed data Guides practice etc. Underpinned by developmental theory Puts the O back into OT Versatility	**Weaknesses** Research evidence base Standardisation of OM Universal understanding of language Time- Concise reporting of complex data Potential labelling	Priority setting research: 2015 publication of priorities & strategy Sherwood 'on the scene' full time from October 2015 Major & UK texts in progress Drive for new Associate directors Searchable database
Opportunities Detailed data/ Routine data Diverse distribution *Influence* Foundation CoE/Open days Higher level use Research Repository for data	**Threats** NICE Could run out of steam Succession planning Small is beautiful- growth …..	

See OT News article on the 2013 VdTMoCA conference. Sue Griffiths, lead BSc OT course, Northampton was our 'critical friend' at the conference and provided this feedback. On the right hand side = some of the work that the VdTMoCA Foundation (UK) is doing

About the Foundation which is a Community Interest Community (social enterprise), that is working hard to benefit the community of occupational therapy – YOU.
Not for profit.
Funding is from charitable donations but predominantly from 28p a week membership subscriptions, for which you get the best deal EVER - in our unbiased view. Above = just some of the work we do (whilst doing our regular jobs too!!!!) – voluntary basis – please **support us to support you**

We are looking for people to join us – to take a defined role. 12 months - but longer if you want to
Puts you at the heart of what's going on, with the UK experts in the model.
Exciting work on the model, be part of a fab team!!

4th International conference in July. All info on the website. **Early bird booking ends 2 April!! Contact Wendy if you need longer to gain approval to attend, so can extend the deadline for you.**

Questions and Discussion

www.modelofcreativeability.com

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Unintentionally made our twitter name interesting. Sorry about that, but at least its memorable!