VONA DU TOIT MODEL OF CREATIVE ABILITY LEVELS - as manifest in persons with psychiatric disorders / physical disability and in children.

Presented by
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CONTENT OF PRESENTATION:

Aim: To enhance awareness of factors leading to " different profiles" which my be encountered; attempt to explain manifestation.

Pointers for manifestation of different aspects (selected) as these occur in persons with

- Persons with Psychiatric d/o- inclusive all mental health problems/disability
- Persons with Physical disability and/disorder
- Child – developmental perspective – no phys dys /psych d/o

General manifestation-

Intro - refresher...

VdTMOCA Levels - first to be described according to different aspects and then level deduced from performance described (Table)

- Levels manifest in 3 normal developmental cycles 0-6; school age and adulthood (e.g. self diff = normal @ 3-9 months ; basic school readiness +- 6 yrs @ Imitative)
- Aspects 'GROW' in spiral fashion (in depth and width) throughout – e.g. differentiation of self to self actualisation; egocentrism – contribution
- Represents recovery, regression, progression, development
- Norms & behaviours individual/culture specific

(that which person should/could be able to do)

Intro

- Norm awareness and self/task/situational concept = determinants of level-
- Show growth; expansion and consolidation of aspects. Simple to complex ; concrete to abstract; egocentric - to product - to situation centred.
- Level shows what person can learn/ be trained to do or what has achieved
- Phases (therapist directed/client directed/transitional) significant for management

Pointers: 1. Action and Volition

P w Psychiatric d/o

- Potential for physical action/performance is often higher than volition – volition impaired by illness/ symptomatology e.g. cognitive impairment , depression, mania, delusions; also institutionalisation
- Spiral of illness, poverty and marginalisation decreases general volition
- Physical ability to execute task intact
- Action may be habituated- effect?? + /-
- Volition initially feeble - evidence??

Action and volition :

PW Physical Disability/ Disorder

- Physical ability to perform action usually affected short /long term
- Symptoms which influence include:

  Limited ROM; decreased MM strength; pain, limited endurance, abnormal tone, etc
- Environmental handicap – attitudes & barriers
- Volition may be robust , with internal locus control
- Person may compensate for disability by 'MAKING ACTION happen' = level indicator

  (arrange for resources, organise/plan, make decisions, supervise)

Action and Volition: Child (<6)

- Action = Limited skill, in process of developing abilities (perf comp) to enable attaining skills; vigorous action
- Age has significant impact on performance e.g. varying degrees of limitation e.g. fine coordination evident , skill attainment ??
- ? Understanding of process and or expectations/norms limited and /or may not be able to comply (competency requirement)
- Expresses high energy levels, direct emotional responses; greater movement
- Volition robustly evident , expressed

2.Handling of materials/objects, producing a product*

P w Psych d/o - may be impaired due to:

disturbed concepts , hallucinations, delusions, cognitive impairment ??

Limited opportunity to develop/retain skill

P w Phys d/o, disability – understanding intact, impaired due to physical limitations, pain, endurance ??

Child – poor performance due to incomplete/patchy knowledge, skill, expectations, opportunity?

*(Product tangible/intangible)

3. Relating to people, IPR's

P w Psych d/o –

- Limited/disturbed due to primary symptoms/disorder (cognitive , anxiety, apathy, appearance and strange behaviour);
- Negative response community (stigma - isolation , ridicule, neg.reinforcement);
- Limited opportunity skills development
- IPR'S CRITICAL INDICATOR OF LEVEL.

Relating to people- IPRS

P w Phys d/o, disability-

- May not be affected, at times some limitation secondary to disability – own response to disability - anger/depression and negative response of others (stigma)
- Overprotection leading to limited opportunity; 'being spoken for' "spoken about".
- FAIR INDICATOR OF LEVEL

Relating to people – Child

- IPR's usually sound- age appropriate
- Enthusiastic responses; varies with age, familiarity and expectations
- Feelings/emotions range evident – warmth, interest shown, egocentric
- Roles; role models; prior experience impact, attention (+ & -) received will lead to repetition

4.Emotional responses

P w Psych d/o:

- May be blunted, excessive(exaggerated) inappropriate, limited in range (basic = ok- not ok), finer responses limited – compassion etc.
- Interpretation social cues maybe faulty
- Positive responses may be fleeting, brief and erratic, non verbal's may be limited/exaggerated
- Anxiety primary symptom or secondary response to illness/stress full situation

Emotional responses

P w Phys Dis/do:

May manifest intact reponses – range, appropriateness and intensity

- Evidence of frustration/anger due to limited/changed ability and changed situation
- Sadness/grieving due to loss ability
- Anxiety secondary to disability/unknown
- Performance anxiety - leading to withdrawal, fear failure/pain/rejection

Emotional responses

Child :

- Robust, full range after 2 Years ??
- Accurate verbalisation difficult – younger child
- Evident in play ; acting out experiences
- High level spontaneity
- Control erratic – personality traits? develops socially appropriate responses

5. Assistance /supervision needed

P w Psych d/o :

- Dependent on level . Self initiated exploration limited
- Varies from -- physical assistance + constant supervision - to regular supervision - to guidance - to self directedness; often orientation needed.
- Unfamiliar task/situation needs preparation and guidance
- Manipulation of stimuli in environment ; down grading

P w Phys d/o/dis :

- May need physical assistance; environmental adaptations; use of assistive devises/ alternate methods and techniques., adaptations to task , procedure .

Child:

- Determined by developmental level.

6.Manifestation- general

P w Psych d/o

- Levels fluctuate. Acute = greater fluctuation/ multiple levels; + residual /micro skills and knowledge.
- L/ T = more stable (relapses ??)
- Level/s more evident
- Habituated activities – impact level (+-)
- Regression and progression evident

P w Phys d/o /dis

- Unequal spread aspects e.g. Quad = Task concept/product @ imitative + sound knowledge; sense of self/volition @ self differentiation
- Islands effective functioning present
- + Denial – seems higher level
- Masks real, ++ level

Manifestation-

P w Psych d/o

- Self diff indicates all round low level functioning,
- Self diff represents elementary process of quantitative awareness of self /re-differentiation of self
- Lower level = more evidence illness & dysfunction

P w Phys d/o/dis

Self diff - relevant components - evidence of on-going discovery of "new /changed" self; integration of old (retained) and new (discovered) into cohesive new self.

CHILD

- "New discoveries" @ each level

Manifestation:

P w Psych d/o

- The better the mental health status, the greater the control of pathology/ symptomatology the higher the level of CA possible; evidence of illness with relapse.
- At levels 7-9 anxiety present as for population

P w Phys d/o/dis

- Very high level 8 & 9 and high levels 6 & 7 possible despite severe Physical impairment/disability Still needs to cope with environmental and social challenges- requires great effort and planning.

Profiles ???

P w Psych d/o –

Dependent on recovery/control illness, own coping skills and support systems ; may show gradual “stepwise” decline; periods of progression and regression; stabilising. Diagnosis; med adherence = NB

P w Phys d/o/dis –

Shows plato/increase - @ time insult/injury shows sharp decline in selected aspects then progression to or beyond previous level or decline due to psych components

Thank you .