**The Implementation of a Programme aimed at Evaluating the current level of Creative Ability in an Individual and of stimulating the growth of his Creative Ability which leads to Work Capacity**

**V. du Toit**

**Principal: Pretoria Occupational Therapy College, 1977**

The first step in the evaluation of the level of creative ability in an individual is to refer back to the definition of creative ability and to identify the components of creative ability which are to be evaluated in the Cerebral Palsied child. These are:

1. The quality of the tangible or intangible products which result from the child's actions;
2. The quality of the child's ability to relate to materials and objects, people and situations;
3. The child's ability to control the negative effects of anxiety;
4. The degree of initiative or originality which the child is capable of infusing into his thoughts and actions - This ability is heavily influenced by the quantity and quality of his intellectual endowment;
5. The child's ability to make maximum effort to meet the demands, challenges and tasks set him in all spheres of life.

The next step in evaluating the creative ability in a child is to observe that child in situations which represent the widest spectrum of his life. This would include his personal sphere, his interpersonal or social sphere, recreational or play sphere, and where appropriate, the skill or work related sphere, both at school and out of school.

In making her observations, the Occupational Therapist must continually remind herself that she is evaluating two things: firstly, the characteristics of motivational growth and secondly, the quality of action. She is observing whether the child's motivational responses are compatible with those found at positive tone, self differentiation, self presentation, passive participation, imitative participation, active participation or competitive participation. It would be most unlikely to find the still higher levels of contributive motivation at this age and stage of the child's development.

The Occupational Therapist also has to analyse the child's actions closely to decide whether they are pre-destructive, destructive, incidentally constructive or explorative in nature. In the stages of participative action which follow, she must evaluate whether the child's action reflects the qualities of passive action, imitative action, originative action or competitive action. Again, it is most unlikely that the Therapist will find the higher levels of contributive action.

In order to interpret her observations regarding the quality of motivation and the nature of action, i.e. to express these observations in terms of the stage of creative ability, the Occupational Therapist will need the following information:

She will have to be thoroughly familiar with the criteria pertaining to each of the components of creative ability at each level of motivation and at each level of action.

This information will also equip the Occupational Therapist to grade the demands inherent in the task, or task component, and to grade the demands incorporated by her into her method of presenting the task which she selects for the child. The demands will relate to the quality of the child's product, the nature of his relational contact with materials, objects, people and situations required in the execution of the task, the level of anxiety which the task evokes in the particular child, the opportunity which it provides him to use his initiative or intelligence, and the degree of effort which is demanded from the child to execute the task successfully.

The Therapist will also have to get to know the child being assessed in a wide variety of situations in the personal, interpersonal (social) and recreational and play spheres of life.

All this information will be supplemented by the specific information which she obtains in the Occupational Therapy Creative Ability Programme (hereafter referred to as OTCAP) for it is in this programme that the Occupational Therapist presents the child with selected materials and task components, tasks or work related activities, for the promotion of creative ability. This programme will, therefore, also provide her with the opportunity to interpret his responses and reactions in accordance with the criteria which apply to the level of motivation and the parallel level of action.

Stimulating the growth of creative ability:

I would like to stress the fact that creative ability will be manifest in all spheres of life. Motivation is the inner force that initiates or directs all behaviour. Action is the resultant expression of motivation in the creation of tangible or intangible products throughout the child's day, and in whichever environment he may find himself. It must be realised however, that at the lower stages of creative ability, the child is unmotivated or poorly motivated and inexpressive. His total behaviour, therefore, in any environment, will be extremely limited, non-participative (passive) and non-productive (inactive).

The OTCAP will, at these lower levels of creative ability, represent a very large proportion of the child's "in action" world. It is for this reason that the OTCAP, which elicits and stimulates motivation and action at the child's level of motivational content and expressive capacity, exercises such a profound influence on his present and future life's pattern.

To summarise then, the lower the child's level of creative ability, the more circumscribed and limited his level of motivation and action, and the more Therapist controlled and intense the influence of the OTCAP would be on his attitude and behaviour in his limited reality. The child's "reality" or the content of his world - his "landscape" - increases in dimension and complexity as his creative ability increases. As he becomes more accessible to an ever widening circle of contacts and influences, so his actions become more self controlled and responsible and less Therapist controlled, and so the influence of OTCAP becomes aimed only at highly selected areas of his life.

Moreover, progression to the next stage of creative ability implies the ability to function on all the stages below the stage attained. The child who attains the stage of passive participation would still be extending, both in depth and breadth, all the motivational qualities which he actualised at the levels of self presentation, self differentiation and positive tone. He would also still be increasing the depth and breadth dimension of actions which reflect the qualities of explorative material handling, incidentally constructive material handling and destructive and pre-destructive material handling. In other words, the quality of motivation and action within the ability of an individual at any given stage of creative ability attained by him, also encompasses the qualities of motivation and action of those stages through which he has progressed. His repertoire of motivational and action ability is, therefore, comprised of his creative ability at the present stage and that of all the previous stages. The child's total creative landscape is increased as he progresses from stage to stage. However, it would be unlikely that an individual functioning at the stage of competitive participative task fulfilment would resort in his actions to destructive or incidentally constructive methods of handling materials, but the same individual would, by virtue of his involvement in a more complex world of demands, be defining his self-knowledge and his personal philosophy by self evaluation; that is, he would be extending his self differentiation.

The higher the level of creative ability attained by an individual, the more complex is his range of abilities and the more extensive and unpredictable his range of contacts. For this reason, more extensive opportunities should be offered to the child who has reached the higher stages of creative ability outside the actual OTCAP. Opportunities to stabilise his mental, physical and interpersonal capacity to react creatively to an expanding social, recreational and work related environment.

It would be unthinkable to attempt to limit the interpretation or stimulation of creative ability in a child to the OTCAP. As the child's capacity to respond to an ever widening area of demands is instituted in this programme, it becomes essential that the concomitant personal, social, recreational and work preparation aspects of creative ability which emerge should be reinforced throughout as much of the child's waking time, and in as many areas of action as possible.

However, it would be equally short-sighted to expose the child to unselected demands and stimuli to which he would be totally incapable of reacting motivationally, or to interpret in action. This would inevitably reinforce in him a general sense of failure and an all-pervading unwillingness to participate actively in life. It is essential to have a central OTCAP which would ensure that the child experienced enjoyment and a feeling of success and self worth in action. This programme would be carefully planned and applied to grade the child's handling of materials, and of task components, and would, in so doing, stimulate in him an ability to execute whole tasks and work related activities. These concepts could be diagrammatically represented by a three dimensional version of the following triangle:

The increasing dimension and complexity of the child's reality as his creative ability increases:

The Occupational Therapist in charge of the OTCAP for any child would also be responsible for advising the other team members or pedagogues concerned with this child, in respect of the appropriate level of content and general demands (motivational, physical and social) suitable for the child at his stage of creative ability.

By the time of the child's discharge from the school, the Occupational Therapist should have accumulated a vast amount of systematised and relevant information about the child's potential creative and study / work capacity. This would enable her to make a responsible contribution towards the reliability of the post school prognosis relating to further study or work for each child, and compiled by all the members of the team.

There is no doubt that such an OTCAP would do much to improve the present poor work record of cerebral palsied children.

It must be remembered that qualitative factors are largely immeasurable, so the charts that follow, which attempt to provide criteria for the component factors of creative ability, are general descriptions rather than absolute norms. Consideration must also be given to the following two basic facts:

1. Each stage of creative ability is divided into 3 phases, namely Therapist-directed, patient-directed and transitional phase. The names are self-explanatory and imply that the quality of motivation changes within one phase from being dependent on the Therapist, to the point where the child gains independence on that level and then starts showing signs of the qualities of motivation characteristic of the next stage.
2. Action similarly changes during these three phases, giving evidence of growing motivational stabilisation and self assurance.

It is important to remember that the nuances of the uniqueness of a personality and the detail of the differentiating symptoms of pathology all tend to be overshadowed in the early stages of creative ability, but will gradually become more and more significant as creative ability returns.

Pathology is obviously always the primary factor to be considered in treatment. In the treatment of the cerebral palsied, the physical incapacities and distortions of the child have to be contended with, and often prove to be seriously limiting, but an attempt must be made to keep the emphasis in the OTCAP on the success attained by the child in action, and the enjoyment experienced by the child, regardless of the effect of this action on pathology. Obviously, treatment techniques will be used to free the child for action, but a neuro-physiological improvement should not be the primary factor in the OTCAP.

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| **Stage 1** | | | |
| **1**  **MOTIVATION** | **2**  **ACTION** | | **3**  **QUALITY OF PRODUCT** |
| Positive Tone:  Appears to be motivationally blank | Pre-destructive:  Movements appear to be purposeless & haphazard; actions are pre-handling in nature; physical action: arbitrary, incoordinate, purposeless | | No product; fleeting, sensory focus on & registration of haphazard physical movement |
| **RELATIONAL CONTACT WITH:** | | | |
| **4**  **MATERIALS & OBJECTS** | **5**  **PEOPLE** | | **6**  **SITUATIONS** |
| No material handling "intention" or "attention"; no object recognition; there is no movement towards "making contact" with materials & little or no material or object "holding" action | Relational helplessness; no efferent relational effort (no effort to make contact); erratic accessibility to afferent relational stimuli; need for biological care from others, (e.g. food, protection, etc.); need for qualitative care (e.g. love, affection, feeling of belonging); undifferentiated contact (no preference of people) | | No relation to situations; may register momentarily; awareness of "strange" or "known" situations; low intensity expression of displeasure (e.g. whimper) |
| **7**  **CONTROL OF ANXIETY (EMOTIONS)** | **8**  **ABILITY TO SHOW INITIATIVE (INTELLECT)** | | **9**  **ABILITY TO MAKE EFFORT** |
| Still undifferentiated therefore no definable emotional reaction | No evidence of thought or intellect | | No evidence of "Intention" or effort |
| **10**  **TREATMENT AIMS** | | **11**  **METHOD OF PRESENTING TREATMENT** | |
| Motivation: stimulate focus of attention by presenting selected sensory stimuli - taste, vision, hearing & touch  Action & Relation to materials & objects: encourage "reaching out" towards materials & objects; encourage "holding" action of materials & objects; encourage grasp & release action  Contact with relation to people: create climate of total acceptance, of love & caring, to stimulate the origins of interpersonal security  Catalysing factor: ability to reach out to materials, make contact, physically hold, & hold attention; "bring action into focus of attention" | | The area: quiet, constant area; extraneous stimuli eliminated.  Therapist's approach: maintained matter-of-fact & totally accepting "caring" attitude; total Therapist compensation.  Method: frequent, very short periods of treatment; verbalisation minimum but repetitive; provide opportunity for increasing awareness of basic pre-handling & "holding" actions | |
| **GENERAL**:  It appears that the haphazard movement of limbs momentarily impinge on the consciousness. Movement does not appear to be directed from within but seems to be purposeless. Movements or parts of a movement seem to break into a sensory field causing a short-lived awareness. Consciousness of these movements within a movement may register as a sensation of taste, sight, sound, touch or position in space. | | | |

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| **Stage 2** | | | | | |
| **1**  **MOTIVATION** | **2**  **ACTION** | | | **3**  **QUALITY OF PRODUCT** | |
| Self differentiation:  (a) Motivation is feeble, erratic & egocentric; may be elicited by activities which define body boundaries, basic body function & self differentiating concepts  (b) Self as cause of visible tangible effect is beginning to emerge as a motivational factor. This is the ESSENTIAL precursor of constructive action | Destructive:  (a) Prepared to make direct contact (body parts, teeth, hands, feet) with natural materials: sand, leaves, paper; destructive action: throwing, tearing, biting, treading; (undifferentiated destructive action)  Physical action:  Only gross coordination; basic handling  (b) Incidentally constructive action:  Action is not aimed at effect or product, therefore this is a transitional stage between destructive action & constructive action; the effect of action is totally unplanned, purely by chance & immediate (no delay between action & effect). The child reaches out to material & executes a number of basic actions (e.g. holding, placing, rubbing, throwing) which will later be directed towards construction. | | | (a) Products consist of fragments which result from destructive action; no construction of product; no tool handling ability  (b) The product is purely coincidental; it is totally unplanned by the child; it is "created by chance" & therefore the ability of the child plays no role, i.e. resultant "splodge" made by throwing a paint bomb is not affected by ability & would be equally "good" or "bad" as that made by the Therapist or anyone else | |
| **RELATIONAL CONTACT WITH:** | | | | | |
| **4**  **MATERIALS & OBJECTS** | | **5**  **PEOPLE** | | | **6**  **SITUATIONS** |
| (a) Prepared to reach out to materials to hold, to grasp & release & execute destructive handling; complete disregard for properties of materials; undifferentiated destructive action regardless of constructive potential of material. Concept of objects absent or unstable  (b) The child need have no knowledge of the properties of materials; no tools are handled; the effects of handling are by chance & not a result of any planning; the only decision involved is to respond to the invitation to execute the "one step" material handling | | (a) Emergence of accessibility (receptivity) to relational contact; emergence of efferent (outward) relational response but contact still mainly afferent (inwards); continued need for biological support & guidance; body image related to self-care & hygiene  (b) Continued need for interpersonal climate of love, affection, acceptance & belonging which will evoke the beginning of social security. There is recognition of those people who are most intimately concerned, & an indication of preferences of people. Continued development will respond to increase of "known" people; contact still erratic & unpredictable | | | (a) Undifferentiated behaviour; inability to select appropriate behaviour or to modify reactions in terms of social demands within situations  (b) Undifferentiated behaviour; inability to select appropriate behaviour or to modify reactions in terms of social demands within situations |
| **7**  **CONTROL OF ANXIETY** | | **8**  **ABILITY TO SHOW INITIATIVE** | | | **9**  **ABILITY TO MAKE EFFORT** |
| Basic emotions very feebly displayed; undifferentiated; very low intensity pleasure, distress, anger & fear. Anxiety will present as distress, fear, anger or withdrawal; no control of these emotions. Pathology may reduce these emotions still further, to experience of comfort/discomfort, satisfaction /dissatisfaction | | Inability to realise direct intellectual capacity; reality orientated concepts of body, external objects, time & social norms are still largely unformed & unstable, therefore no new thought | | | Effort is feeble & erratic but effort representative of this level may be momentarily maximum |
| **10**  **TREATMENT AIMS** | | | **11**  **METHOD OF PRESENTING TREATMENT** | | |
| (a) Motivation: stimulate & stabilise desire to differentiate self - physically, mentally, emotionally, socially (very basic). Continually stress egocentricity (use name, refer to you & yours)  Action & Material & Object handling: stimulate desire to contact materials & to perform a variety of destructive actions with a variety of materials. Encourage concept of objects & their boundaries  Product: stimulate the concept of wholeness & brokenness; stimulate the recognition of fragmentation being the result of personal destructive handling; stimulate the concept of self as handler: "I broke it", "I tore it"  Interpersonal contact: create climate of total acceptance to evoke interpersonal security; encourage recognition of "otherness" - differences in hair colour, etc; encourage recognition of others - "You know J"; encourage expression of personal likes, dislikes & preferences; encourage emergence of efferent (outward) contact & accessibility to afferent (inward) contact, & selective physical contact  Relation to situations: gradually expose patient to very selected situations to extend basic situational concepts  Control of anxiety: eliminate anxiety by eliminating expectations but encourage the expression of basic emotions. Encourage feelings of satisfaction in destructive handling  Ability to show initiative: encourage patient-directed destructive activity by stimulating feeling of satisfaction. No intellectual demands therefore no new thought  Ability to make effort: this must be inculcated by ensuring that a feeling of satisfaction follows effort. Effort & physical definition is encouraged by encouraging the performance of very simple, basic body movements in various positions - supine, prone, sitting, kneeling, standing, (e.g. kicking legs, boxing arms, rocking movements, amphibian movements, rolling, stretching, flexing, walking, running, jumping - where possible) | | | (a) The area: quiet constant area containing only selected stimuli; washable walls & working surfaces for destructive action.  Therapist approach: total acceptance in an undemanding, permissive atmosphere; supportive, matter-of-fact approach. Selective physical contact; very selective expression of emotion; child cannot tolerate intense emotions.  Method: short periods (determined by child's attention span), frequently repeated. Directive, very simple, clear, minimum repetitive verbalisation. Perform with the child. Stimulate destructive actions with a variety of materials, grading resistance to destructive action & range of movement (inner to outer range of movements)  Emphasise self differentiation in body image retraining & self-care sessions  No construction demands; no intellectual demands regarding knowledge of properties of materials; no tool handling required.  Concepts must be correctly presented & related to the patient's limited reality.  No indiscriminate destruction, i.e. tearing of books  Areas of negative associations which the child may have should be avoided | | |
| **TREATMENT AIMS:**  **INCIDENTALLY CONSTRUCTIVE ACTION** | | | **METHOD OF PRESENTING TREATMENT:**  **INCIDENTALLY CONSTRUCTIVE ACTION** | | |
| (b) Motivation: emphasise the relationship between the child & the incidental product of action; elicit desire to handle material  Action: manoeuvre the child into participation in a diversity of one-step handling actions & the creation of incidental products which are sufficiently "impressive" to give satisfaction or pleasure. Encourage identification with the Therapist by performing actions with the child  Quality of products: encourage child to compare products; elicit feelings of "same as" / "just as pretty as ..."  Materials & objects: extend handling of materials & introduce concepts of objects & function  The following are the same as in destructive action:  Relation to people & situations  Control of anxiety  Ability to show initiative  Ability to make maximum effort  Respond to change in quality of these components of creative ability | | | (b) The area & the Therapist approach are the same as in Destructive Action  Method: short periods of individual treatment (time determined by attention span), frequently repeated. Directions very simple; clear, minimum & repetitive verbalisation  Perform with the child:  Therapist must plan the situation meticulously to ensure that:   1. The child will handle material; 2. will create visible product in one step; 3. the effect is dramatic enough for the child to register it as pleasing or satisfying; 4. the feeling of pleasure is repeated often in the handling of a wide variety of materials & in creating a diversity of effects. Stimulate the realisation that "it is good to do", "it is worthwhile to do" 5. the child's product is compared with that of the Therapist to elicit identification & a "mine is just as nice" reaction 6. the child becomes aware of himself as the creator of pleasant, visible effects 7. Approval is given from the Therapist for any action, & from others for the effect of action, i.e. incidental product   No intellectual demands; no fine coordination demands; no tool handling; no social demands; encourage concept formation of self (body) function & parts, & those things which comprise the child's world | | |

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| **Stage 3** | | | | | |
| **1**  **MOTIVATION** | **2**  **ACTION** | | | **3 & 4**  **RELATIONAL CONTACT WITH MATERIALS & OBJECTS**  **& QUALITY OF PRODUCT** | |
| Self Presentation:  A readiness to present the newly & basically differentiated self to people & situations. The quality of motivation now becomes progressively influenced by the intellectual capacity. The character of motivation is one of enquiry. The discovery that "it is necessary to know about, in order to make" is the essential motivational reaction for progression to following stages of participation. | Explorative Action:  The quality of action is exploratory. There is an "intentional" exploration of all aspects of the child's reality. Materials are explored in order to isolate their properties: "What can I do with this?" Security in action results from familiarity with at least the range of materials commonly used. Depth of enquiry will significantly affect work readiness. | | | Materials, tools & objects are all handled exploratively. The emphasis is on gaining information about the materials, objects & tools, & not on the product. However, a product may coincidentally emerge, primarily as an example of the properties being explored, not as a result of planning of a product. Criteria of "success" therefore will apply to the diversity of materials & tools handled, & the quality of the enquiry (the purposefulness of the explorative action, rather than the product created as a result of the explorative action). To summarise, product is the coincidental, unplanned & semi-planned result of explorative handling of material. Explorative handling may consist of many steps but they are in pursuit of gaining knowledge about the material & not in the pursuit of the creation of a product. Other 4-5 step products may be elicited from the child with step-by-step guidance & no norms re. the quality of the product of the speed of performance. The introduction of the explorative use of tools is very important at this stage | |
| **RELATIONAL CONTACT WITH:** | | | | | |
| **5**  **PEOPLE** | | | | | **6**  **SITUATIONS** |
| There is an increased receptivity to relational contact from others & increased efferent (outgoing relational response). The child will be able to form a "dependent" relationship on a selective basis, i.e. becomes dependent on one or two particular people & wants to be "with them". Contact with others (people in general) will be handled exploratively to test out the reaction of others & their acceptance or rejection of his experimental behaviour in an effort to establish social boundaries. Relational components & their opposites, love/hate, communication/withdrawal, tolerance/intolerance, aggression/martyred acceptance, are freely interchangeable, hence inconsistent, unpredictable behaviour. | | | | | The child will be willing to present himself in a variety of situations, his purpose however will be to explore the reaction of the people in the situation to his presence & not to participate in or contribute towards it. The approach to situations is thus completely egocentric. He does not possess the capacity to comprehend the whole situation or to select "appropriate" behaviour. |
| **7**  **CONTROL OF ANXIETY** | | **8**  **ABILITY TO SHOW INITIATIVE** | | | **9**  **ABILITY TO MAKE MAXIMUM EFFORT** |
| Because the child cannot yet comprehend norms related to action (material handling, people & situations) anxiety is still experienced as anger or fear. The only control of these will be stimulated by the disapproval of the group. | | As intelligence now starts to play a role in the motivation & action of the child, a quality of more directed or intense enquiry may indicate a potential for initiative. | | | Because the motivation of the child is towards presenting himself, & as his actions are exploratory, his efforts are diffuse & maximum effort, if stimulated, will be of very short duration. |
| **10**  **TREATMENT AIMS** | | | **11**  **METHOD OF PRESENTING TREATMENT** | | |
| Motivation:  The aim is to extend & refine "self differentiation" as crystallised in the previous stage, & to prepare the child for task fulfilment & product creation.  Action; Material & Object handling:  To encourage familiarity with a wide variety of materials, tools & objects by eliciting explorative handling. To stimulate an increasing quality of enquiry in action.  Quality of Product:  To bring the coincidentally created product to the attention of the child. To evoke a feeling of "wanting to possess" the product.  Relation to People:  To stimulate receptivity to the responses of others; to stimulate desire to make contact with others; to assist the child to discover boundaries of basic interpersonal behaviour; to let the child experience the benefits of maintained & consistent interpersonal contacts.  Relation to Situations:  To encourage experience of acceptance in a wide variety of everyday situations; to guide experimentation with the component elements in everyday situations, good manners, money handling, "dressing up" & self-care.  Initiative:  To encourage exploration towards new handling.  Control of Anxiety:  The aim is still to minimise or eliminate anxiety & negative emotions. General stimulation of the experience & expression of a wide range of emotions to initiate direction, selection & control of emotions in terms of social & interpersonal norms. | | | Area:  Quiet constant area with graded external stimuli for explorative material handling sessions; to be supplemented by explorative handling in other selected areas of self presentation, sports fields, group room, etc.  Approach:  The child is given acceptance & the security & encouragement to explore & enquire.  Method:  Treatment sessions are determined by the quality of the child's exploration but should rather be too short than too long. The child should never be bored. Material should be presented selectively; one or, at most, two materials at a time. The Therapist should assume full responsibility to transmit the excitement of material handling: "Let's see what happens". The Therapist should know exactly what properties she should like the child "to discover" & what physical structural aspects & characteristics to stress. The Therapist should become aware of the child's "favourite" material to use as a security material & should be aware of the relationship of the materials with sociological areas of work. The child should be included in groups of all kinds. Self-care activities are now expected from the child, but the finer points of self presentation, including dress, are still stimulated. Provide opportunities for the child to explore the use of money, "playing shop"; good manners, playing at tea parties, visits, etc. Create opportunities for the child to play with others, making contact, experiencing & expressing emotions. Games like "pass the pillow" & "musical chairs", where chance & not ability determines winning or losing. The child must be given the opportunity "to learn about" many materials & situations but not be expected to perform according to norms | | |

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| **Stage 4** | | | | | |
| **1**  **MOTIVATION** | **2**  **ACTION** | | | **3**  **QUALITY OF PRODUCT** | |
| Passive Participation:  Motivation is robust enough to comprehend a task in its entirety but not robust enough to initiate task performance or to execute a task. He requires external stimulation & constant reference to the Therapist or pedagogue for sequencing the steps in a task & for providing task content. | Passive Participative Action:  Action progresses from material handling to product creation & task fulfilment. Action is erratic & dependent, but competent with guidance. It is step-by-step or task component directed. Physical component depends on pathology but will be purposeful if immediate purpose is defined. | | | Because action is now product-centred, there is an emerging need for the product created to be evaluated. Negative evaluation of product is still too threatening so positive elements are evaluated retrospectively, i.e. after product completion & not during the process of product creation. "This product is good because..." Product is the result of task fulfilment which consists of:   1. Identifying complete task (understanding it) 2. Identifying with the task (accepting it as his own) 3. Executing the task (with constant guidance, explanation & sequencing) 4. Deciding when task is completed 5. Deriving a measure of task satisfaction.   The quality of each of these steps is still poor. | |
| **RELATIONAL CONTACT WITH:** | | | | | |
| **4**  **MATERIALS & OBJECTS** | | **5**  **PEOPLE** | | | **6**  **SITUATIONS** |
| Child has crystallised out sufficient knowledge about the properties of basic materials to gain a feeling of familiarity & security in his relational contact with these materials. His security will extend as his knowledge extends over an ever increasing range of materials. Similarly, his knowledge of the accepted function & method of using objects extends. His prowess at tool handling becomes product directed & is no longer merely experimental. | | There is a progression to interpersonal relational ability as opposed to the more fleeting & superficial interpersonal contact. This implies the ability to maintain a relational contact emerges & consequently, interpersonal behaviour becomes more predictable & stable. He still takes his cue from the stronger personality & clings to an interpersonal relationship for egocentric purposes, i.e. to feel more accepted, important, adequate or comfortable & less obvious. | | | There is a basic desire to participate in a variety of known situations but the capacity to implement or actualise this desire is lacking, therefore there is an urgent need to familiarise the child with the content of as many situations as possible; explain them to the child, invite identification but do not expect participation. The child may be manoeuvred into participation in aspects of a variety of situations. Situational content must be given to familiarise the child with the requirements & with the sequence of events. There will be difficulty in selecting appropriate behaviour & in anticipating the next step in the situational sequence. |
| **7**  **CONTROL OF ANXIETY** | | **8**  **ABILITY TO SHOW INITIATIVE** | | | **9**  **ABILITY TO MAKE EFFORT** |
| The emotional repertoire extends to include some more refined nuances of emotion, such as regret or pride, and more intense emotions such as aggression. Therefore the child is susceptible to the immobilising effects of anxiety. Great care must be taken to keep the anxiety level within the control of the child. He cannot handle threat or failure & should not be asked for impromptu participation, or participation in unfamiliar situations. He has low self-esteem, which correlates to the anxiety threshold. | | The child experiences problems in the selection of appropriate tasks or behaviour, nor does he demonstrate initiative in the execution of tasks. He needs constant reassurance & accurate information, i.e. he needs to be familiar with the sequence & content of situations & will not venture into making or responding to variations, either in the order or content of situations. | | | With support, the child can make & maintain effort to perform a task with prompting on sequence, content & quality of execution. He can make & maintain effort to participate passively in social & recreational situations but requires support in moments of active participation. Success must be ensured. It is most important that the child enjoys the moment of active participation more than those in which he participates passively, in order to evoke maximum effort & upgrading to imitative effort. |
| **10**  **TREATMENT AIMS** | | | **11**  **METHOD OF PRESENTING TREATMENT** | | |
| Motivation:  To extend & refine self-differentiation; to create security in passive participation; to ensure a sense of enjoyment & fulfilment in selected active participation.  Action & Material & Object handling:  To ensure transition from material handling to product centred task fulfilment; to continue to familiarise the child with properties of a diversity of materials & with the content of a variety of social & work situations (through experience); to increase knowledge of function & use of objects; to increase ability to handle tools.  Product:  To increase the quality of task execution & of the product; to encourage evaluation of the product; to assist child to develop realistic self expectations in selecting the task; to develop capacity to sequence steps within a task.  Relation to people:  To stabilise ability to form & maintain an interpersonal relationship instead of interpersonal contact; to encourage predictable interpersonal behaviour; to stimulate perception of the interpersonal needs of others.  Relation to situations:  To familiarise the child with as many situations as possible, stressing content & sequence of task components; to elicit security in as many situations as possible, with appropriate behaviour patterns in as many situations as possible; to encourage anticipation of next step in situations (situational sequencing).  Demonstrate Initiative:  To stimulate planning, anticipating & sequencing.  Maximum effort:  To encourage preparedness & to make maximum effort & maintain maximum effort.  NB: To commence work preparation programme & inculcate work habits. | | | Area:  Treatment area now becomes varied, simulating the appropriate atmosphere & social demands.  Therapist's approach:  The approach is supportive in passive participation & compensatory when patient is involved in action. Patient's self-esteem is maintained & protected therefore it is the Therapist's responsibility to prepare the child for participation by giving information & opportunity for identification before participation is expected. Encourage child to evaluate own effort & product. Therapist's approach MUST change from being totally patient-centred to being primarily product centred. Product is evaluated stressing the good points; evaluation must be informative (teaching information) & retrospective.  Method:  Method must reinforce the child's progression from material handling to task fulfilment, work preparation & product creation (product centred, total task performance).  Motivation:  Self presentation must be extended to the work sphere & self-differentiation to embrace self as worker.  Action & handling of Materials & Objects:  Tasks must be presented as follows:   1. Clear & simple definition of total task. 2. Clear & very simple definition of the sequence of each of the steps & the content of each. 3. Clear & very simple statement about the standard of the product (what is good & what is poor). 4. Demonstration of task execution stressing the opportunity for identification of each step: "Would you like to try to do that? Do you know how to use that hammer?" 5. Elicit an agreement from patient that he will perform task. 6. Support patient in execution of task. He must do, & the Therapist confirms task content & sequence of steps. This is extremely important in work preparation. 7. Allow patient to decide when he considers the task to be complete. 8. Encourage patient to evaluate his effort & product. 9. Make retrospective, informative & positive evaluation. "That is good because you remembered to do that and that". 10. Encourage task satisfaction by stimulating approval from others for product.   Work Habits:  Aspects of work habits which must be stressed:  Personal presentation: appropriate self-care; appropriate dress; punctuality.  Social presentation: basic socially acceptable behaviour; ability to take instructions; ability to accept basic work discipline.  Work competence:  These elements should be trained & not judged:  accuracy, concentration, neatness, sequencing steps, use of materials & tools.  No planning, speed or initiative expected.  Relationship to people & situations:  Create a variety of situations for the child to "give & take" - games with losers & winners; simulated daily life situations; basic courtesy - how does one behave at table, in the shops, at the cinema?  Control of anxiety:  Distress, anger, fear now present as anxiety & aggression & great care must be taken to keep the anxiety level well within the control of the child. Provide opportunities for experience & expression of emotion.  Ability to show initiative:  As imitative action follows on passive participation, it would be most unlikely to find signs of initiative. The potential for initiative in situations must be known to the Therapist in order to encourage initiative in the child.  Ability to make maximum effort:  This becomes very important particularly in the work preparation programme. Praise ONLY to be directed towards maximum effort, although positive factors should be highlighted. | | |

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| **Stage 5** | | | | |
| **1**  **MOTIVATION** | | **2**  **ACTION** | **3**  **QUALITY OF PRODUCT** | |
| The quality is robust enough to be product centred & directed towards task fulfilment, but does not yet permit the emergence of initiative or of competition with others. He seeks to "lose" himself in a group by being identical to others. Intellect plays a deciding role & there will be a great difference in the quality of motivation of a child whose maximum stage of creative ability is imitative participation & those who will progress to active participation. Motivation is imitative over the total range of personal, social & work spheres of life. | | Action is essentially imitative in nature. In order to avoid the anxiety associated with the "unknown", the child seeks security in "doing the same as". | Products are stimulated by inviting the child to imitate a given model as exactly as possible. This provides an ideal opportunity to introduce comparative rather than value judgement, "It is not as round as ..." rather than "It is not as good as ..." The total success or failure of the product depends on the accurate grading of the demands involved. These are - the number of steps; the complexity of the steps (physically & mentally); the work norms related to social presentation, personal presentation & work competence. | |
| **RELATIONAL CONTACT WITH:** | | | | |
| **4**  **MATERIALS & OBJECTS** | **5**  **PEOPLE** | | | **6**  **SITUATIONS** |
| The individual has experienced the handling of a sufficient diversity of material to gather the information necessary for him to group them according to the handling properties which they have in common & to enable him to anticipate their main physical characteristics. The individual is thus familiar with this range of materials, has also experimented with tool handling & has consolidated his ability to fulfil tasks during passive participation. He will therefore feel unthreatened when invited to execute tasks which involve a familiar range of materials & tools. The individual needs to follow a "pattern". Decision making & the element of failure should thus be confined to that involved in comparison with the model. Stereotype methods of handling objects will be displayed, but the variety of objects will be extended. | This is a period of consolidating interpersonal capacity. He will seek to conform, seek "safety" in a group & imitate the behaviour & dress of others. The individual will respond to praise or rejection & group pressure plays a very important role in moulding the behaviour of the individual. The range of emotions extends to include regret & very basic "sympathy" & "pride". Because acceptance by the group plays such a powerful role, the basic components of loyalty emerge but this is still largely based on egocentric motives. Relatively superficial relationships will now be maintained but intensity & intimacy are still lacking. The child begins to compensate for others. He will function well in games & situations where definite rules, regulations & limits are set. The child will prefer the role of follower to that of leader. | | | At this level the child has acquired acceptable patterns of behaviour in most of the situations which comprise his life. He will experience difficulty in handling new or unpredicted situations. Situations may be graded in terms of interpersonal demands, demands of personal presentation & of social presentation. The complexity of the materials, of the objects & of the interpersonal factors involved in a situation & the complexity of the sequence of action demanded within a situation will determine whether a child at the imitative level will be able to cope or not. His handling of situations will, of necessity, be imitative. He will "do with" or "do like" others. |

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| **7**  **CONTROL OF ANXIETY** | **8**  **ABILITY TO MAKE MAXIMUM EFFORT** |
| The child experiences anxiety in situations in which he is required to act differently from others, to use his initiative or to do something on his own. The element of anxiety must be very sensitively graded to increase the child's ability to handle anxiety. | The ability to make maximum effort can be elicited by careful grading of the "models" which he is asked to imitate. This applies to personal, social & work related effort.  Group pressure & the need to attain the standard set by the group can be used as incentives to stimulate maximum effort. |
| **9**  **TREATMENT AIMS** | **10**  **METHOD OF PRESENTING TREATMENT** |
| Motivation:  To stimulate progression from passive participation, through the phases of Therapist directed imitative participation to patient directed imitative participation &, where possible, to the transition phase leading to original action.  Action & Materials:  To consolidate independent fulfilment of all the facets of task fulfilment:   1. Total task comprehension. 2. Acceptance of task. 3. Execution of task. 4. Task completion. 5. Task satisfaction.   To select tasks which will upgrade the ability of the individual & permit him to reach his maximum potential.  People:  To consolidate interpersonal ability & provide opportunity for the growth of derived emotions such as sympathy, pride & regret; to encourage the growth of the capacity to be loyal; to stimulate the ability to maintain relationships.  Situations:  To increase the range of situations with which the child feels familiar & in which his behaviour is socially acceptable.  Anxiety:  To increase his capacity to handle anxiety.  Maximum effort:  To increase his capacity to make maximum effort over a wide range of life; to differentiate between the child who is not able to progress beyond this level & those who can; to direct those children who will not progress further into appropriate work avenues. | Area:  Treatment will now take place in a variety of places, each appropriate to the activity being used as treatment. Length of treatment situations will depend on the "tolerance" & the intellectual availability of the individual.  Approach:  Approach must be product centred & appropriate to the demands in the task used for treatment, i.e. work related or social or interpersonal demands.  EACH task must be presented by:   1. Presenting the example or model. 2. Simply & clearly describing the materials & tools involved. 3. Simply & clearly enumerating & describing the steps involved. 4. Simply & clearly indicating the CRITERIA or NORMS which will determine adequacy or inadequacy. 5. The steps in task fulfilment are then followed. 6. In the execution of the task, the child should be given little or no help in sequencing the steps. 7. Criticism of task by the child should be encouraged. 8. This should be supplemented by a clear repetition of the same criteria earlier presented & a combined Therapist/child, followed by a Therapist only, judgement: "Do you think this is correct?"   Interpersonal ability should be stimulated by providing opportunities for the experience of a diversity of situations with selected & unselected groups in familiar & unfamiliar surroundings.  Loyalty should be encouraged by approval & gain in self esteem. Tasks must be carefully graded to absorb the child's ability in terms of number of steps, complexity of steps, delay of gratification, work competence factors & quality of product.  Personal presentation:  Punctuality, appearance & dress; self control; self discipline.  Social presentation:  Ability to take instructions; respectfulness; appropriate behaviour to authority figures & co-workers.  Work competence:  Accuracy, work tolerance, interest & concentration; a degree of work versatility; neatness; production speed where appropriate. |

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| **Stage 6** | | | | |
| **1**  **MOTIVATION** | | **2**  **ACTION** | **3**  **QUALITY OF PRODUCT** | |
| Active Participation:  Motivation is directed towards achieving at least the appropriate industrial & social norms, & in addition, there is a directedness towards IMPROVING on these standards by the infusion of initiative or original thought. | | Originative Participative Action:  The element of originality permeated action. The child will do what someone else has dome, attaining at least the same standard. In addition, he will attempt to add something of his own which will improve the standard. | The child is actively product directed but must still be reminded of the Industrial Standards to be attained. Unique personal interests, aptitudes & attitudes will affect the nature & the standard of the product. The product is now presented by the child with more self-assurance & aggressive self identification. | |
| **RELATIONAL CONTACT WITH:** | | | | |
| **4**  **MATERIALS & OBJECTS** | **5**  **PEOPLE** | | | **6**  **SITUATIONS** |
| The handling of materials, tools & objects is experimental in the sense that the child will begin to try out his initiative & original thought. He will experiment with new uses for materials & objects & extend his skill level in tool handling. | There is an increase in the quality of interpersonal relationships. The individual can maintain a friendship at a relatively intimate level, showing a graded interpersonal capacity to perceive the needs of others & then to compensate for their faults, problems & inadequacies. The child will be able to adapt behaviour & experiment with different roles in a group & in different situations. He will consolidate the capacity to subordinate himself & start experimenting with a leadership role. The emergence of such added derived emotions, such as compassion & tenderness, add to the ability to maintain relationships & increase the quality of "intimacy" of a relationship. The component of "sharing" in a relationship becomes apparent & the quality of loyalty is enhanced. | | | The child will enjoy being placed in new situations & will try out various interpersonal approaches. He will experiment with the sequence of the components of a situation & change the character of situations by changing his behaviour. |

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| **7**  **CONTROL OF ANXIETY** | | **8**  **ABILITY TO MAKE MAXIMUM EFFORT** |
| The child is able to control a high degree of anxiety provided there is sufficient warning of possible unpredictable elements. The range of emotions has extended to include many new nuances, so he has a greater variety of emotional responses to manipulate & thus to use in the place of anxiety. | | The child is to make maximum effort in those areas which are familiar to him & which capture his interest. He must be assisted to make & sustain maximum effort in areas which are not central to his interest & to areas of the social & work situation which entail drudgery & discipline. Praise should ONLY be given for maximum effort. |
| **9**  **TREATMENT AIMS** | **10**  **METHOD OF PRESENTING TREATMENT** | |
| The aims are, for the most part, associated with all facets of work performance, including the interpersonal & social factors involved in successful employment.  Motivation:  The child needs to be stimulated to attain the level of competitive motivation.  Action:  The attainment of appropriate levels of neatness, accuracy & dexterity in action.  Product, Materials & Objects:  The aim is to extend the use of materials & objects to stimulate the infusion of initiative & original thought & action into the production of a diversity of products. Products must attain a basic standard.  Relational ability:  The aim is to establish factors such as consistency, loyalty & perceptivity in relationships.  People & Situations:  Interpersonal & situational behaviour - to inculcate appropriate behaviour at a maximum level of effort in the social & work situations. Improvement in all components of work preparation, i.e.:   * Self presentation; * Social presentation; and * Work competence. | Area:  The area will represent & stress the particular element being emphasised in treatment. The atmosphere (people, machinery, noise) & demands must be as reality orientated as possible.  Approach:  The Therapist's approach is product centred & directed towards the acknowledgement of any effort which shows originality & initiative. Evaluation of products is honest & in terms of the parallel product in industry. Behaviour is also judged in terms of what would be acceptable in an appropriate placement.  Method:  Although emphasis is placed on a specific area of work, the child is still given the opportunity to try out his initiative & new handling methods in a diversity of situations. Work habits are confirmed. The elements "classified" under self presentation - appearance, neatness & punctuality - are stressed.  Organisation & planning of time & effort & decision making are systematically introduced & the emergence of qualities such as self control & discipline encouraged.  In social presentation:  The child must be given the opportunity to assume definite & different responsibilities in line with specific social roles & should be honestly evaluated. His ability to be loyal & consistent in respect of norms & people should be constantly reinforced. Work competence becomes a major factor & will reflect his emerging personality traits & aptitudes. Skill of execution will be more important than speed of production, although the parallel task in industry or in the appropriate work area will be taken as the norm. This means that skill of execution AND speed are evaluated. | |

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| **Stage 7** | | | | | |
| **1**  **MOTIVATION** | | | **2**  **ACTION** | **3**  **QUALITY OF PRODUCT** | |
| Competitive Participation:  Motivation is robust & can withstand failure. It reflects the desire to "be better than". Satisfaction & fulfilment is attained through competition with others. Competitive norms which elicit effort will vary according to the mental & physical ability, personality structure & work interests of the child. | | | Competitive product centred action:  Action is competitive in nature. It is disciplined & dictated by the standards which the individual seeks to surpass. These standards will apply to the immediate product which results from action & will not be global or abstract in nature, as found in contributive action. | The complexity of the product & its standard will now be dictated by the interests & physical & intellectual endowment of the individual. Motivation is robust enough to sustain effort in spite of severe difficulties & to tolerate factors such as delay of gratification & failure. Individual will take personal responsibility for standard of product. | |
| **RELATIONAL CONTACT WITH:** | | | | | |
| **4**  **MATERIALS & OBJECTS** | **5**  **PEOPLE** | | | | **6**  **SITUATIONS** |
| The handling of materials, tools & objects will be of a competitively high standard; the higher the competition, the greater the effort & more skilled the result will be. All handling will be directed towards the finesses of the product & basic competence will be taken for granted. Knowledge of the properties of materials will be extended on own initiative & original thought will lead to the discovery of new & better ways of using materials, tools & objects. | Relationships are now maintained & predictable. Apart from compensating for the inadequacies of others, the individual shows a greater range & complexity of adaptive relational behaviour. He will start to modify his behaviour to the benefit of others, i.e. to give others a feeling of competence, importance, adequacy, achievement, security & status. Loyalty in friendship develops & "sharing" & mutuality become operative factors in interpersonal relationships. At the stages of contributive motivation & action, the attributes involved in attaining exceptionally successful interpersonal ability are apparent. These are self actualisation through interpersonal relationships, a sustained attitude of loyalty, interpersonal tolerance & compensation for others at an intimate level. Mutuality & complete identification with the needs of others becomes integrated into interpersonal attitudes. The ability to cope with disability on an interpersonal level should be stabilised. | | | | Complex situations can be successfully handled & efforts again are based on the degree & quality of competition (competitive element may be subtle & camouflaged). There is great personal effort to extend experience of situations in all spheres of life - social, interpersonal & work - at a high level. Motives in these situations change to those of self actualisation. The maximum independence in situations, in spite of physical limitations, should be stressed in situations. |
| **7**  **CONTROL OF ANXIETY** | | **8**  **ABILITY TO MAKE MAXIMUM EFFORT** | | | |
| The individual now actually creates anxiety by creating the competition for himself & will be able to handle it. He is often mobilised by anxiety. | | This ability correlates with the quality of motivation, so maximum effort will be made on a variety of levels depending on the particular level of competence of the child within that area of endeavour, i.e. he may be bad at tennis & outstanding at mathematics but still be able to make maximum effort at both. | | | |

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| **9**  **TREATMENT AIMS** | **10**  **METHOD OF PRESENTING TREATMENT** |
| The aims are directed mainly towards attaining the highest level of work competence in the field of the employment which will absorb most of the abilities of the individual maximally, in order to ensure maximum fulfilment. This will involve the stimulation of contributive motivation & positive channelization of competitive motivation (competition may be destructive). It will involve assisting the child to create the best product of which he is capable, to extend his knowledge & his skill at handling materials, tools & objects. The stimulation of original thought & of the extension of initiative will be a central aim.  In the interpersonal situational spheres, it will be the aim to develop responsible behaviour & stimulate decision making & to establish personal values.  A central aim will be the acceptance of the limitations placed on him by his disability & the attainment of maximum independence in all spheres of life. | Area:  Areas will be mainly those of simulated or actual work. Treatment of interpersonal & social skills will take place in situations in which the pressures & demands are as authentic as possible.  Approach:  The Therapist's approach is honest, reflects the particular aim which is being strived after & is largely product centred & judgemental in nature.  Method:  The work preparation treatment programme will include all components of self presentation: consolidating & extending qualities of self control & self discipline in terms of punctuality, attendance & appearance. Unique personality aptitudes & skills should be developed.  Social presentation:  The child should be assisted to interchange his interpersonal role according to what will be in the best interest of the group. Roles will include those of leader, follower "star" and teacher, as well as the "loser" and the pupil. The ability to handle criticism & reprimands constructively must be tested out. The ability to channelize competition with others to become self competition, must be stimulated. Opportunities must be provided for testing & improving interpersonal qualities of loyalty, consistency & responsibility, demanding more intimacy & greater sensitivity to the needs of others.  Work competence:  The ability to execute all the components of an appropriately complex task, out of the particular sociological field, accurately, & according to the industrial norms of quality of product, skill of execution & speed of production, must be graded & developed. Planning, systematisation, organisation & decision making must constantly be stressed in treatment. Sharing & "delegating" tasks should be introduced, particularly where physical disability is a serious limitation. |