

# How OTs assess creative ability in in-patient mental health services in South Africa: an MSc study

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The Vona du Toit Model of Creative Ability (VdT MoCA) is purported to provide precise and practical guidelines for assessment (de Witt 2005). However there is no published assessment (Ax) form or detailed manual, and literature on the Ax is extremely limited. This qualitative MSc study aimed to: gain insight into and describe the methods and process of Ax used by occupational therapists in mental health and forensic services in South Africa. The study focused on in-patient settings in order to understand Ax of a diverse population.

**Method:** phenomenology, semi-structured interviews with 16 in-patient mental health OTs of differing grades, years of experience and training in the model. **Findings:** Four themes were identified (below). All the Ax methods recommended by the model were used by participants (observation, interview, task Ax, social evaluative group). The recommended process is 1) evaluate behaviour and skills in each OPA\*, 2) conclude the client's level and phase of action in each OPA and 3) presume the client's level of motivation (de Witt 2005). This process was followed, however it is a complex and sophisticated process in which more than one OPA may be assessed with any combination of Ax methods at any one time depending on the dynamic between therapist, context and client. A stage of sensing the level (picture developing) emerged as a stage of the Ax process not previously documented. The model was significantly valued for enabling participants to do the work of an occupational therapist in a time and resource efficient manner, and with perceived accuracy in assessing client's ability for activity participation. A limited sample of the findings can be presented here.

**Informal observation** = day to day obs every time clients are in view to 'look to see' the components of creative ability in clients' actions as 'indicators' of a level. Important to observe clients as often and in as many situations as possible and gain obs of others to gauge clients' levels in personal management (PMx), social ability and use of free time. New methods e.g. questionnaires developed in some contexts.

**PMx Ax** included: - **looking at environments**

in which activities are performed e.g. bed areas for information about actions undertaken and how well they had been done (quality).

- **knowing environmental influences** on PMx e.g. ward culture, routines, resources

**Social ability** is quickest to assess.

**Interviews:** 'informal' with lower level clients longer and more structured with higher levels. Interview ques and content learned from experience

*"..that fluctuates very much because one day the patient is starting to go to transitional, but the next day may be something positive happened in their life, they might be a bit more patient-directed. It depends and fluctuates quite a lot, but I think it takes a bit longer to put the patient in the correct phase whereas the level comes a bit quicker, but the phase can differ from day to day and can also quickly change from one phase to the other"*

Therapists needed regular time with clients to identify the phase, therefore this occurred through on-going assessment during the intervention part of the OT process.

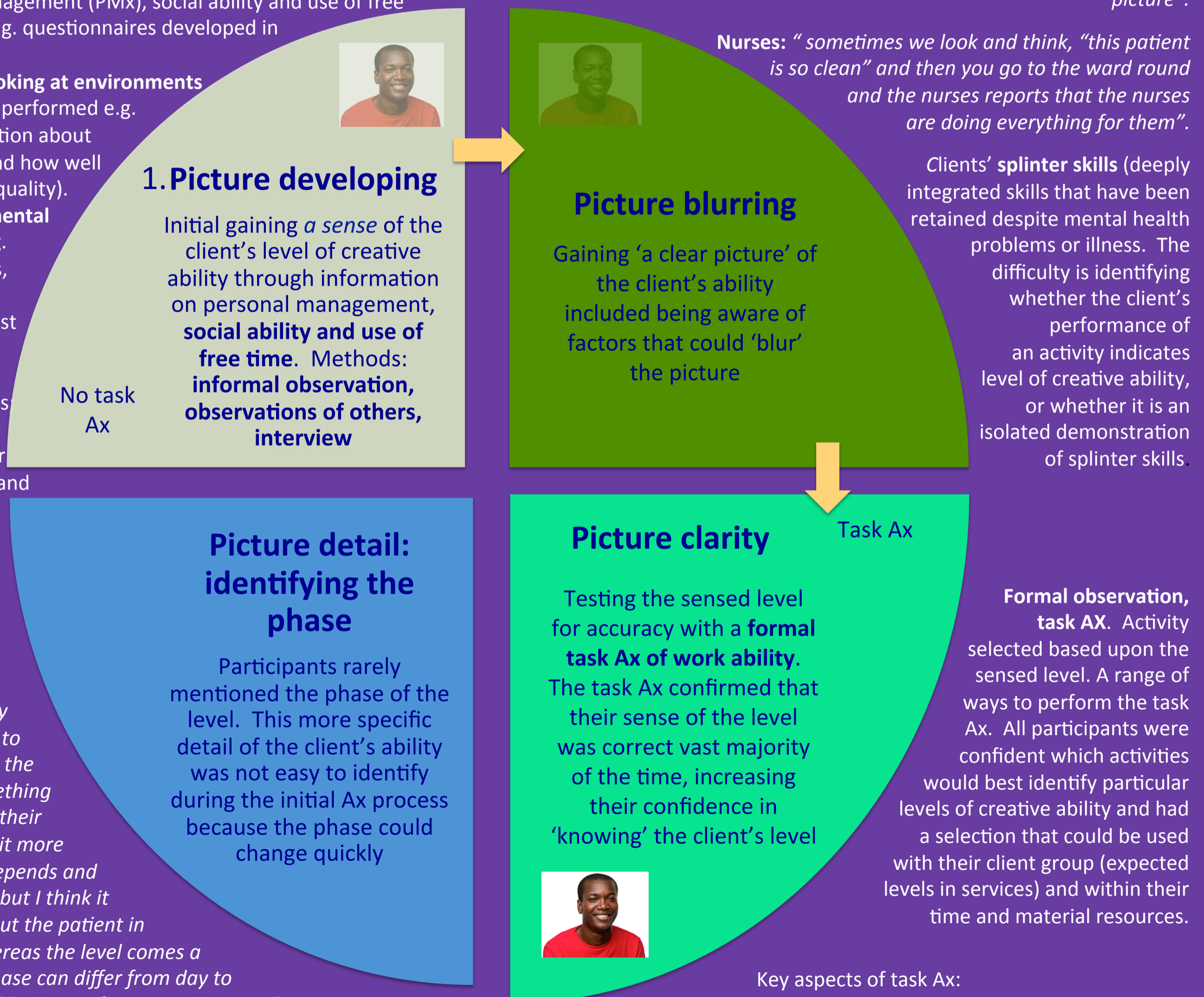
**References:** de Witt P (2005) *Creative ability: a model for psychosocial occupational therapy* IN R Crouch and V Alers (2005) *Occupational Therapy in Psychiatry and Mental Health*. London: Whurr Publishers Limited

OPA\* Occupational Performance Area

- **Institutionalisation** stifles initiative, preventing clients from showing their ability: "we find it time, time and time again. In this structured situation...[patients] don't have to plan a daily programme: what am I going to eat, to dress today, that kind of thing - that blurs the picture".

**Nurses:** "sometimes we look and think, "this patient is so clean" and then you go to the ward round and the nurses reports that the nurses are doing everything for them".

Clients' **splinter skills** (deeply integrated skills that have been retained despite mental health problems or illness. The difficulty is identifying whether the client's performance of an activity indicates level of creative ability, or whether it is an isolated demonstration of splinter skills.



Key aspects of task Ax:

- Not observing clients doing habituated e.g. same task within a production line workshop (influence of environment)
- For time efficiency, task Ax done within an activity-based intervention in a level-designed OT programme and grade according to client's level
- Forensic services relied on OT Ax for information e.g. on cognition, insight, impulsive behaviour. Task Ax essential for cognitive assessment i.e. task concept