Pilot study using the Vona du Toit Model of Creative Ability in adult female forensic mental health settings

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Introduction

Stowe and Sinclair are wards in the female mental health pathway for women of working age with a mental health diagnosis. Most common diagnoses are Schizophrenia, Bipolar and Personality disorders. All patients are detained under the Mental Health Act 1983 (Amended 2007). Stowe is a medium secure admission ward and Sinclair is a low secure ward. Typically patients demonstrate functional impairments including, difficulty in maintaining independent living skills, social functioning, occupational performance and attainment. The Occupational Therapists on these wards were finding it difficult to engage these patients in effective therapeutic interventions. Following 3 days of training in the Vona du Toit Model of Creative Ability (VdTMoCA) the Occupational Therapists gained an understanding of an alternative approach to assess and deliver Occupational Therapy interventions suitable for all patients, including those who previously did not engage. With the support of the Lead Occupational Therapist for the service , it was decided to implement a pilot study using this model. We selected one patient from each ward to practice and evaluate the use of VdTMoCA assessment, handling and treatment principles.

Assessment – Cindy*

Observation of personal management
Cindy has difficulty waking up in the morning, does not engage in regular self care and when encouraged to bathe, tends to sleep in the bath. She also needs assistance to select her clothing and in dressing appropriately for the day.

Social ability
She lacks awareness of social norms and as a consequence, will take food off others plates, wander around, interact inappropriately, spill food and drink down her clothes and on the floor during meal times. Due to these difficulties she attends the second sitting with one or two other patients and nursing staff.

Use of free time
Cindy has no concept of free time. She spends a great deal of time
Sleeping in the day and rarely initiates leisure activities.

Discussion with Cindy and family member
Cindy is unable to engage in discussion and describe past interests, but observation shows she enjoys music, dancing and outdoor games. History gained from family member Informed that Cindy was often top of her class and particularly enjoyed maths, she also enjoyed sporting activity and fashion clothing.

Task assessment - Unfamiliar task: Velcro catch mitt's
A Velcro catch mitt ball game , which was an unfamiliar activity to Cindy was used for assessment. She was given verbal instructions and demonstration on attaching the mitt . Cindy has poor coordination and found it difficult to direct the ball at therapist, she also used too much force on some throws . Cindy did use some effort to attempt the game , but was unable to sustain this . She participated for 6 minutes before throwing the mitt down and starting to walk off. Therapist asked if she wished to play for any longer. Cindy did not respond to therapist and walked back into the lounge area.. Following the above observations and assessment the Creative Participation Assessment was completed to determine Cindy's level of creative ability, Cindy is at the self differentiation level of the VdTMoCA.

Treatment – Cindy

Aims:
The purpose of these sessions is to develop concept formulation of objects, to develop simple tool handling, to develop basic personal care and to increase physical activity and range of movement.

Examples of the treatment sessions used:
- Large bat badminton
- Football
- Beanbag target games
- Baking
- Simple Arts & Craft

Treatment principles
When offering activity sessions to Cindy the therapist should offer physical assistance with the tasks as required and constant supervision . Interventions have been individual sessions that have been previously set up. These are 1-2 step activities with no tool handling and of short duration, 10-15 minutes. The facilitator informs patient what to do rather than asking , but is calm and accepting . All activities should include sensory elements and include movement. Tasks should be demonstrated to the patient at the beginning of the session. These sessions must offer immediate gratification, be successful and enjoyable.

Evaluation
Since using the principles of the model Cindy is more willing to engage in her personal hygiene routine . Cindy will now complete most of the tasks involved with minimal prompting. However, her application of these skills remains inconsistent. She is generally able to get up earlier in the morning with fewer prompts. She recognises and addresses Therapist and other staff by name. She is willing to try new activities and her concentration span has improved. Cindy still has limited awareness of social norms and remains socially inappropriate at times. She is able to exert more effort for longer periods and is more engaged with her world.
Cindy attended 13% of offered OT sessions prior to the model being implemented in March 2016 (January and February 2016). In the last 3 months (February – April 2017) Cindy has attended 61% of offered OT sessions. Cindy remains in the self differentiation level of the model ,however has moved from therapist directed to patient directed phase .

Previous action points completed

- Plan Task assessment sessions
- To use the model to guide OT interventions on the ward.
- To attend the Activity Participation Outcome Measure (APOM) training.
- To attend VdTMoCA support groups

Action plan

Our plan for the next 6 months to a year

- To jointly work across both wards facilitating Task assessment groups.
- To complete the Activity Participation Outcome Measure (APOM) on all patients on both wards.
- To conduct further Research using collected data from the APOM.
- To continue to attend the VdTMoCA support groups.

***The names used in this poster are pseudonyms to protect patients confidentially.**

Assessment – Sadie*

Observation of personal management
Sadie spends a lot of time sleeping during the day. She can complete personal hygiene tasks although not to a good standard. Sadie needs reminding to complete personal hygiene tasks. She often chooses her own clothes which are not always appropriate for the activity.

Social ability
Sadie is able to differentiate between staff and other patients. She calls most staff by their names. She will engage in conversation to get her needs met.

Work ability
Quality of work produced is poor, often rushed. Unable to problem solve or manage obstacles.

Use of free time
Sadie has some interests but needs support and structure to engage in these.

Task assessment – Unfamiliar task: poached eggs on toast
During the task assessment Sadie was able to initiate the task and follow written instructions consisting of 4 steps. Sadie was unable to identify when the eggs were cooked and required support. The task assessment showed Sadie did not have full task concept.

Following the above observations and assessment the Creative Participation Assessment was completed to determine Sadie's level of creative ability. It was established that Sadie was at the self presentation level of the VdTMoCA

Treatment – Sadie

Aims:
The aims of treatment were to develop concept of herself and tasks through exploring ability to Influence the environment and practicing verbal and non verbal skills.

Examples of the treatment sessions used:
- 1:1 room tidy sessions
- Cooking,
- Cognitive games
- Constructive activities e.g. Tissue paper flowers and paper beads
- Physical activities e.g. basket ball and walking.

Treatment principles
Treatment sessions for Sadie must provide quick gratification and be flop proof.
The end product does not have to be a high standard. The focus should be on exploration and involvement. Treatment provision should be both 1:1 and small group sessions. Sessions should last between 10-20 minutes and consist of 3-4 steps. The therapist should set up the environment and any equipment needed prior to the session starting.

Evaluation
Since using the model of creative ability with Sadie she has been more consistent in performing self care and room tidy activities including applying her make up most days. Sadie can now distinguish between her clean and dirty clothes. Sadie's tool handling has improved. Since implementing the model Sadie's attendance in sessions has further improved Sadie attended 39% of sessions offered to her in January and February 2016 ,recently she has attended 85% of offered OT sessions (February-April 2017). Sadie is regularly attending and engaging in kitchen sessions, task assessment group and looking after the living environment sessions. Sadie continues to lack awareness of social norms and needs reminding about her self care. Sadie's concentration has also increased and she has now moved to a ward with a lesser level of security. Sadie remains in the self-presentation level ,however has moved from the therapist directed to transitional phase.

References

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