

TRAINING TO EMBED VdTMoCA ACROSS SERVICES

for a large number of OT staff across services
(including ICAN 12-month contract holders)

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1 DECISION - THINKING BEYOND OT?

The VdTMoCA is a complex occupational therapy practice model. It cannot be learned merely from reading a book or doing a course. Learning the VdTMoCA requires a different process to the MOHO, KAWA, CMOP-E and many other OT models. It is important that the whole team have an insight into what they are undertaking. They will embark on a long journey, but it will be full of discovery which will fascinate, fulfil and sustain them throughout their careers.

It is best if staff are intrinsically motivated for the model. If not already keen for the VdTMoCA, perhaps share OT News articles which provide insight and inspiration for OTs and OTAs (listed below). An ICAN FAQ sheet on the VdTMoCA answers commonly asked questions including whether the VdTMoCA can be used with other models.

OTs are responsible for concluding a client's level and phase of creative ability. OTAs contribute to the assessment, but are neither trained nor considered knowledgeable enough to undertake the complex clinical reasoning required to complete the assessment form and conclude the level and phase. Therefore, post training the team should discuss how the OTAs will record /communicate their observations and assessment data so that the OTs can utilise it. If there are no OTs on a ward to undertake any aspect of the assessment, this needs consideration. Please contact me if you wish to talk through this issue: wendy@ican-uk.com.

If teams are in a position whereby they feel they have lost their way in terms of providing occupational therapy, lack MDT respect or understanding of their role, lack job satisfaction etc, this is a very common experience in the UK, especially in in-patient mental health services. It can be valuable to capture the team's perspectives and experiences in a simple questionnaire before embarking on the VdTMoCA, and repeat it once the VdTMoCA is embedded into routine practice. The initial questionnaire can help the team share their experiences, feel supported and come together to decide on positive action. Taking on the VdTMoCA is known to address the aforementioned issues, leading to significant service change.

If you know that significant change is needed, consider planning for not only the VdTMoCA training, but also an Analytical Survey (AS). The combination of VdTMoCA-informed practice and acting upon the results of an AS can lead to significant positive change for a service as a whole (see articles ^{***}, chapter 5 by Laura Murphy in the 'Perspectives' book and ICAN information on the AS at <https://www.ican-uk.com/>).

It may be important that senior managers understand that the OT services are embarking on a process of change, starting with a long period of training staff, taking time to get to grips with new theory for practice and new ways of delivering the OT process. It can be advantageous for managers and the MDT to know that this process is being planned, and plan a series of updates to inform the MDT on positive benefits being realised for the OT service and how this can benefit the service as a whole. At some stage, it is likely that OTs will want changes to broader aspects of service delivery, requiring the MDT to know something about the VdTMoCA and collaborate with the OTs. Therefore, consider informing the MDT and involving them in some way from the beginning so they also feel invested. Having said that, such decisions rely entirely on local politics, team dynamics and histories, so you are in the best position to know how to approach bringing in a new model of practice. There is no one way to approach embedding the VdTMoCA across services. Several very different examples are provided in the 'Perspectives' book^{*}

OT News articles:

- Allen R, Bainbridge B (2017) Developing confidence and clinical reasoning. OT News, April, pp29-31.
- Birchall S (2015) Cycling towards recovery. OT News, January, p.33.
- Fuller, K., Sherwood, W (2011) Supporting Sensory Stimulation in Adults. OT News, May, pp46-47.
- Harley, G (2019) Using assessment models and growing in confidence. OT News, Feb, pp34-35.
- Harvey H, Fuller K (2009) Changing practice through MoCA. OT News, Dec, p.41.
- Jeffries L (2019) The Interesting Group. OT News, 27(7), pp.48-50.
- Lawrence J, Baker S (2018) A new way of working. OT News, 6(6), pp.32-34.
- Mickel A (2018) Affecting positive culture change. OT News, November 26(11), p.35.
- Norman S (2017) Person-centred care. OT News, Feb, p.45.
- Phillips N (2022) Good social skills for better relationships. OT News, January 2022, pp26-18.
- Scott I, Samsonraj R (2015) Adding creativity to people's lives. OT News, June, pp24-25.
- Shaw T (2017) Horses for courses. OT News, 25(8), pp38-40.
- Sherwood W (2009) An emerging community of practitioners. OT News, 17(5), pp26-27.
- Sherwood W (2010) An electric event: report on the first national Model of Creative Ability Occupational Therapy Conference. OT News, 18(2), pp38-39.
- Wilson R (2016) And then there was OT. OT News, June, pp22-23.
- Wilson S (2015) CQC inspection: a positive opportunity to showcase OT. OT News, October, p23.
- ^{***}Wilson S, White B (2011) The journey to service redesign. OT News, August, p.36-37.
- ^{***}Wilson S, White B (2012) Understanding the needs of service users. OT News, April, pp24-25.
- Young C, Marshall A (2018) Getting it 'just right'. OT News, 6(6), pp28-30.
- Various contributors (2023) Celebrating our occupational therapy support workers. OT News, 31(9), 28-31.





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2 RESOURCES FOR LEARNING

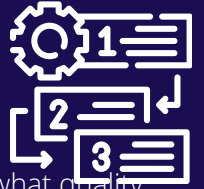
The ICAN VdTMoCA training is comprehensive online training, requiring on average 3 full days. Managers must ensure STUDY LEAVE, and that staff doing the training at work or using work PCs have URL access to the narrated Power Point teaching and videos via <https://icancreativity.ispringlearn.eu/> and <https://vimeo.com/>, and be able to download and print a large workbook and other resources. Post-training OTs definitely need the VdTMoCA full text by Van der Reyden et al, (2019) *The Vona du Toit Model of Creative Ability: Origins, constructs, principles and application in occupational therapy*. Available at: www.vdtmocaf-uk.com

If the model is being invested in for a large number of staff, it can be assumed that the intention is not to trial the model but embed it. Therefore, it is strongly recommended that you invest in several copies of the 'Perspectives' book on the VdTMoCA in practice also. Sherwood (2021) *Perspectives on the Vona du Toit Model of Creative Ability: practice, theory and philosophy*. Can be ordered from me directly to be invoiced, or order via <https://www.ican-uk.com/>. There are no assessment manuals or anything else to purchase.

CHECK I.T.
ALLOW THIS



3 STRATEGISE TRAINING



The creative ability of an individual is observable in what the person does, how / to what quality and with how much support and supervision. Therefore, assessment relies on seeing clients doing things. Intervention is **activity-focused occupational therapy**. Therefore, the VdTMoCA is easiest to learn and apply in in-patient and residential care settings because OTs and OTAs can observe and work in an activity-focused way with clients frequently.

It might be advantageous if the OTs in a service are trained slightly before the OTAs so that the OTs can have some space to process their learning before supervising and advising OTAs. On the other hand, training at the same time can be helpful if staff work together closely and well - it all depends on the individual circumstances.

It can be helpful for staff in in-patient services to train before community-based staff, where the VdTMoCA can be much more challenging to learn. Inpatient staff may then be able to support community staff by sharing what is becoming consolidated knowledge. Similarly, an inpatient service in which OTs and OTAs routinely and frequently work with clients over a reasonable period of time is better for learning the model than services with a rapid turnover e.g. acute mental health. Mental health rehab/complex needs services, forensic and slow-paced inpatient or residential services are where the VdTMoCA particularly flourishes.

Be aware of the impact of staff turnover on embedding the model and sustaining it in a service. The 12-month ICAN training contract was designed to enable organisations to get a lot of staff trained promptly and cost efficiently, including being able to get new staff up and running with the model. Some organisations have developed in-house training. This can be highly demanding on staff time, but can be very successful. It is desirable to develop some staff's expertise in order to be confident and competent enough to train others - consider engaging with the ICAN VdTMoCA Champions initiative.

4 PLAN CPD EXTEND YOUR VDTMOCA WORLD

On completing the training, it's important for staff to understand that they are likely to see the importance of applying the VdTMoCA to the whole OT process. This takes a lot of time to work out and it's not easy.

Plan to support staff to embark on a proper CPD process of applying theory, reflecting-on-practice, going back to notes and the full text, record learning, take action to further your knowledge, and repeat. Incorporate CPD time into staff schedules, realising that this will have a short-term impact on other workload. Team CPD initiatives are common e.g. once a month VdTMoCA study /case sessions. Individuals can bring VdTMoCA questions and engage in various VdTMoCA topics on the ICAN Patreon page - <https://www.patreon.com/icancreativity>

But the MDT don't understand!

Once the OT team have started to use the VdTMoCA to inform intervention, especially when they've made changes to activity and group sessions on wards, it is usual for OT staff to experience some frustration with other aspects of service provision. For example, other disciplines do not understand why certain interactions and inputs are important, and why traditional approaches to care might be contraindicatory. This leads to a desire to share the VdTMoCA with the MDT, and enable the MDT to understand the levels of creative ability and core aspects of intervention. This is a good time to gain information on how other services have approached this task - there are many ways of introducing the VdTMoCA to the MDT. A significant influencing factor in how this is done, is the degree of knowledge and understanding of the VdTMoCA in the OT team. Explaining the basics is usually okay with some support from others (ideas shared on <https://www.patreon.com/icancreativity>, or in books for example), but usually staff become unstuck when the MDT ask delving questions or challenge them for the evidence-base. To think through this, consider booking a Zoom consultation with Wendy Sherwood. [YouTube videos](#) to explain the VdTMoCA in basic terms to the MDT are available.



Other ideas....

From the outset you could plan to reward the hard work of staff who shine with the model and put in a lot of effort to achieve embedding the model. Staff already keen for the model could be encouraged to work toward becoming a Trust VdTMoCA Champion - incorporate it into their appraisal as a long-term project. ICAN VdTMoCA Champions will create field-specific networks. Contact me for more information. Also keep in mind the ICAN award for OT Support Workers, awarded in May each year. This is publicised on the ICANcreativity Patreon page - <https://www.patreon.com/icancreativity>

12-month contract holders can organise a full day's clinical supportive visit to address the team's learning needs. This can include me observing some OT sessions and providing supervision - this is by far the most effective and rewarding initiative to significantly increase knowledge, understanding and confidence. Alternatively, a day of discussion via Zoom is organised.

It takes approximately 2 years to gain novice stage confidence in VdTMoCA practice. To support development, there are various short modules as well as courses for advancing VdTMoCA knowledge. This ensures that therapists do not stagnate or fall into the common trap of mistaking confidence in doing the basics routinely, for expertise. There are various condition or field-specific modules and advanced courses which meet the need to develop into an expert practitioner. See <https://www.ican-uk.com/>,