



The Model of Creative Ability for guiding OT practice: an emerging community of practitioners

In the United Kingdom (UK) over the past five years, there has been a steady interest in an OT practice model of South African origin called the Model of Creative Ability (MOCA). Commencing in 2002/3, South Essex Partnership University NHS Foundation Trust (SEPT) was the first UK Trust in which OTs and support workers began learning MOCA and using it to inform OT practice within mental health and learning disabilities services. Over the past two years, OTs and support workers in a number of Trusts have sought training in MOCA and have commenced applying it in the fields of adult and adolescent mental health, forensic, dementia, head injuries and stroke services.

What is the Model of Creative Ability?

The Model of Creative Ability as described by de Witt (2005) is based upon the theory of creative ability developed by Vona du Toit, South African occupational therapist and educator during the 1960s and 1970s (Vona and Marie du Toit Foundation). Although widely used in South Africa (de Witt 2005; Casteleijn and Smit 2002), the model is a relatively new model to OT practice in the UK.

The Model of Creative Ability is a developmental, ability focused, recovery model guiding OTs to facilitate the recovery of motivation and occupational performance (action). In understanding the relationship between 'doing' and 'becoming': the term 'creative' relates to one's ability to change in response to the life's demands – the creation of oneself. MOCA provides detailed descriptions of nine levels of occupational performance (level of action) corresponding to what the person is motivated for (level of motivation). Five of these levels (table 1) are most commonly seen in healthcare services (Venter and Zietsman 2005). The assumption is that human beings progress and regress through the levels as a natural course of daily living, and that regression to lower levels is seen in the event of trauma, injury and illness. MOCA's assessment identifies the client's overall level of ability and provides detailed guidance for the selection, grading and presentation of intervention in the form of activity, for facilitating recovery or growth progressively through levels.

Level No.	Motivation	Corresponding Action
5	Imitative participation: to behave and perform tasks to standards/expectations; doing as well as others	Imitative: demonstrates behaviours and task performance to socially accepted standards; evaluates; problem-solving
4	Passive participation: to learn behaviours and skills for independent living; doing and being with others; learning socially acceptable behaviours and expectations of task performance	Experimental: experiments with behaviours and tasks in order to identify what is acceptable; experiments with activities to expand knowledge and skills; begins to evaluate performance
3	Self-presentation: to develop sense of self (likes/dislikes; what he/she can do); explore environment, people and situations; constructive 'doing'; learning how 'to do'; develop relating to others	Explorative: willing to try 'to do' but lacks skills; shows interest in surroundings; needs supervision to do tasks and to completion: tends to do a bit and then stop/unsure; communicates with familiar people
2	Self-differentiation: to differentiate oneself from others and things; make contact with the environment including people; sensorimotor stimulation	Destructive: makes contact with the environment; interacts with objects in a way that they are not meant to be used; limited awareness of and contact with people; brief periods of activity
1	Tone: existence	Pre-destructive: no or little awareness of or response to the environment

Table 1: Brief outline of five levels of motivation and corresponding action (levels of creative ability)

The Model of Creative Ability Interest Group

The Model of Creative Ability Interest Group (MCAIG) was established in 2006 with a website and forum. In relation to MOCA, MCAIG's aims include: to bring together interested parties for sharing knowledge and experience; stimulate critical evaluation of the model and research, and to develop continuing professional development opportunities. MCAIG members have engaged in two Away Days (2007 and 2008) hosted by SEPT. These events have been invaluable for sharing knowledge and experience and have been extremely well attended. It is not possible to report on all of the presentations here, however feedback from the field of acute mental health is outlined.

Acute mental health

OTs reported that the first three levels of creative ability are most commonly seen the acute in-patient service. MOCA's clarity in terms of the descriptions of the behaviours and occupational performance abilities seen at certain levels, means that OTs can work quickly in assessing and identifying clients' levels, recorded on an assessment form. Intervention can therefore commence as early into the admission as possible. Clients' progress is evaluated weekly by completing a new assessment form which serves as an outcome measure, enabling therapists to identify change and plan the next week's OT for clients to continue therapeutic input. MOCA's guide to the therapeutic use of self has been helpful for enabling therapists to change their approach in response to how the client is in the moment, and this has been important as clients' presentation can rapidly change.

MOCA's guide to activity selection and grading has enabled the development of an OT programme to meet the needs of all clients including those with the lowest levels of ability and for whom OT would previously have been difficult to provide intervention. Grading activity was expanded on in a

presentation on how drumming is structured for two groups: one ward-based group for clients on level 2 (table 2), and one OT department-based group for clients on levels 3 and 4.



Level 2 - Session aims to meet needs (motivation):	Activity selection, structuring and presentation (ward open group)
<ul style="list-style-type: none"> • Enable contact with the environment • Develop engagement in activity • Develop awareness of self and others through activity • Develop basic social skills • Experience quick gratification • Experience sensory stimulation • Develop motor skills 	<ul style="list-style-type: none"> • Simple drums for making contact, quick gratification, sensory stimulation; destructive action • Basic Drumming action: use hand positions on drum (awareness of ‘my hand’ and what it can do/motor development) <ul style="list-style-type: none"> - create soft to loud sounds - use fast to slow movement - make simple rhythms - minimal social demands • Short session

By providing groups for clients on similar levels of ability, OTs have been able to structure and present therapy that supports participation to improve occupational performance. As clients recover or develop skills, they can progress to the group for the next levels, ensuring a graded approach for the ‘just right challenge’ and progression in recovery.

MCAIG members have found MOCA to be relevant and applicable to clients across a range of service contexts and client groups. MOCA’s focus on ability and recovery is perceived to be a positive approach to practice, and its guide for grading activity has enabled OTs and support workers to confidently develop and justify activity-based therapy.

For the future, it is important that OTs formally disseminate their experiences of MOCA and engage in research as MOCA lacks a research evidence base, which needs addressing. To support a growing number of OTs using MOCA, MSc modules on MOCA have commenced at SEPT, and out of a growing

community of practitioners there are OTs coming forward with research ideas. In the meantime, MOCA practitioners from the UK, South Africa and Japan continue to collaborate as part of an exciting and excited community of practitioners.

References:

Casteleijn D, Smit C (2002) The psychometric properties of the creative participation assessment. *South African Journal of Occupational Therapy*, 32(1), 6-11

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 (4th edition)*. London: Whurr Publishers Limited

Sherwood W (2005) A study to explore the methods and processes of the model of creative ability assessment applied by occupational therapists in in-patient mental health and forensic settings in South Africa. Unpublished MSc thesis

Venter E, Zietsman K (2005) Rehabilitation of the mentally ill in long-term institutionalisation IN R Crouch, V Alers (2005) *Occupational Therapy in Psychiatry and Mental Health (4th edition)*. London: Whurr Publishers Limited

Vona and Marie du Toit Foundation (2006) Patient Volition and Action in Occupational Therapy. South Africa: Vona and Marie du Toit Foundation. Revised 2004. Reprinted 2006

Author: Wendy Sherwood MSc DipCOT, Senior Lecturer in OT at London South Bank University; Head of MCAIG; Head of the International Creative Ability Network (ICAN). wendy@ican-uk.com