**The CP Model - Evaluating its meaningfulness in Occupational Therapy**

**PowerPoint presentation**

**What does the model give us? (Slide 1)**

* Tells us **what motivates people**
* How **strong** is that motivation?
* **Treatment strategies** to elicit that motivation
* It teaches us that **MOTIVATION** is:
* An **inner drive** (intrinsic motivation)
* Motivation can be **measured** through action
* **Action can influence** motivation (i.e. achievement, success will motivate therefore mastery is very significant)
* Motivation **determines** action
* It teaches us how to **deal with different** motivational levels
* It tells us about the **nature of task performance** or action, i.e. the level of concept formation underlying the action, obstacles to perform (this includes awareness of norms), etc.

**What does the model give us? (Slide 2)**

* Relates human occupation to creative ability
* The person performs tasks, and through these tasks **actualises the self** and masters and adapts to the environment
* **Man is "defined" through his occupation** (roles plus tasks), also by himself
* **Growth takes place** through different phases namely:
* Exploration (+ awareness + orientation)

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* Participation

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* Mastery (competent functioning)
* The **importance of purposeful**, meaningful activity participation
* The response that underlies all growth and development is a **creative response**
* However limited residual ability - **growth is possible**

**What does the model give us? (Slide 3)**

* It teaches that **a challenge** needs to be presented to the person (patient)
* If the person responds with **maximum effort** (while controlling anxiety) creative potential will be actualised
* The person is an open system interacting with the environment and being influenced by it - continuous interaction
* Action (occupation) is defined by a person's relationship/management of:
* Other people
* Situations
* Tools / objects / materials

**On a practical level the model: (Slide 4)**

* Defines levels of performance and describes these in detail according to certain criteria which enables us to assess the level of functioning of an individual
* Provides detailed guidelines for treatment and grading; and progress can be easily ascertained
* It provides a:
* Useful tool to assess large numbers / groups and plan and implement programmes for individual / group / large numbers functioning at different levels of performance
* Very suited to psychiatric, mentally disabled and psycho-geriatric patients
* Appropriate for determining level of function of children - gives starting point for treatment
* Useful in giving additional dimension to treatment of persons with physical disability
* Suitable for different cultural groups / socioeconomic levels
* Effective way in which to treat patients functioning at very low levels

**Limitations: (Slide 5)**

* This lies in the application rather than in the model itself - it may become reductionistic with a loss of the individuality of the patient in treatment
* Difficult to consistently apply in acute psychiatric cases (due to rapid change / different functioning aspects)
* Assessment of volition often difficult as many factors may influence action and its quality, e.g. physical ability, environmental factors
* Dearth of literature
* Insufficient sharing on National and Regional levels
* Clinical application and "research" poorly recorded