Developing a widely applicable occupational therapy intervention –

‘The Interesting Group’

I was inspired to write this article after reading Gemma Harley’s article in the February 2019 edition of OT News, in which she talked of the usefulness of the Vona du Toit Model of Creative Ability (VdTMoCA) for informing her delivery of the ‘Interesting Group’. This is a group that I developed some years ago and has been successfully adapted and used by occupational therapists in varying settings. As such, I wanted to provide further information about this intervention, focusing on its value for developing concept formation as an essential occupational performance component.

I work as a senior occupational therapist on Robinson Ward, a 17 bedded unit for males with complex mental health needs within a men’s medium secure integrated practice unit (IPU) at St. Andrews Healthcare, Northampton. An IPU is designed for a specific patient population and has a dedicated multi-disciplinary team to embed value-based, outcome focused healthcare. The IPU is one of fifteen within this registered healthcare charity. Patients are restricted under the Mental Health Act (1983) due to posing a significant risk to themselves or others and have a diverse range of occupational needs with additional challenging behaviours.

I have been using the VdTMoCA for 10 years and each day I learn more about the theoretical application to clinical practice and see how this transpires into further growth and recovery in the patients I work alongside. The occupational therapy team have embedded the VdTMoCA into practice and Robinson ward is a recognised Centre of Excellence for the application of the VdTMoCA, accredited by the VdTMoCA Foundation (UK) in 2015.

The VdTMoCA is a recovery focused, occupational therapy practice-based model which allows for accurate assessment of a person’s level of creative ability. Creative ability is the ability to bring about change within oneself through relating to, connecting, and interacting with one’s world. There are nine levels of creative ability which follow a sequential pattern, with fluidity as a person regresses or improves during their recovery. Creative ability consists of levels of motivation alongside coinciding levels of action which are intrinsically linked, with motivation manifesting itself through one’s action. Once the level of creative ability is confirmed, the VdTMoCA identifies specific treatment priorities and a graded occupation-based approach for facilitating growth and change, (De Witt, 2014). Table 1 illustrates the levels of creative ability.

Table 1 – Levels of Creative Ability

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| **Levels of motivation** | **Levels of action**  |
| Tone | Purposeless, unplanned action |
| Self-differentiation | Unconstructive actionIncidentally constructive action |
| Self-presentation | Constructive, constructive explorative action |
| Passive participation | Norm awareness experimental action |
| Imitative participation | Imitative norm-compliant action |
| Active participation | Transcends norms, individualistic and inventive action |
| Competitive | Competitive-centred action |
| Contribution | Situation-centred action |
| Competitive contribution  | Society-centred action |

(De Witt, 2014, p.6)

What is concept formation?

Concept formation is an essential element of creative ability and is our ability to form an understanding of the things that comprise our world, i.e. ourselves (self-concept) and the materials, objects, people, situations and abstract concepts that we need to relate to, connect with and interact with in our daily lives, (Du Toit, 2015). Concept formation begins at the first stage of life, called the Tone level of creative ability, when there is the potential to develop basic concept formation through sensory processing, for example, an egg is smooth and cold. This transitions through to the Self-differentiation level when elementary concept formation develops by interaction with materials and objects combining sensory and motor processes, for example, if I hit the egg it will break. As individuals move through to the Self-presentation level, action becomes more explorative to develop composite concept formation through interaction and exploration, for example, there are different ways you can cook eggs. Increased understanding of materials and objects results in the discovery of the positive impact one can have on the environment, therefore, developing an impression of one’s abilities, developing self-concept as an occupational being, (De Witt, 2014). As individuals move further through the level of Passive Participation abstract concept formation begins to develop, for example, eggs can symbolise a new life.

Why was the Interesting Group developed?

The ‘Concept Group’, as it was initially called, was originally developed by the occupational therapy team on Robinson ward where many patients are on the Self-presentation level. We applied the VdTMoCA’s treatment principles for this level, informing how to facilitate explorative action within treatment sessions. However, it became apparent that this exploration alone was not enough to enable patients on the Self-presentation level to fully understand the materials and objects being used in activities in sessions. For example, during a craft session we were discussing the properties of the different types of string available to bind a notebook and which would be most suitable, when one patient asked, “How do you make string?” and “What’s the difference between string and rope?”.

And so, as an *extension* of the usual sessions aimed at developing concept formation, the occupational therapy team devised the ‘Concept Group’, in which a different concept (topic) could be explored each week. The treatment sessions were explorative in nature to facilitate the essential partnership between exploration and concept formation, allowing for greater exploration of materials and objects. We realised that it is essential that sessions are not teaching-learning based but provide opportunity for exploration through interactive tasks and activities. Topics arose from questions generated by patients during sessions or emerged during general conversation over the week. We struggled with the name of the group, as the ‘Concept Group’ was too abstract for people to understand, however at the end of one session a patient stated, “You know, these concepts you’re teaching us are very interesting”, and from that day onwards the session was re-named ‘The Interesting Group’.

Group content and structure

Patients selected for the session were on the Self-presentation level with up to six participants, an occupational therapist and a technical instructor. The session took place on the ward in our Activity room for the duration of 45 minutes. Table 2 is an example of the content of one of the sessions we held the week following the craft session mentioned above.

Table 2 – session content and rationale

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| --- | --- | --- |
| **Session plan** | **Activity** | **Rationale**  |
| Welcome | Welcome everyone. Explain the social norm expectations for the session.  | Develop understanding (concept) of this situation.  |
| Introduce the topic | Rope, string and thread as generated from the craft session. | Extending concept formation started in the craft session.  |
| Categorisation  | Sort a range of twines into the categories of rope, string and thread. | Basic, elementary and compound concept formation re: the different properties of each item.  |
| Sorting activity  | Arrange the materials in order of their thickness.  | Basic, elementary and compound concept formation.  |
| Exploration of twines | Un-do a piece of rope, string and thread and compare the differences and similarities. Watch a video on how wire rope is made and compare.  | Elementary and compound concept formation re: how the twines are made.  |
| Exploration of the strength  | Test the strength of cotton by attempting to lift an object. Then twist three pieces of cotton together and repeat. Complete the same activity with string.  | This activity is good for developing self-concept regarding own abilities whilst twisting the twine and elementary concept formation regarding the properties of twines.  |
| Closing the session  | Ask each group member one thing they had learned from the session.  | Awareness of concept formation and self-concept. (What I learned, what I find interesting)  |

What are the benefits of the Interesting Group?

The Interesting Group enhanced patients’ understanding of materials, objects, people and situations they relate to and connect with in their daily lives. They were able to transfer this knowledge into other sessions to further enhance their skills. Development of concept formation improved patients’ abilities to use the materials and objects in the correct way and in a more effective manner, therefore providing positive feedback about their skills and performance, and improving self-concept.

The Interesting Group also provided an opportunity for patients to learn and develop social interaction and communication skills. The social norm expectations were made explicit to enable patients to understand how to present themselves correctly within the group. The facilitators encouraged group members to listen to others, allow others to talk without interrupting, talk at a suitable volume and increase awareness of others’ needs. As a result, we observed patients were listening attentively, apologising for interrupting and supporting each other. Whilst there remained enthusiasm, it was of a calmer nature than previously. We saw much improvement in a patient’s ability to manage his impulsivity; we saw a patient who struggled to manage his mood, brighten during the session and we saw a patient who lacked confidence in talking in a group, flourish. Some of the patients’ comments were, “I really like this group, it makes me feel much better in myself”, “I feel more confident now”, “I didn’t shout out today, I’m proud of that”.

The wider impact

The Interesting Group not only generated much enthusiasm in the session but spread throughout the entire ward. Following the sessions, there was always a positive atmosphere on the ward with much discussion initiated by patients with the nursing team. The ward multi-disciplinary team (MDT) would often ask, “So what’s the topic for the Interesting Group this week?”. The sharing of ideas and discussion within the wider team assisted the MDT to understand the therapeutic aims of the group, enhancing understanding of the role of occupational therapy.

Patients on the lower level of creative ability (Self-differentiation), were also involved after the main session on a 1:1 basis for a shorter session of 10-15 minutes. The aim of these sessions was to develop basic and elementary concept formation. For example, after a session on chillies and peppers, entitled ‘Is it hot or is it not?’, patients on the Self-differentiation level were invited to try some of the peppers whilst they talked about the properties, i.e. the yellow peppers are sweet compared to the green ones.

The engagement of patients on different levels of creative ability and the involvement of the MDT created opportunities for the whole community.

The Interesting Group spreading throughout services in the UK

The Interesting group has been shared within the VdTMoCA community and as a result has been introduced to various forensic mental health settings across the UK.

Low secure forensic IPU, St. Andrews Healthcare, Northampton

Due to the success of the Interesting Group within the men’s medium secure IPU, the session was introduced in the men’s low secure IPU. I initially introduced the group alongside the occupational therapy team to support them during the introductory phase, withdrawing as the group became established.

Comments from the patients: “I feel listened to and enjoy sharing my ideas”, “The group is the only place I can speak out and not feel stupid”, “I enjoy talking about new and interesting things to take me away from my problems”.

Corinne Dawes (Senior occupational therapist) fed back, “As a therapist it is a joy to see the patients happy and engaged, they also learn how to talk with others in a group without realising it, how is that?”.

Low secure forensic service, Southern Health NHS Foundation Trust

Gemma Harley reported on implementing the Interesting Group at Southfield, a low secure forensic unit for men and women with complex mental health needs and reports, “Services users were more comfortable as they were all working on similar aims, not feeling left behind, felt less judged by their peers and their abilities were not being under-estimated”, (Harley, 2019, p. 35).

High Secure forensic mental health pathway, Broadmoor Hospital

The Interesting Group was introduced in Broadmoor Hospital within the mental health pathway specifically targeting patients on the Self-presentation level were not engaged in occupational therapy. These are the benefits observed by Joanna Lawrence (Senior occupational therapist), “Patients demonstrated increased levels of motivation, improvement in social communication and interaction skills, increasing a shared connectedness, and the group became embedded within their weekly routine.” The group had further impact, seeing patients’ who rarely engaged in occupational therapy participate in a wider therapy programme.

Whilst the Interesting Group has been introduced into forensic services, it is wholly applicable to all patients on the Self-presentation level and has been successfully implemented with people with a diagnosis of mental illness, personality disorder and learning difficulties.

Conclusion

The Interesting Group has proven an effective therapeutic intervention for patients on the Self-presentation level of creative ability, demonstrating improved concept formation, self-concept, self-confidence and interaction and communication skills. It has been successfully applied for people with a wide range of diagnosis and diverse occupational performance needs. I will be facilitating a workshop on the Interesting Group at the 6th International VdTMoCA Conference, in London, on 24th June 2019 which will hopefully lead to the Interesting Group being implemented further in to occupational therapy practice.

**References**

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