

# Addressing challenges to engagement through ward-based groups

## Background...

The Vona du Toit Model of Creative Ability (VdT MoCA) (De Witt, 2005) is the practice model used at The Welland Centre, an acute psychiatric hospital. It enables OT to be delivered through a structured timetable of activities, meeting the needs of a wide variety of patients at different levels of creative ability. A treatment pathway through a range of activities is provided, each pathway offering groups aimed at individuals at different levels of creative ability.

This has proven to be widely effective, however we felt we were not maximising our therapeutic involvement with certain individuals, and faced particular challenges engaging service users at lower levels of creative ability.

## Reasons for the change

We identified that individuals who were reluctant to engage were being missed through our group programme. This related particularly to:

- those at lower levels of creative ability
- individuals with Personality Disorders
- male service users

We found engagement a particular challenge with those at lower levels of creative ability who are often:

...Unable to concentrate for the full duration of a standard group

...Reluctant or unable to come off the ward due to leave restrictions

...Reluctant or unable to demonstrate interest or commit to engage in any therapeutic activity offered to them, particularly in the form of a group

Following an incident within an OT group, a new protocol was introduced which prevents service users from leaving the ward for 72 hours after admission. Our previous way of working meant they could now not come off the ward to attend groups, consequently delaying the start of our involvement with them.

As a result of these points, we felt that these individuals who would not or could not engage in groups off the ward were missing out on therapeutic input and that our timetable was therefore not being maximally effective.

## Challenges to running ward-based groups

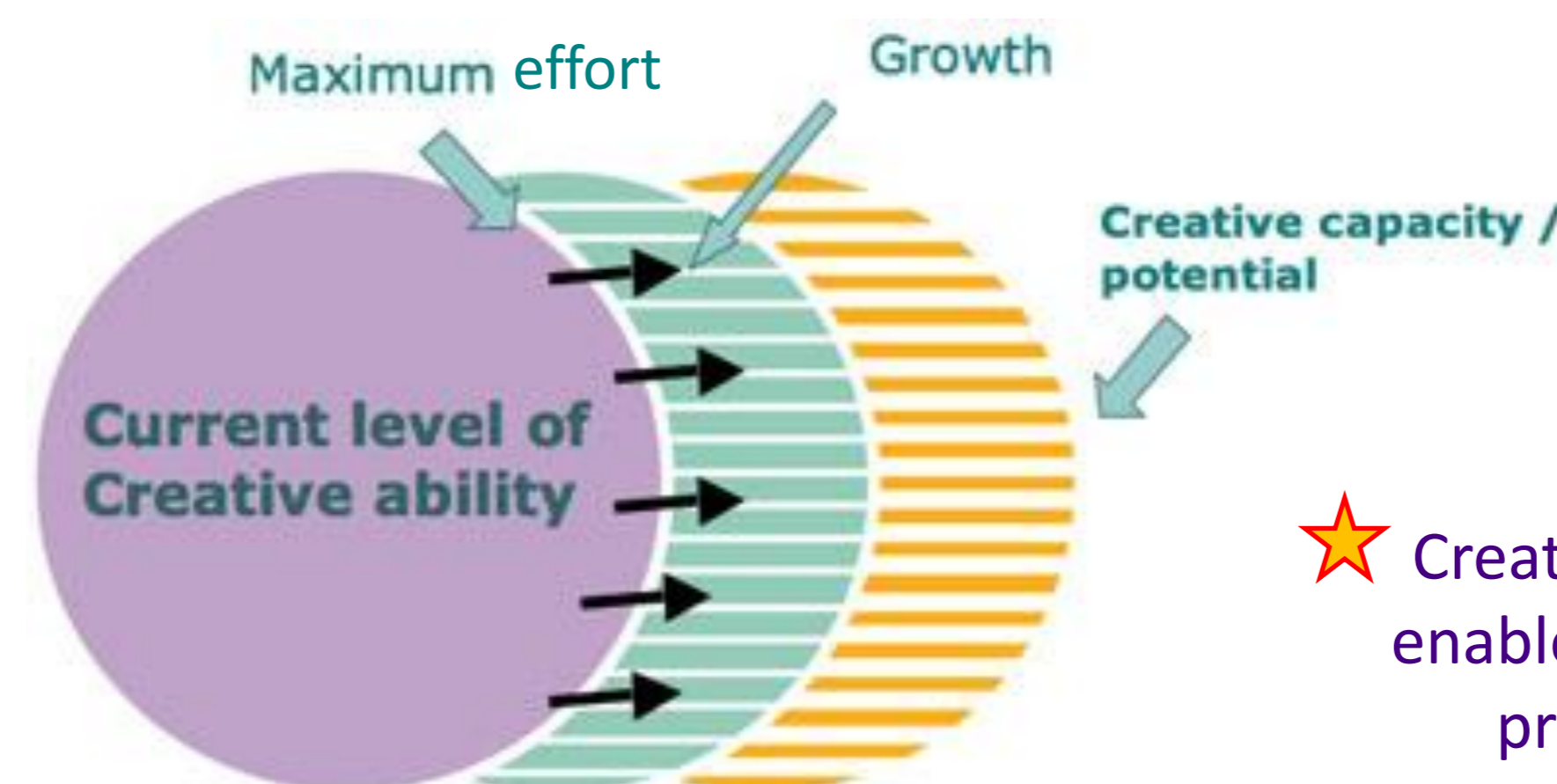
- All levels of creative ability can access the groups – this creates a significant challenge as their functional abilities and the activity and environment demands which they can cope with are often very different.
- Being on the ward results in having less scope to control the environment which often makes it difficult to exercise and adhere to the VdT MoCA treatment principles.
- The ward environment can be unpredictable and volatile at times, therefore it may not be appropriate to run the group physically on the ward, or the specific activity may have to be changed/adapted in to make it more appropriate, eg altering an activity so it can be done without using scissors.
- Groups are often disturbed due to cigarette breaks, service users being taken for medication or other service users' presentation which may be chaotic and disruptive.

**\*\* The main challenge relates to our ability to remain true to the VdT MoCA principles and to be able to effectively exercise them due to the wide range of client presentations and the lack of ability to control the environment and external factors\*\***

## Overview of the Model of Creative Ability

(De Witt, 2005)

- Developmental model which focuses on recovery of motivation and occupational performance.
- It was developed by Vona Du Toit, a South African OT in the 1960's.
- It provides a guide to intervention which uses activity as a powerful therapeutic tool.
- The model relates to each of the four Occupational Performance Areas: personal management, social ability, work ability and use of free time.



There are 9 levels with 3 phases in each; development through the levels is sequential be-it positively or negatively

## Motivation Action

... motivation governs action and action is the direct manifestation of motivation

**Creative / creativity = Creation of oneself and one's world**

The aim as therapists is to support individuals to exert maximum effort and develop to their full potential.

...if you don't step out of your comfort zone you never move forwards!

★ Creating the 'just right challenge' enables people to achieve this and progress through the levels

## How we changed...

As part of our regular programme reviews we adjusted our programme to incorporate ward-based groups in the mornings and continue with the levelled VdT MoCA groups off the ward in the afternoon. This enabled us to:

- address the challenges to engagement as previously discussed
- enable us to maintain our structured groups
- continue to meet the therapeutic needs of service users at higher levels of creative ability

## Positive outcomes of the change - Benefits of running ward-based groups

Individuals who do not have leave off the ward (particularly due to their recent admission) are still able to access groups.

Running groups on each specific ward enables us to tailor activities more specifically to the interests and therapeutic needs and of the service users present

- this way of working enables us to be more flexible and spontaneous.

Positioning the group/activity in the communal area near the exit to the garden means that when service users go for their hourly cigarette break, they see what is going on and this initial interest often leads to further, more active participation.

Those who are reluctant or unable to commit to a whole group, particularly due to their low level of creative ability, are now able to dip in and out as their concentration levels allow. This is particularly beneficial for those at Self Differentiation level as they can concentrate for 5-10 minutes at the most (De Witt, 2005).

Seeing the activity taking place and seeing peers getting involved often encourages others to do likewise - they can't resist temptation to have a go themselves!

..this often then becomes the beginning of further involvement with OT.

Some of the other benefits we noticed from being based on the wards more:

- > helps us to get to know clients better and develop relationships
- > helps raise the profile of OT amongst nursing staff and the rest of the MDT, as well as service users
- > enables us to assess individuals informally through observation, especially those who don't engage with OT
- > promotes collaborative working with the nursing staff
- > enables co-patients to work together which promotes a sense of community and peer support
- > promotes a more active environment on the ward and a culture of 'doing'

## Reflections and a few tips to engagement...

- Being based on the ward enables you to respond in the moment - more spontaneity often leads to more engagement!
- Short engagements are better than no engagement - these help develop the therapeutic relationship and often lead to further engagement.
- Be willing to be flexible and 'go with the flow' - if someone doesn't want to do your activity, change it!
- Use activities which are easily gradable and be familiar with their grading potential (also consider the social demands of the activity and what impact increasing or decreasing them will have).
- Be familiar with the interests of those you are trying to engage - engagement is far more likely to happen and be a success if the activity is meaningful and appeals to them.
- The activity may be a simple one but enable it to create a challenge for everyone by getting those at higher levels of creativity to help those at lower levels.

## References:

De Witt, P. (2005) 'Creative Ability – A Model for Psychosocial Occupational Therapy'. In: Crouch, R. & Alers, V. (eds). *Occupational Therapy in Psychiatry and Mental Health*. 4th Edition. London and Philadelphia: Whurr Publishers. Pp3-61