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The Model of Creative Ability in vocational rehabilitation

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Abstract. Occupational therapy literature has reported on the concept of motivation in great depth and it is evident that motivation has many constructs. Motivation is seen as a key indicator for success in rehabilitation. When assessing a client's vocational skills and performance, occupational therapists in South Africa have found the Model of Creative Ability to be a useful model to determine the quality and quantity of motivation.
This article briefly describes the development of the Model of Creative Ability in South Africa and explains the fundamental concepts and terminology used in the model. Criticism of the model as well as the reasons for the popularity of this model are given. A case study is used as an example to illustrate the unique contribution of the levels of motivation and action to a medico-legal report.

Keywords: Motivation and action, volition, self-presentation, medico-legal assessment

1. Introduction

The importance of motivation has never been doubted in occupational therapy and there is agreement that clients must be motivated to take an active part in their rehabilitation [2–8,10,14,15]. In considering the various available literature, Stone gives an updated account of motivation theories from a psychological perspective to explain how occupational choices within contexts and social environments are made [16]. Reed further presents an informative overview of concepts used in occupational therapy since the inception of the profession in 1919 [14]. Motivation, intrinsic motivation and volition are among these concepts. When reading the different definitions that Reed quotes from the various literature sources, it seems as if these three concepts are closely linked and in some instances, even overlap [14]. Reed states that volition is not always considered to be a major construct in theoretical models of occupational therapy [14]. The Model of Human Occupation is the only occupation-based model that is well researched, documented and used by occupational therapists.

In our years of practice, we have often heard from other professionals and even sometimes occupational therapists that one cannot motivate clients. However, the ultimate outcome of "engaging in occupation to support participation" that comes from the Occupational Therapy Practice Framework [1] has a strong motivational component in it. Table 1 presents four constructs well represented in occupational therapy literature that could assist the occupational therapist in motivating a client or groups of people [3].

Vocational rehabilitation is no different from any other field of occupational therapy and the motivation of the client is considered a key indicator for success. In South Africa the Model of Creative Ability, or sometimes called the Model (or theory) of Motivation and Action, is widely used but unfortunately poorly documented. Several articles in this issue which narrate vocational rehabilitation in South Africa, refer to this theory [9,11,12,19]. This article aims to provide an introduction to the model and draw on a case study to

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Table 1
Measurable constructs of motivation

Concept linked to motivation	Measurable constructs
1. Active involvement	Does the patient/client: – Display the desire to explore? – Show interest in the activity? – Demonstrate maximum effort? – Experience a sense of competence? – Experience enjoyment and satisfaction? – Indicate the need for occupation?
2. Purposeful activity	Does the activity: – Incorporate the needs and interests of the patient? – Match or challenge the level of the patient's abilities? – Enhance the patient's self-worth? – Have importance and purpose for the patient? – Provide for the need of the patient to contribute to his world?
3. Choices	Does the activity provide for: – Activity choices or the decisions of what activities to do? – Occupational choices or decisions on what roles, habits or personal projects to do? – Options to choose from? – The ability to make choices?
4. Success and feelings of competence	Does the patient/client: – Experience success or failure? – Display a sense of control? – Show signs of a positive self-esteem? – Exhibit the abilities to participate and complete the activity? – Experience flow (the "just right challenge")? – Display a positive attitude towards himself? – Put in maximum effort or willingness to engage in the activity? – Pay attention to the quality of the end product (tangible or intangible).

indicate how the model is typically used in the field of vocational rehabilitation.

2. Model of creative ability

2.1. Background

Vona du Toit, one of the first four occupational therapists trained in South Africa, developed and wrote her ideas on what she called psychical recovery, creative ability and levels of motivation and action, during the 1960's and early seventies. Existentialism, phenomenology and developmental theories influenced her work and her own belief was that the quality of human participation in purposeful activities influences the meaning of life [8]. She strongly upheld the statement by Mary Reilly "that man, through the use of his hands, as energized by his will, can influence the state of his own health" [15].

In du Toit's opinion, a person goes through different stages of motivation and action in the psychical recovery process. Motivation is the inner force that initiates or directs all behavior and results in the creation of a tangible or intangible product [6]. The different actions which a person displays and which are observable express his motivation. Motivation governs action and action is the manifestation of motivation [8]. Thus, through the assessment of action, the therapist is able to measure the strength of motivation.

Du Toit used Coleman's definition of volition which is "any inner condition of the organism that initiates or directs its behavior towards a goal" [8]. When compared to her definition of motivation, it seems as if volition and motivation are synonymous concepts. Even in the application of her theory, therapists do not distinguish between these two concepts.

2.2. Fundamental concepts

The fundamental concepts of the Model of Creative Ability are postulated as follows by Van der Reyden [17]:

– the levels of motivation indicate what motivates a person, the strength of motivation and the stages of development;

Table 2
Levels of creative ability

Volitional stage	Corresponding Action
Tone	Undirected, unplanned
Self-differentiation	Incidentally constructive or destructive
Self-presentation	Explorative (3–5 step task)
Passive participation	Product-centered (5–7 step task)
Imitative participation	Product-centered (8–10 step task)
Active participation	Originality, transcends expectations
Competitive participation	Product centered, originality, excellent quality
Contribution	Contributing to own community
Competitive contribution	Contributing to society at large

- the levels of action indicates exertion of motivation into physical or mental effort, the creation of a tangible or intangible product and the level of skill;
- there are nine sequential and interdependent levels of volition with corresponding stages of action (see Levels of Creative Ability, Table 2);
- these levels represent stages of development, recovery, regression or progression;
- the levels develop on a continuum from unconstructive action to norm transcendence and egocentrism to contribution to society;
- it is possible to have a forward and backward flow between the levels;
- growth takes place through exploration, participation and mastery;
- a person progresses through each stage from therapist directed to patient directed and the transition to the next stage;
- each level is further described in terms of criteria set out in Table 2;
- there are guidelines for treatment aims and the method of presenting the treatment.

Creativity is another concept in du Toit's work which needs clarification as it has many meanings and is generally understood to be synonymous with mostly artistic talents. The artistic meaning of creativity was not what du Toit had in mind. She explained the concept of creativity by saying that in living we make choices, and we make them repeatedly and routinely. This is the creative process. A person needs to have his own share in the becoming of things. When the person is actively engaged in an activity, he wants something of himself in that activity. When du Toit attempted to define creativity, she stated that the absence of creative ability is perhaps more easily noticed than its presence [8].

Du Toit advised therapists to use the term creativity as little as possible since the term in itself does not have a definite quality or quantity. It cannot be applied to the product created. She suggested that one uses more specific and functionally significant terms such as creative ability, creative capacity, creative response, creative participation and creative act [8] as defined in Fig. 1.

Several terms are in use for du Toit's theory or model – Theory or Model of Creative Ability, Volition and Action, Model of Motivation and Action and Creative Participation. This creates some confusion for therapists who are not familiar with the philosophical and theoretical underpinnings of Creative Ability [17].

2.3. Levels of creative ability

Du Toit postulated nine sequential levels of Creative Ability [8]. These levels are listed in Table 2. Detailed descriptions of the characteristics of each level are well described in du Toit's and de Wit's publications [6,8].

2.4. Critique to the model of creative ability

Unfortunately, there is a lack of documented research and insufficient literature for reference [17].

There is no agreement on whether Creative Ability is a model, a theory or a philosophy [17]. A model guides clinical application, teaching and research. A theory provides the conceptual (theoretical) base for therapy and guides teaching and research, while a philosophy provides the approaches to and assumptions of professional practice. At this stage the Model of Creative Ability provides all the above in varying degrees. This lack of agreement may be the cause for the many names of Vona du Toit's theory.

According to a survey done by Van der Reyden, students and therapists experienced problems with the assessment of creative ability [17]. This may be linked to the lack of literature on criteria for evaluation and the absence of standardized assessment procedures. This leads to subjectivity and confusion.

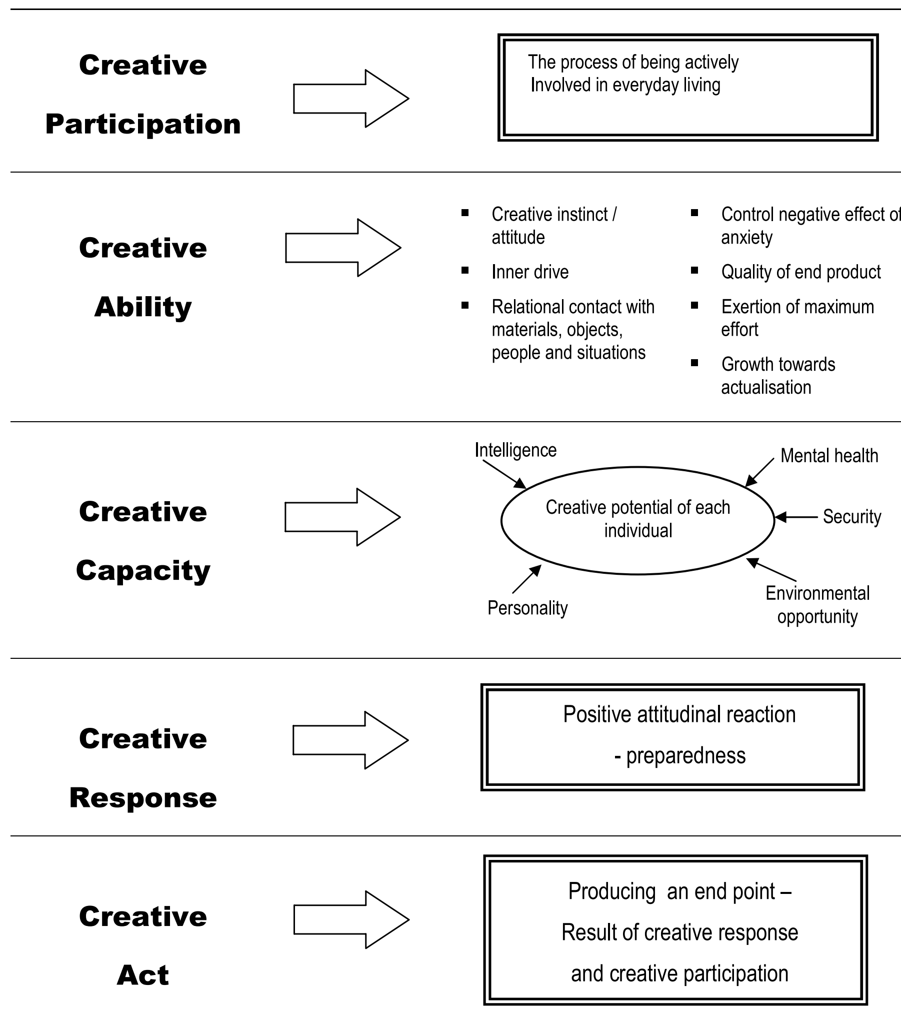

Fig. 1. Key terminology in the Model of Creative Ability.

2.5. *On a positive note*

With this criticism of the theory, why is it then still in use? One of the unique contributions of the model is that it describes motivation and action in terms of quantity and quality. Therapists have a tool to say how much motivation they observe in a client as well as what actions the client displays. It makes motivation measurable. If we are able to measure we can detect change (even minor changes) and we will be able to compare groups of clients and start making predictions. One of the most common predictions used with this model is to determine the time of introducing vocational rehabilitation or training [11,12,19].

The assessment for the level of motivation and action mostly used is the Assessment of Creative Participation developed by Van der Reyden [17]. Casteleijn investigated the psychometric properties of this assessment and found good inter-rater reliability as well as excellent construct validity. These results are valid when the assessment is used with patients with schizophrenia [3].

This model is also used in institutions with large numbers of patients to group them into levels of motivation and action. Occupational therapy assistants are trained in this assessment which allows the allocation of patients into the most therapeutic group for their level [13,18].

Thus, the model gives us a starting point for assessment and intervention. It helps us to give the "just right" challenge at the right time with the right client and with the correct structuring of the environment.

Table 3
Criteria used to describe each level

– Ability to handle tools, materials and objects in the environment	– Norm awareness
– Quality of relating to people	– Initiative and effort
– Handling of situations	– Anxiety control and range of emotional responses
– Expected behaviour	– Quality of task execution or product
– Task and other concepts	

The next part of this article is a presentation of a case study to indicate the use of the criteria for determining the level of volition and action (see Table 3).

3. A case study

MP is a young woman in her mid twenties who sustained a severe brain injury resulting in a spastic quadriplegia with a speech deficit, due to an abduction-assault cum motor vehicle accident. She was a telesales lady at a short term insurance company at the time of the incident. It was evident that she could never return to this job. The referring party requested a medico-legal report from the occupational therapist to determine the effects of the accident and injury on the client's activity and social participation.

The therapist wanted to assess her at home using time, Assessment of Motor and Process Skills (AMPS) and, if possible, proceed to additional standardized testing to give the referring party quantitative data. The therapist was invited to the game lodge that the family had acquired as a future means of income from tourism for MP.

Dressing and breakfast was observed in her normal environment and within the presence of the family and caregiver. Obtaining a contract of participation from MP and structuring the activities according to the AMPS proved to be impossible, as her actions and following of instructions were still haphazard. At times her actions were fairly constructive but then, at the next moment, they became destructive (her family seemed to be embarrassed by this occurrence). She was ego-centric and seemed much more interested in the fact that that everyone was involved in watching her perform. .Continuous instruction and supervision was necessary. She also did not allow her father to read his newspaper and drew his attention to herself. A spectrum of emotions were displayed that varied from happy to anxious to angry.

Using the Model of Creative Ability, the description of MP's actions stated above indicates that she functions on a level of self presentation. The main characteristic of this level is that clients are eager to present their newly differentiated self to people. After a serious injury like MP's brain injury adverse changes are evident. The long road to recovery usually starts with a redevelopment of a sense of individuality. MP's erratic behavior could be viewed as the development of a new "me" and, since the injury was serious and involves cognitive impairment, the redevelopment starts at a low level, in other words self-presentation.

The actions of clients on the level of self presentation are explorative. MP shows behavior that tests out the reactions of others to see which actions elicit rejection and which elicit approval. Not allowing her father to read the newspaper could be viewed as an explorative action.

MP handled the utensils for eating breakfast in a clumsy manner, – messing, being playful and refocusing as her caregiver drew her attention back to the task. These actions exemplify the handling of materials and tools on the level of self presentation. Patients are aware of the function of the tools and materials but handle them with limited skill. The physical impairments of MP's spastic quadriplegia further influence her skill in handling tools.

Exerting maximum effort is one of the criteria for the level of motivation and action. MP's lack of ability to stay with the task of eating indicates her short duration of maximum effort and she needs her caregiver to bring her back to the task. This also confirms her level of self presentation.

Du Toit believed that task fulfillment could indicate level of motivation [8]. The 5 steps of task fulfillment are:

- Comprehension of the concept of a task consisting of 5 or more steps
- Identification with the task and accepting it as his/her own
- Executing the task with assistance and guidance
- Deciding when the task is complete
- Experiencing a sense of task satisfaction

MP's task fulfillment is still very simplistic, limited more to her basic needs than to objective aims and norms. This results in a variation in her effort and "product" from very poor or reluctant to reasonably

acceptable. It seems that she attempts to do the task but lacks perseverance and needs her caregiver to assist her. She therefore displays only the first step of task fulfillment.

She refused to try any formal pen and paper tests and, in her need to "escape" from the demand, she used physical contact and communicated more freely. These actions indicate the range of her emotional responses. The pen and paper tests might have evoked anxiety as the situation is unfamiliar and she would rather avoid it. Emotions on the level of self presentation include anger, fear, aggression, or love that would suddenly change to hate; tolerance that swings to intolerance; shallow extrovert behavior that could turn to withdrawal. These inconsistent and unpredictable behaviors may also be viewed as exploring with the range of emotions to investigate which elicit acceptance or rejection from others. This exploration is usually to establish social boundaries.

In terms of contact with others, clients on self presentation lack sensitivity to the needs of others (such as MP not allowing her father to read the newspaper) and tend to manipulate others (MP made physical contact with the therapist when trying to avoid the pen and paper tests). MP lacks maturity and emotional content to form quality relationships and is still ego-centric.

The pleasant feeling of being in favor of someone is another feature of self presentation clients. They will seek out one or two people to make contact with and choose to ignore others. Often the favorable person is the therapist.

The above case study provided a narrative combined with a comparable level of function to base the necessary medical-legal report on – moving the decision from purely numbers to function. The future treatment scope of MP had to be redefined as she would not yet be able to take over the bookings for the guest cottage in the near future. Treatment would rather be to enforce the level of explorative action to obtain passive product centered participation – the next level of motivation and action.

The Model of Creative Ability gives clear guidelines for intervention. In MP's case the intervention would aim to establish familiarity with a wide range of tools and materials. Through participation in activities, she will gain information about these tools and materials which could provide a sense of security for her. These activities could be work-related with the focus on the product of five-, and later, seven-step tasks. Activities from her daily routine and immediate environment would also be included to improve her independence and give a sense of security. The speed and skill of participation can be gradually graded, but it is crucial for recognition to be given for all effort to develop norm awareness and later norm expectation.

Sibling involvement will become more important to widen her scope of exposure. Her repertoire should follow her learning curve and both her parents and the caregiver need to buy into this process and use her level of participation as a step-at-a-time yardstick for progress, rather than remain too focused on the far future dreams of a vocation on the farm.

Most occupational therapists that perform assessments in the field of work rehabilitation have no problem in acquiring material to evaluate clients that function on the higher levels e.g. imitative participation. These clients are usually able to follow instructions, persevere for a reasonable amount of time and can understand the purpose of testing (Table 1). However, if a client is on the product-centered phase the occupational therapist often experiences an explorative minefield as time studies hardly allow for explorative patient action during standardized tests that cannot accommodate erratic and unpredictable behavior. And this is where the Model of Creative Ability particularly finds its niche and proves its value.

4. Conclusion

The Model of Creative Ability is a widely used model in vocational rehabilitation in South Africa, despite some criticism. It assists therapist to describe the occupational performance of a client and clearly explain the effects of the injury on participation. The case study presented here illustrated the fact that patients with erratic and unpredictable behavior, who cannot participate in standardized assessments, could be well described to the medico-legal fraternity using levels of motivation and action.

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