

The Dain van der Reyden Address 2022: Hand-in-hand





Dr Wendy Sherwood

Art in her home city, Birmingham. While providing graphics to a magazine for people with disabilities, she stumbled across the occupational therapy profession and she took the decision to make occupational therapy her career, qualifying from Coventry University in 1991—an excellent outcome of stumble #1.

As a clinician, Wendy's passion has been mental health occupational therapy, particularly working with adults experiencing psychosis. Having worked in large psychiatric institutions in the late 1980s and early 1990s where she witnessed the impact of long-term institutionalised and out-moded treatment of people with chronic schizophrenia, Wendy went on to specialise in working with people experiencing psychosis, particularly in inpatient acute and forensic services. The difficulty in providing effective occupational therapy to people who are floridly psychotic troubled her enormously, her lack of competence being acutely felt whilst teaching students at the Essex School of Occupational Therapy from 2000-2003. So, when she stumbled across the then named Model of Creative Ability through a South African occupational therapist, she was intrigued by the claim that it could make her an effective, competent and confident therapist with any client of any diagnosis and severity of condition. Following that chance encounter in 2003, Wendy tried the Model in forensic practice, and the experience completely changed her as an occupational therapist—thank you stumble #2.

Wendy returned to academia to share the Model with occupational therapy students and undertake Master's level research into the Model's assessment process in forensic services in South Africa. The knowledge that she gained and the relationships formed with South African colleagues inspired almost 20 years of studying, applying, teaching, researching, developing and writing about the Model.

Wendy led the introduction of the Model of Creative Ability to the occupational therapy profession across the UK and also in Japan and Singapore. This was supported by developing training for clinicians and preregistration education for occupational therapy students, and delivering international conferences on the Model since 2009. These initiatives brought the Model to the renewed attention of South African occupational therapists, leading to formally renaming the Model as the Vona du Toit Model of Creative Ability (VdTMoCA) and a surge in research. In 2015, Wendy joined South African experts to revise the VdTMoCA and as a co-author and editor of the first full text on the VdTMoCA (Van der Reyden et al, 2019), contributed her PhD theoretical construction of effort and maximum effort to the Model's theory. Wendy also co -authored the first books on the application of the VdTMoCA in practice, the 'Perspectives' book currently going into its second edition.

In this keynote address, Dr Wendy Sherwood reflects on the journey that the Vona du Toit Model of Creative Ability has gone through, the contribution it has made to the occupational therapy profession, and what can be gleaned about their possible future 'becomings', hand-in-hand.



7th ICAN International Vona du Toit Model of Creative Ability Confe²ence *Contribution* 24 June 2022 + virtual programme



24 June Programme

	Morning sess	sion			
	09.15-09.25	Welcome. Chair: Alison Bullock			
	09.30-10.10	The Dain van der Reyden keynote address: Dr Wendy Sherwood			
	Altevette Project & Break				
	10.40-11.00 Creating Me: Seven A's to enable dynamic learning when embracing the new OT in you. Juanita Swanepoel. South Africa			e new OT in you.	
	11.10-11.30	1.30 An exploration of occupational therapist's perceptions of using the Activity Participation Outcome Measure (APOM) in forensic mental health inpatient settings. Corinne Dawes, Dr Roshni Khatri. UK			
	11.40-12.00 Facilitating optimal participation of children with severe disability utilising the VdTMoCA: A stuing case study. Prof. Kitty Uys & Dr Karin van Niekerk. South Africa			ing the VdTMoCA: A student train-	
	12.10-12.20	VdTMoCA Advanced Practitioner programme/Awards			
	12.20-13.15	3.15 Lunch and networking			
Afternoon session					
	13.15-13.45 13.45-14.15 14.15-14.45	 M1. Independence in learners with Severe Intellectual Disability: Vona du Toit Model of Creative Ability applied. Annamarie van Wyngaard, Kitty Uys, Henry Msimango. South Africa M2. Contributing to a journey from Self-differentiation to Passive Partici- pation and mental health recovery: A community mental health case of using the VdTMoCA with a young woman with ASD and severe and en- during eating disorder. Elise Hampton. Australia. M3. An exploration of the manner in which occupational therapists engage adult male patients experiencing acute psychotic symptoms in secure care. Louise Jeffries. UK 	 13.15-14.45 W1. Workshop: Rhythmfeel Music Circles How to use rhythmic percussion music and voice to improve functional abilities and optimise well-being (Self-differentiation, Self-presentation, Passive Participation) Core Elements: Sensory Modulation Emotional Regulation Social Interaction Chris Baron, Music Therapist. UK 		
	14.45-15.05	Break			
	15.05-15.35	M4. A Large Scale Training Program to Introduce the VdTMoCA in Devon Partnership Trust. Ed Gillam. UK	9.1 Forensic Psychiatry: Inte- grating the VdTMoCA with community-focused interven- tions. Alesia Koh. UK	6. Seminar: 'Discovering' ways the same group can be used to meet different treatment aims, contributing to better practice. Lucy Coles, Megan Ward. UK	
	15.40-16.10	M5. Supporting our colleagues to un- derstand VdTMoCA and its practical application in secure CAMHs units. Joe Willbourne, Jane Edwards. UK	9.2 Consideration in applying the VdTMoCA in secure ser- vices in collaboration with people on the autistic spec- trum. Michelle Stevenson. UK		
	16.20	Plenary			
	16.45	Close			



24 June Conference Abstracts

Note: Although fields of practice are indicated in abstracts, due to the nature of working with people by levels of creative ability as much as diagnosis, all presentations will be useful to delegates.

Morning session Once registered, you will be contacted to book your sessions

Creating Me: Seven A's to enable dynamic learning when embracing the new OT in you. Juanita Swanepoel. South Africa. (Paediatric mental health—Private Practice)

The call for occupational therapists to grow and expand their profession in all fields, provide evidence in support of good practice guidelines, and sustain a culture of innovation and clinical excellence in reaching patient outcomes, remains a globally pervasive phenomenon. By cultivating and growing their *own* creative ability, occupational therapists meet the challenge of embracing novelty in a creative, spontaneous, and sustainable manner. Though a daunting task at times, successfully navigating and employing one's own creative ability to promote work outcomes, may provide occupational therapists and occupational therapy teams with the competitive edge needed to transcend the traditionally predictable parameters of healthcare practice. Such transcendence might lay the foundations for innovative, evidence-based ways of reinventing and optimising the position of OT for the 21st century. Becoming aware of, and utilising the 7 A's of dynamic learning, may be a useful, supportive guide when attempting to shift our own creative ability from the dependent realms of the lower levels, to the independent levels of active participation onwards.

Learning outcomes:

- Introduced to the emergent nature of healthcare leadership for innovative practice in the 21st century
- Sensitised to the importance of their own creative ability to promote and sustain innovative healthcare practice
 Learn seven guiding principles to enable the successful transition from dependent states of creative ability to independent levels that promote the creation of novelty, collaboration and strategic positioning

Juanita Swanepoel obtained her master's degree in Occupational Therapy at the University of the Free State in 2010, whereafter she spent most of her career as a lecturer and researcher at the same institution. Her academic career focussed on creative ability, leadership in occupational therapy and clinical fieldwork project management. Juanita works in private practice, specialising in child and adolescent mental health and wellbeing. The Vona du Toit Model of Creative Ability serves as her primary theoretical lens for assessment and treatment of clients with ASD, anxiety, and mood disorders. At present, she is completing her PhD.

An exploration of occupational therapist's perceptions of using the Activity Participation Outcome Measure (APOM) in forensic mental health inpatient settings. Corinne Dawes, Dr Roshni Khatri. UK. (Forensic mental health)

This study explored occupational therapists' perceptions of using the APOM in forensic mental health inpatient settings, the idea for which came from the first author's transformative experience of using the VdTMoCA and APOM in practice and the positive results for patients and the OT service. The first author wanted to explore the experiences and perceptions of other forensic OT's using the APOM in this area of practice. The findings suggest that the APOM is an effective outcome measure to demonstrate patient and service outcomes, regardless of the degree of security or gender of the patient. Exploring the APOM in isolation from the VdTMoCA and the APOM, many challenging experiences or feelings can be changed to create positive ones, which is important when working in such a demanding environment and a niche role within seclusion has developed, which was an unexpected finding. Learning outcomes:

- Understand the experiences and challenges working in adult forensic mental health inpatient settings
- Gain knowledge of the importance of adopting an OT outcome measure in practice
- Develop insights into how adopting the VdT MoCA and APOM has changed OT practice

Corinne Dawes is a senior occupational therapist with 18 years experience in various mental health services, starting in forensic inpatient services to which she returned six years ago after working in community and primary care settings. Corinne has developed a passion for the VdT MoCA and APOM and is keen to demonstrate it's potential to transform occupational therapy practice and how they can support recovery for significantly unwell patients.

Dr Roshni Khatri is the subject leader of the Health Professions programmes at the University of Northampton. Her research interests include the use of technology to enhance curricula using active blended learning, the evaluation of neurological rehabilitation techniques for adults and children to improve functional independence and quality of life and the use of the VdTMoCA in various practice settings.

Facilitating optimal participation of children with severe disability utilising the VdTMoCA: A student training case study.

Prof. Kitty Uys & Dr Karin van Niekerk. South Africa. (Paediatric occupational therapy)

Occupational therapy students often find it difficult to facilitate optimal participation of children with severe disability due to the children's significant activity restrictions and participation barriers. Students find the selection of appropriate activities as well as the presentation and structuring of these activities particularly challenging. The VdTMoCA is applied by educators at the University of Pretoria to overcome these challenges.

Students have responded overwhelmingly positively towards the use of the VdTMoCA to assist in making activity selections to facilitate participation with children with severe disability. Lecturers are able to guide student interventions applying the VdTMoCA, contributing to success for both parties - students and children. Students have grown in confidence as they are able to successfully interact and facilitate active participation with children, while the children benefit from participation in meaningful activities.

Learning outcomes:

- Gain insight into the benefits of the application of the VdTMoCA to facilitate participation with young children
 with severe disabilities.
- Be exposed to the impact of training students in application of the VdTMoCA that provides structured guidelines to facilitate active participation with children with severe disabilities.
- Gain insight into the use of Kolb's cycle of experiential learning to train students in using the VdTMoCA.

Prof Kitty Uys is an occupational therapist who started her academic career with 12 years of lecturing at the Department of Occupational Therapy at the University of Pretoria (UP), followed by 12 years at the Centre for Augmentative and Alternative Communication. From there she was the academic leader for the Division of Occupational Therapy, University of KwaZulu-Natal, and currently, she is the head of Department of Occupational Therapy at UP. Her clinical interventions focus on providing access to participation for individuals with severe and multiple disabilities.

Dr Karin van Niekerk is a lecturer at the Occupational Therapy Department of UP. She was previously employed as lecturer at the Centre for Augmentative and Alternative Communication at UP. She is involved in training undergraduate occupational therapy students as well as supervising post graduate research. Her interests include mentoring students to facilitate participation in young children with disabilities.

Afternoon session

W1. Workshop: Rhythmfeel Music Circles

Core Elements: Sensory Modulation, Emotional Regulation, Social Interaction

Learning outcomes:

- Understand how to use rhythmic percussion music and voice to improve functional abilities and optimise wellbeing (Self-differentiation, Self-presentation, Passive Participation)
- Gain fundamental facilitation skills
- Learn how to use various types of percussion, vocal soundscapes, plastic bags and body percussions



Chris Baron qualified as a music therapist from the University of the West of England, Bristol. He has diverse experience working extensively working with adults experiencing acute and chronic mental health problems, providing music centred workshops and retreat facilitation. Chris has co-facilitated several music workshops with the International Creative Ability Network (ICAN) on music-based intervention for differing levels of creative ability, having been introduced to the VdTMoCA back in 2008 when working with Wendy Sherwood as an OT Assistant.

Chris is well known for putting participants at their ease so that they can get the most from experiential hands-on courses, building confidence in own playing whilst developing skills and confidence to use drums and percussion with clients.

M1. Independence in learners with Severe Intellectual Disability: Vona du Toit Model of Creative Ability applied.

Annamarie van Wyngaard, Prof. Kitty Uys. South Africa. (Special needs education)

When working with Learners with Severe Intellectual Disability (LSID), teaching skills needs to be adapted to be effective. As an occupational therapist working full time with LSID, I experienced that skill training for life after school is not effective. The Vona du Toit Model of Creative Ability aims to improve participation and facilitate adaptive responses. It provides specific intervention aims and principles to positively influence independence in daily living tasks. The aim of the study was to develop and evaluate the impact of an intervention programme for LSID based on the VdTMoCA to improve independence in an Instrumental Activity of Daily Living (IADL).

This study provided evidence that a rigorously designed intervention programme, based on the VdTMoCA principles rendered positive results. These principles can effectively be applied across Occupational Performance Areas to contribute to the way in which we teach skills to LSID.

Learning outcomes:

- Gain knowledge into skills training for Learners with Sever Intellectual Disabilities based on the VdTMoCA.
- Understand the importance of a rigorously designed intervention programme, based on the VdTMoCA principles.
- Gain insight into independence in Learners with Severe Intellectual Disabilities in daily living tasks.

Annamarie van Wyngaard is currently working as an Occupational Therapist at a school for learners with learning disabilities in South Africa. Using activity analysis as a form of rigour in a quantitative research approach. She is passionate about enabling children to become contributing members of society through skills training and intentionally tries to see hope where others see a lost cause

Prof. Kitty Uys is an experienced lecturer in occupational therapy as well as in augmentative and alternative communication. Her focus is on providing access to participation for individuals with severe and multiple disabilities. This led to the realization of gaps in the education and health care system that hinders sustainable intervention in South Africa. Therefore, trans-disciplinary training and interprofessional education and practice informs her teaching pedagogy. The inclusion of families is pivotal in sustainable intervention and empowerment of families to participate equally in the healthcare process became one of her research areas.

M2. Contributing to a journey from Self-differentiation to Passive Participation and mental health recovery: A community mental health case of using the VdTMoCA with a young woman with ASD and severe and enduring eating disorder.

Elise Hampton. Australia. (Mental Health and Psychosocial Disability, Community)

This case study is of the remarkable recovery of a young woman with Anorexia nervosa, ASD and severe and enduring symptoms (SE-ED) who presented to a community mental health team for intensive rehabilitation. Anorexia nervosa is notoriously difficult to treat, especially in adults with SE-ED and when in combination with cooccurring disorders (ASD). Providing treatment following best practice guidelines for anorexia nervosa may prove traumatic when the protocols involved do not correlate with the person's level of volition and life goals. A specific treatment paradigm, where therapeutic goals are reconceptualised is required under such circumstances and the Vona du Toit Model of Creative Ability provides a framework from which to do so.

This case illustrates the potential for application of the VdTMoCA framework within intensive Mental Health community case management team; to provide the short but frequent input required in accordance with low level of volition, and the possibility of growth and recovery from severe and enduring mental illness.

Learning outcomes:

- Learn about the challenges involved in working with SE-ED
- Learn about the potential for using the VdTMoCA within a mobile intensive rehabilitation setting
- Share in the journey of contributing to a successful transformation based on occupational therapy led intervention.

Elise Hampton is South African born and moved to Australia to study Occupational Therapy at the University of QLD. She graduated in 2003, has worked in community Mental Health Services for the past 18 years. Elise has extensive clinical experience in working with people experiencing severe and enduring mental illnesses including Schizophrenia, Mood Disorders, Eating Disorders and Complex Trauma. Elise's passion is to enable those experiencing mental illness to engage in meaningful occupations and a life of their choice despite the barriers posed by illness. Elise draws from several therapeutic frameworks in her work including the VdTMoCA, Sensory Modulation and Cognitive Disabilities Models as well as therapeutic modalities including Narrative therapy, Compassion-Focused Therapy and Trauma Informed approaches

M3. An exploration of the manner in which occupational therapists engage adult male patients experiencing acute psychotic symptoms in secure care.

Louise Jeffries. UK. (Forensic mental health).

Psychotic conditions are common within forensic mental health services in the UK (Darjeea et al, 2017). Individuals with acute psychotic symptoms can experience extreme distress and exist in a bizarre world that is detached from reality (Vogel et al, 2019), have distorted self-concept and altered perceptions, (Tiernan et al, 2014). The detrimental impact this symptomology has on functioning is widely recognised (Dornan et al, 2015; Harvey and Taylor Jones, 2019).

There are practical and ethical dilemmas providing reasoning for the lack of research and minimal information in national and professional guidelines on how to engage this patient population (COT, 2015). As a result of this gap in the research the research question was formulated, 'An exploration of the manner in which occupational therapists engage adult male in-patients experiencing acute psychotic symptoms in secure care'.

Qualitative methodology was used to conduct semi-structured interviews with eight occupational therapists with more than two years' experience working with this patient population. The data provided valuable insights into the nature of the therapeutic connectedness required to understand, relate to and engage male in-patients experiencing acute psychotic symptoms in secure care in therapeutic interventions.

The key findings strongly resonate with the theory of creative ability and the treatment principles applied for patients on the Self-differentiation level.

Learning outcomes:

- Understand the reasoning behind the research question and the research process
- Gain awareness of the findings of the research and impact on occupational therapy practice
- Be aware of future research needed in this area of practice

Louise Jeffries qualified in 1995 at St. Andrew's School of Occupational Therapy. Since then, Louise has worked predominantly within Medium Secure Forensic units, with males of a working age, with enduring mental illness. Louise currently works at St. Andrew's Healthcare, Northampton.

Louise has embedded the VdT Model of Creative Ability into clinical practise and one area of clinical expertise is applying the model to patients experiencing acute psychosis. Louise has written a chapter in part focusing on such intervention in: Sherwood.W (2021) (Ed) *Perspectives on the Vona du Toit Model of Creative Ability: Practice, theory and philosophy*. International Creative Ability Network. Watford.

M4. A Large Scale Training Program to Introduce the VdTMoCA in Devon Partnership Trust. Ed Gillam. UK. (Mental Health).

During 2021, Devon Partnership Trust (DPT) undertook a large scale virtual training program to introduce and establish the VdTMoCA across the occupational therapy team. During the year-long training program, over 100 OTs, OTAs, and OTTIs undertook the program with a high completion rate. Feedback provided by participants indicates high levels of satisfaction with the training. The presentation will include feedback highlights, a description of the program, and reflections on the successes and learning points from this project. This presentation will be of interest to OTs who are thinking about undertaking a similar large scale project to introduce the VdTMoCA within their organisation.

Learning outcomes:

- Understand the overall project and its aims.
- Learn about the strengths and weaknesses of this approach to delivering high volume training opportunities.
- Understand the value of participant feedback in monitoring project quality and impact

Ed Gillam is the Lead Occupational Therapist for the Adult Directorate in Devon Partnership Trust. Ed qualified in 2000 from the St Loye's School of Occupational Therapy. He has worked in Somerset and Devon as an occupational therapist and service manager, principally in vocational IPS services, since that time. Ed has particular interest in rehabilitation and recovery, and works closely with DPT's IPS and Job Retention Teams and our vocational service New Leaf. Ed also works with the local recovery college, Devon Recovery Learning Community and our in-patient rehabilitation service in Exeter.

M5. Supporting our colleagues to understand VdTMoCA and its practical application in secure CAMHs units.

Joe Willbourne, UK. (Forensic CAMHS)

As Occupational Therapy teams we may use VdTMoCA as our model of practice, shaping the way we formulate and direct our assessments, interventions, and treatment planning. But how does this fit with the wider MDT and Nursing teams within our service? It is often noted that some of our colleagues struggle to reach the same level of engagement that we as Occupational Therapists achieve with the young people. So, it was raised as a task to support our colleagues in this regard.

Within the CAMHS units of Southern Health Specialist services we have undertaken a project to support our colleagues to start to understand and use VdTMoCA through a programme of education and training for both wardbased nursing staff and MDT colleagues. The occupational therapy team put together a comprehensive training day covering the VdTMoCA levels, and how this affects motivation, group dynamics and engagement, with special focus being put on giving the nursing team tool to understand and engage with the young people who we work with.

Learning outcomes:

- See the reflections on training non-OT colleagues in the VdTMoCA.
- Gain advice and tips on embedding the VdTMoCA into their services.
- Discuss the implications in their own teams.

Joe Willbourne is an Occupational Therapist with extensive experience of working in Forensic CAMHs services and using the VdTMoCA within these services. Joe, together with colleagues in CAMHS services participated in eight ICAN Zoom-based VdTMoCA supervision sessions by an expert in the VdTMoCA last year, to extend knowledge of the levels of creative ability and core constructs of the VdTMoCA.

9.1 Forensic Psychiatry: Integrating the VdTMoCA with community-focused interventions.

Alesia Koh. UK. (Forensic Mental Health).

The aim of Occupational Therapy in forensic units is to optimise occupational participation for the health and wellbeing of service users (Cronin Davis et al., 2004). In our Low Secure and Open Units, there has often been low motivation for engagement in ward-based activities. We have therefore shifted our practice to delivering more communityfocused interventions. We utilised the Creative Participation Assessment (Reyden et al, 2019) to assess service users' level of functioning and creative ability during ward-based group sessions. Using the VdTMoCA framework, we then delivered community-focused interventions for service users based on their respective creative participation levels. Service users also engaged in interventions with the physical therapies and community forensics team in the community. It was concluded that service users had better motivation and engagement when provided opportunities for community-focused activities based on their level of creative ability.

Learning outcomes:

- Gain insight into service delivery and provision across Low Secure and Open Forensic Units
- Apply the VdTMoCA framework to understand clinical presentation of service users across the various creative ability levels
- Learn about a repertoire of community-focused interventions for forensic service users

Alesia Koh is a Senior Occupational Therapist currently overseeing the Low Secure and Open Unit in Langdon Hospital, Devon Partnership Trust. She has a Bachelors degree in Occupational Therapy (Curtin, Australia) and a Masters in Advanced Professional Practice Occupational Therapy (UK). Prior to working at Langdon Hospital, she has more than 10 years of experience working across various settings including psychiatry, paediatrics and physical rehabilitation

9.2 Consideration in applying the VdTMoCA in secure services in collaboration with people on the autistic spectrum.

Michelle Stevenson. UK. (Forensic).

Understanding life experiences and their impact on people on the autistic spectrum is challenging for therapists in non-learning disability services. Statistics demonstrate that increased numbers of individuals on the autistic spectrum are inpatients in secure mental health services (>9.9%) (Tromans *et al.*, 2018) when compared to prevalence rates in the general population (0.36%>) (Dein *et al.*, 2021).

Some individuals on the autistic spectrum demonstrate limited competence in transferring skills to alternate situations with additional performance barriers and competency in motivation factors which may require an external application, identification and support for progression to occur (McCollum *et al.*, 2016). This presentation aims to support therapists to interpret the VdTMoCA when collaborating with individuals on the autistic spectrum; to assess creative participation and volition with particular reference to levels of creative ability, motivation and developmental stages. Learning outcomes:

- Understand the application of the VdTMoCA for service users with austistic spectrum disorders.
- Understand the barriers that individuals on the autistic spectrum experience.
- Tailor interventions for service users using the VdTMoCA in secure services

Michele Stevenson has 25 years' experience – both personal and professional – of working with individuals on the autistic spectrum. Michele has an excellent understanding of the sensory integration differences faced by those service users and the adaptations required to facilitate engagement in interventions, reduce violence, aid communication and adapt the environment to support a reduction in the impact of the challenges faced by service users in secure services with ASD.

Michele has worked in secure services over medium, low and open, for three years, providing training and support to teams to understand the impact and barriers those on the autistic spectrum face.

6. 'Discovering' ways the same group can be used to meet different treatment aims, contributing to better practice.

Lucy Coles, Megan Ward. UK. (Forensic mental health).

This seminar demonstrates how groups can be adapted to meet patient aims across VdTMoCA levels, focusing on Self -presentation and Passive Participation levels. This topic arose from running a 'discovery group' in a medium secure setting. Initially, the group ran for five weeks, aimed at Self-presentation level. Typically, those functioning at the Self-presentation level show explorative action during tasks, so rationale for the group was to offer opportunity to explore tools and materials and meet treatment aims.

During the group, there was interest from Passive Participation level patients. We ran the group again, but aimed at the Passive Participation level, changing some aims whilst keeping the majority of tasks the same.

This topic is important for practice as it demonstrates how sessions can be adapted to meet aims of different levels without changing the tasks. It gives practical examples of aims applicable to multiple levels and those specific to certain levels.

Learning outcomes:

- Understand the aims for Self-presentation and Passive Participation levels of creative ability.
- Understand how sessions can be adapted to fit the treatment aims of different levelled patients.
- Gain confidence in running and adapting existing groups to fit the treatment aims of Self-presentation and Passive Participation level patients.

Lucy Coles is an occupational therapist working at Ravenswood House, a medium-secure psychiatric unit. She completed her OT training at the University of Southampton and graduated in July 2020. After graduating, she worked in an acute psychiatric hospital, mainly working on the women's ward. She worked there for 6 months, then started in her current role, where she works with male patients aged 18-65 who are detained under the mental health act. The OT team there use MoCA as their main model of practice and all patients' treatment aims are based on the four MoCA areas.

Megan Ward works as an OTA specialising in music at Ravenswood House, a medium-secure psychiatric unit. She studied music at university graduating in 2018. She's worked at Ravenswood for 18 months and since starting has become involved in a number of projects and groups within the hospital. The occupational therapy team there use the VdTMoCA as their main model of practice and all patients' treatment aims are based on the four VdTMoCA occupational performance areas.



VIRTUAL Programme

Accessible online 10—30 June 2022

All presentations in the Virtual Programme are available to all conference delegates you do not need to book these sessions

The Virtual Programme is part of the <u>total conference programme</u> and included in the UK delegate conference fee. Only delegates outside of the UK can register and pay for the Virtual Programme only.

All virtual presentations are recorded video presentations available via an online platform requiring upto-date browsers e.g. Google Chrome, and/or via www.vimeo.com

Oral presentations (20-25 minutes)

The contribution of creative ability to school readiness.

Elize Janse van Rensburg. South Africa. (Children, school, Occupational Therapy theory)

School readiness is a multidimensional construct that relies on the interaction between the child and his/her environment. UNICEF (2012) identifies three dimensions of school readiness: ready children, ready schools, and ready families. These dimensions are situated within the features of 'transitions' and 'gaining competencies'. The Vona du Toit Model of Creative Ability (VdTMoCA) explains the interaction between the child's volition, motivation and action which are necessary to respond adaptively to life's demands (Van der Reyden & Sherwood, 2019). The model also reflects the interrelatedness of the person, their actions and the environment. As such, the VdTMoCA provides an appropriate lens from which the dimension of 'ready children' may be viewed in more detail within the broader definition of school readiness. This theoretical presentation argues the relevance of considering the development of volition and action in young children in relation to school readiness, and how the VdTMoCA may be used as a practice model to guide interventions toward school readiness. Case examples are used to illustrate the use of the VdTMoCA in paediatric occupational therapy practice and highlights the role of occupational therapy in supporting the development of school readiness.

Learning outcomes:

- Gain an understanding of school readiness as a multi-dimensional construct.
- Use the Vona du Toit Model of Creative Ability as a developmental model within paediatric occupational therapy practice, with reference to school readiness.
- Argue the relevance and role of occupational therapy in supporting school readiness.

Elize Janse van Rensburg is an experienced occupational therapist with a keen interest in the fields of sensory integration and peadiatric occupational therapy. She holds bachelor's and master's degrees in occupational therapy from the University of the Free State, both with distinction. She owns and works fulltime in a private paediatric practice. She is a former lecturer at the University of the Free State, has served on the executive board of the Occupational Therapy Association of South Africa and currently serves as vice-chairperson of the South African Institute for Sensory Integration. Elize has authored several peer-reviewed articles and book chapters.

Changes in activity participation in low and medium secure offenders using the Activity Participation Outcome Measure.

Dr Daleen Casteleijn, Rhona Oxspring, Dr Roshni Khatri. South Africa & UK. (OT Education and Research, Forensic mental health)

Service users in forensic mental health care settings receive routine occupational to improve and maintain engagement in meaningful and purposeful occupations. The length of stay in these settings varies from one to 10 years and although improvement in occupational performance is expected, it is not always measured routinely. A sensitive outcome measure is needed to detect change in their engagement in treatment. The Activity Participation Outcome Measure (APOM) has been used in forensic mental health care settings to track change and was found to be sensitive. A forensic hospital of Oxford Health provides occupational therapy services to low and medium secure patients. Therapists have been implementing the APOM for several years but the data have not been analysed to show the impact of occupational therapy services on the users.

This presentation with show the impact of occupational therapy on the activity participation of low and medium secure offenders from a forensic hospital. Positive changes in activity participation were noted over time and although the effect sizes were small, a continuous change was noted in all the domains of the APOM. The impact on future occupational therapy services will be discussed. Learning outcomes:

- Understand the value of measuring change over time for Occupational Therapy in forensic settings.
- Gain insight into the possible statistical analysis that is possible when using the APOM in a forensic setting.
- Take note of the possible changes to improve the quality of occupational therapy after measuring change in activity participation

Dr Daleen Casteleijn is a retired occupational therapy educator who does sessional work for the University of the Witwatersrand and University of Pretoria in South Africa. She developed the Activity Participation Outcome Measure which is based on the Vona du Toit Model of Creative Ability.

She has a number of publications in national and international journals and an editorial board member of the British Journal of Occupational Therapy. She is one of the editors of the Vona du Toit Model of Creative Ability full text (Van der Reyden et al, 2019).

Rhona Oxspring is a Clinical Lead Occupational Therapist in the Forensic Service in Oxford. She has been an occupational therapist for 24yrs, and has worked in Forensic Mental Health, for the last 15yrs. In this time, Rhona has worked in four secure services, in each she has been actively involved in implementing and embedding the use of the Vona du Toit Model of Creative Ability to inform practice. More recently Rhona has had a keen interest in using the Activity Participation Outcome Measure to promote the unique contribution of Occupational Therapy, and to measure the impact of the services delivered.

Dr Roshni Khatri (see bio on page 4).

Advocating for occupational well-being for patients in a forensic psychiatric setting through a prevocational skills programme based on the model of Creative Ability. Nicole Rautenbach, Liezel Hendricks. South Africa. (Forensic mental health)

The State patients at Sterkfontein Psychiatric Hospital often experience occupational imbalance and deprivation, leading to problems such as idleness, and increase in adverse events for example patients engaging in destructive occupations for personal gain. Due to the lack of work and life skills, successful reintegration into the community is limited. Based on this need, the Occupational Therapy department developed a comprehensive, graded prevocational programme consisting of a variety of projects and phases based on the Vona du Toit Model of Creative Ability. This programme aims to promote occupational balanced lifestyle within the hospital and equip the user with a variety of work skills for reintegration into the community. The programme is graded with the just right challenge, enabling users to progress through the levels of creative ability.

This presentation is a retrospective view that evaluates the effectiveness, successes and challenges experienced in this programme.

Learning outcomes:

- Gain practical knowledge re the use of the model of creative ability to develop a programme for a diverse group of mental health care users.
- Have information on the occupational impact and value of a graded prevocational skills programme developed for the forensic psychiatric population
- Gain knowledge on the use of the APOM for the forensic population to monitor and track change of patients and
 their level of activity participation

Nicole Rautenbach graduated as an Occupational Therapist in 2012 from University of Cape Town and completed her community service year in 2013 at Sterkfontein Psychiatric Hospital. She has been working at Sterkfontein Psychiatric Hospital for the past 6 years in the adolescent and forensic wards and is currently doing her Masters degree in Occupational Therapy at the University of the Witwatersrand.

Liezel Hendricks qualified as an Occupational Therapist at the University of Stellenbosch in 2002. Her work experience span over 19 years and include working in the community and learners with special education needs. Her passion for psychiatry led her to two big psychiatric hospitals in South Africa. Liezel is currently the Deputy Director for Occupational Therapy at Sterkfontein hospital.

Mirror therapy after severe stroke - The use of Vona du Toit Model of Creative Ability treatment principles to supplement standard intervention protocols.

Bhavna Bahgoo, Juliana Freeme. South Africa. (Adult neurological rehabilitation - Stroke)

Mirror therapy is a rehabilitation intervention method that has been found effective in improving motor function, especially in severe hemiparesis, activities of daily living, pain and visuospatial neglect post stroke.

Effectiveness of mirror therapy in stroke survivors require that the patient has a minimum of ten minutes attention span, the ability to visualise an abstract concept, and the ability to follow instructions. Therefore, the research question was whether mirror therapy would be effective with stroke survivors at a lower level of mental functioning.

The Vona du Toit Model of Creative Ability (VdTMoCA) was used for evaluation of participants' functioning with the Activity Participation Outcome Measure (APOM) to record the survivor's level of participation. Thirteen participants on the levels of Self-differentiation and Self-presentation were included in the study. Intervention was done within the first week of their stroke.

The Fugl-Meyer Assessment of upper motor function was used to assess a variety of factors including motor ability, joint range, pain and sensation of the hemiparetic side post stroke. The mirror therapy standard protocol was implemented, with supplementation of treatment principles specified by the VdTMoCA for the two levels.

Large to very large effect sizes were found and both groups displayed improvement in all three sections of the FMA when mirror therapy was supplemented by treatment principles from the VdTMoCA. Over and above the initial objective of the study, results had also shown an improvement in APOM scores.

Learning outcomes:

- Understand how the APOM can be used to evaluate functioning of stroke survivors.
- Understand how the standard mirror therapy intervention protocol can be adapted with the use of the Vona du
 Toit Model of Creative Ability treatment principles.
- Understand how physical rehabilitation can be optimised when considering the level of The Vona du Toit Model
 of Creative Ability.

Bhavna Bahgoo received her undergraduate and postgraduate degrees at the University of the Witwatersrand. Her MSc (OT) research included the VdTMoCA and mirror therapy in acute stroke survivors, which has shaped her into an expert in this niche field. She has her own private practice in Johannesburg, and is a lecturer at the Department of Occupational therapy at the University of the Witwatersrand. She has a special interest in paediatric and adult neurological rehabilitation, and she is also involved in psychiatric vocational rehabilitation. She is passionate about giving back to the profession and is part of the leadership of OTASA.

Juliana Freeme qualified as an occupational therapist in 2002, and after working in rural South Africa in primary health care, she moved to the UK and practiced in physical rehabilitation and as a community occupational therapist. She worked in private practice upon her return to South Africa in 2006 and then joined the Department of Occupational therapy at the University of the Witwatersrand as a lecturer for 15 years. The majority of her experience and research have been in the field of stroke rehabilitation, but she has also worked and published research in the fields of paediatrics, paediatric neurology, and curriculum development. She is a recipient of the Philip V Tobias Medal and Convocation Distinguished Teaching Award for the Faculty of Health Sciences in clinical teaching at the University of the Witwatersrand.

Reflections on a VdTMoCA supervision programme with colleagues in South Africa. Joe Willbourne, UK. (Forensic CAMHS)

The Occupational therapy team across Southern Health CAMHs units has had the unique opportunity to engage in a programme of supervision and education with OT colleagues in South Africa. This process supported the team to troubleshoot complex cases, learn more about the VdTMoCA and consider how this model can be better used within our occupational therapy practice and within the wider units. We aim to discuss this opportunity and the effects it has had on our knowledge and practice within the field of CAMHS

Learning outcomes:

- Learn about the process of gaining supervision from a South African expert online
- Discuss the experiences and the lessons learned.
- Discuss implications for practice.

Joe Willbourne is an Occupational Therapist with extensive experience of working in Forensic CAMHs services and using the VdTMoCA within these services. Joe, together with colleagues in CAMHS services participated in eight ICAN Zoom-based VdTMoCA supervision sessions by an expert in the VdTMoCA last year, to extend knowledge of the levels of creative ability and core constructs of the VdTMoCA.

Exploring the contribution of the VdTMoCA in developing pathways out of hospital.

Ruth Allen, Christina Bartram. UK. (Inpatient Adult mental health)

Over the past year, our team has been working with a number of third sector organisations to develop treatment pathways which support service users with the transition back into the community following an acute mental health admission. As an occupational therapy team we promote a recovery focus and recognise the importance which engaging in meaningful occupations has for the individuals we work with, many of whom have lost this.

One of the aims of establishing links with community-based organisations has been to promote pathways out of hospital which link individuals with opportunities they can continue post-discharge. We now work with an artist, musicians, horticulturalists, a Nordic walking tutor and social prescribers, all of whom run community-based programmes in addition to now offering groups or 1:1 sessions on the wards. The VdTMoCA has been paramount in the success of this approach. After assessing service users and establishing their level of creative ability, we use the treatment principles to help us create the 'just right therapeutic challenge', and to grade and adapt activities to maximise their potential.

We work collaboratively with these third sector organisations to help them understand the basic principles of the model, including how to structure and present activities for individuals at different levels of creative ability. Our assessment and use of the treatment principles also help us consider which individuals would be appropriate for engaging in community groups, and what/how much support they are likely to need to successfully achieve this.

Learning outcomes:

- Gain an understanding into how we have used the VdTMoCA to support third sector organisations to work most effectively with service users.
- Gain an insight into the benefits of establishing links with community-based organisations in order to promote recovery and support service users to establish meaningful occupations following hospital admission.
- Be given examples of service users who have engaged in this approach and how this has helped their transition out of hospital and has enabled them to establish a sense of identity, meaningful occupations, and social contact.

Ruth Allen is a Specialist Occupational Therapist working in inpatient acute mental health for adults aged 18 – 65. Currently working in York, England. Ruth has worked as an Occupational Therapist within mental health services since 2021 including 4½ years using the VdTMoCA at the Welland Centre in Northamptonshire. She has also worked in inpatient CAMHS and in the community in the Leeds Personality Disorder Clinical Network.

Christina Bartram is a Specialist Occupational Therapist working in inpatient acute mental health for adults aged 18 – 65. Currently based in York, England. Christina has worked as an Occupational Therapist within mental health services since 2013. She has used the VdTMoCA in practice for the past four years.

10 Years On - a reflection of the VdTMoCA in Learning Disability Practice. Roisin Hand, Lisa Dunkley. UK. (Learning disabilities/intellectual impairment) [30 minutes]

A key principle in Learning Disabilities (LD) practice is **reasonable** adjustments and this presentation sets out to reflect upon which adjustments have been applied and justified by the occupational therapy team to allow the therapist to use the VdTMoCA as a model and an assessment tool to assess the functional ability of adult with learning disabilities.

The presentation of a video allows us to reflect on the therapeutic relationships, whether the task brings enjoyment and present meaningful occupation opportunities for interventions. In terms of task presentation, we review the therapist involvement in the task and adjustments made. As we reflect, we take the example from the technical challenge in the Great British Bake Off– do you need to see an end product or have visual cues to initiate and complete the task? Therefore, what reasonable adjustments are needed to make the VdTMoCA work in an LD setting without it straying too far from the model's core principles?

Learning outcomes:

- Critically review a case study
- Consider any adjustments to language /communication/cues when presenting the task
- Reflect on current practice and the implementation of the model in their service area

Roisin Hand is an Occupational Therapist with over 16 years' experience. Her area of specialist knowledge is learning disabilities adults, working for the Community Team for People with a Learning Disability in Northampton. Roisin's professional interests include the dementia care pathway workstream and Keeping Myself Safe – a modular training pack that allows adults with LD to look at their own personal safety online and in the community and to provide individual risk plans and resource packs.

Lisa Dunkley is an Occupational Therapist with over 25 years' experience. Her area of specialist knowledge is learning disabilities, children and adults. Lisa has post-graduate training and a special interest in the area of sensory integration. Lisa works for the Community Team for People with a Learning Disability in Northampton as the Lead Occupational Therapist and within the Children's Occupational Therapy Service providing sensory assessments and intervention programs. Lisa is also a guest lecturer at the University of Northampton on the skills teaching module this includes discussion of the VdTMoCA in practice.

Both presenters have been using the VdTMoCA in practice for over 10 years and advocate for its use in LD services, presenting at OT LD SIG – (Special Interest Group) and at previous International Creative Ability Network (ICAN) conference. We are fortunate to work with our service volunteers – Jessica and Annie, adults with lived experience who support the occupational therapy team in reviewing VdTMoCA novel tasks and easy read resources and advice sheets

Contributing to improved outcomes in psychosocial disability – measurement and analysis using the VdTMoCA. Samantha Bunker, Carla van Heerden, Australia. (Mental health)

People with psychosocial disabilities present with symptomology that significantly impact their ability to complete simple and complex tasks. It is often difficult for others to truly understand their barriers, as it is not an observable disability. The Activity Performance Outcome Measure (APOM) provides a means to track progress from baseline occupational therapy assessment to post-intervention status.

As a private practice offering services to people with a range of psychosocial disabilities, Minerva Allied Health Services uses the APOM across the range of referrals received, regardless of age, diagnosis, and other demographic factors. As well as tracking outcomes for individuals, the collective database of outcomes offer opportunities to track the service's contribution to mental health improvement. Additionally, cross referencing outcomes measured using the APOM with information such as age, sex, diagnosis, sensory profile and identified environmental barriers further contribute to the collective understanding of factors that influence volition and volitional growth.

This presentation shares an analysis of the collective database held within the practice over a period of one year, evidencing the contribution made in terms of changes for individuals when implementing therapies using the VdTMoCA, and discussing the collective barriers and opportunities that present itself in the population of people presenting with psychosocial disabilities.

Learning outcomes:

- The VdTMoCA is effective in developing individual's volition, specifically individuals with psychosocial disabilities.
- The APOM is an evidence-based measure that can accurately assess an individual's level of volition.
- What are the practicalities of implementing the APOM, such as how long does it take to administer, when should it be administered and who should administer it.

Samantha Bunker is an occupational therapist who has completed her studies in Occupational Therapy (Honours) at the University of the Sunshine Coast, Queensland. Samantha values the holistic process of gaining an understanding of individuals for who they truly are and working with them to best engage in occupations that are meaningful to them. She values the importance of listening, being genuine and holding hope to promote wellness despite barriers (including disability). Samantha was initially immersed in the model of the VdTMoCA at the start of 2020, initially starting in the public mental health system and now private sector.

Carla van Heerden graduated as an occupational therapist in 1988. To enhance her knowledge of mental health, she completed post-graduate courses in psycholinguistics and psychopathology in 1992. Carla has further received training in unstructured play therapy, psychodrama, Sensory Integration theory and Group dynamics. She has worked as a mental health occupational therapist in South Africa, England and Australia in a range of clinical, management and leadership roles.

Carla's passion for her profession and its application in mental health is evident in her ongoing commitment to research and sharing of knowledge. Her research interests include anger management, relationships between sensory processing and attachment theory, and employment as an outcome for persons with experience of mental illness. She regularly offers workshops and training opportunities in these fields, as well as in the application of the VdTMoCA.

Virtual Workshop (2 hours +)

Application of the Vona du Toit Model of Creative Ability in physical rehabilitation.

Bhavna Bahgoo, Juliana Freeme. South Africa. (Neuro)

This workshop educates on the importance of understanding that patients who have suffered a neurological injury could present with a different combination of physical, psychosocial, and emotional impairments. The combination of a person's individual characteristics as well as the severity of their post-injury symptoms could have a varying effect and impact on their ability to function safely and independently in all areas of occupational performance. The work-shop focuses on the importance of approaching the person as a whole, and not only aiming intervention on the physical aspects of their injuries, but also how the patient's level of creative ability is affected post-injury and how their recovery is influenced by their level of creative ability.

The workshop covers the impairments that could be expected post-injury, specifical stroke and spinal cord injury. The workshop highlights the benefit of using VdTMoCA to ensure the selection of meaningful and purposeful activity through appropriate activity analysis and establish appropriate outcomes for therapy that are realistic and achievable, and ensuring treatment sessions include both physical and psychosocial aims.

Case examples are presented to illustrate the importance of considering both the level of volition and action in assessment and treatment of patients post-injury. The primary and secondary causes of post-injury decline in level of volition and action are discussed to aid attendees in application to assessment and treatment of patients with neurological injury.

The workshop ends with a discussion on the relation between neuroplasticity and treatment approach, and how to adapt intervention and the use of VdTMoCA with patients with good and poor prognosis, or potential for neuroplasticity.

Learning outcomes:

- Review of impairments post neurological injury and the relationship between physical and psychosocial impairments during recovery.
- Action-volition-action loop and physical and psychosocial dysfunction after neurological injury.
- Neuroplasticity and creative ability after neurological injury

Biographies—see page 12

Poster presentations (pdf poster + recorded poster presentation)

Assisting service users to plan and implement a fundraising project to contribute towards future planned events

Sandra Diesel. UK. (Older People)

This poster explains a fundraising group set up for service users on the Passive Participation and Imitative Participation levels. These fundraising sessions allow service users to contribute to the funding of additional sessions led on the ward which they themselves and future individuals can then benefit from.

The group gives them the opportunity to plan and implement a project which will raise funds for future planned therapeutic activities on the ward. As a result of this, we have seen a change in their motivation to attend the sessions which they helped fund and have noted their incentive to attend sessions has increased due to increased motivation and the development of friendships with peers.

Sandra Diesel has worked as an activity co-ordinator for the last 25 years and has always worked with older adults. She is very interested in sensory work and led a research project on multi-sensory rooms when working on a 10 bedded challenging behavioural unit, and was consequently given a grant to set up a multi sensory room on the ward. She now works on Sandford Ward which is part of Oxford Health NHS Foundation Trust where she has been part of the team who have implemented VdTMoCA on the ward after attending the training in London in 2016.

Moving the Creative Participation Assessment onto RiO Becky Harding. UK. (Forensic mental health)

Over the last year, I have been working with Wendy Sherwood and occupational therapists in other areas, to create a RiO version of the Creative Participation Assessment (Van der Reyden et al, 2019) for my service in Southern Health NHS Foundation Trust. The poster details the process and end product, as well as the comments from users since Go Live!

Becky Harding is an Occupational Manager working across the Adult Forensic Service in Southern Health – based in Hampshire. The service consists of adult (medium, low and Community) secures service, and Learning Disabilities Low secure. Becky has been in the service since qualifying in 2007 and started my journey as a final placement student in the LSU hospital.

The team has been using the VdTMoCA since approximately 2008/9 and has embedded it as the main model of practice. Staff complete VdTMoCA training and run levelled groups as part of our timetable of treatment sessions.

Theory and application of the VdTMoCA - a scoping review.

Dr Daleen Casteleijn, Kate Coulson, Dr Wendy Sherwood. South Africa & UK. (Occupational Therapy Theory and Models) PDF poster only.

The Vona du Toit Model of Creative Ability is widely used in South Africa and the UK by occupational therapists with children, adults and older people. This poster summarises current research from across the globe in a scoping review to map out the strengths and weaknesses of the model, the extent to which it is being applied in Occupational Therapy practice, where in the world it is used and the clinical populations it has been applied to.

Dr Daleen Casteleijn (see bio on page 11)

Kate Coulson is an Occupational Therapist practicing near Bristol in the UK who has experience of using the VdTMoCA in forensic mental health setting. She has completed an NIHR funded Masters in Clinical Research and has presented at previous VdTMoCA conferences. Kate now works as a Senior Occupational Therapist in an NHS Community Rehabilitation Unit and has recently set up as an Independent Practitioner.

The feasibility of using the Creative Participation Assessment with middle school students experiencing trauma

Elizabeth Jane Libson. USA. (Children, school) PDF poster only.

Many children and young adults in the United States experience psychological and physical trauma. However, the occupational therapy profession in the United States lacks a comprehensive assessment tool that is easy to use for individuals experiencing mental health and psychological difficulties. This research aimed to explore the feasibility of implementing the Creative Participation Assessment (CPA), drawn from the Vona du Toit Model of Creative Ability, with middle school students from a middle-class community who have experienced emotional trauma. It demonstrates that the CPA is feasible for use with the Art with Heart program.

Elizabeth Libson is an occupational therapist with a recent doctorate degree from Texas Woman's University and a strong interest in creativity and the use of the arts in therapy. She has over 30 years of clinical experience with her favourite being paediatrics and most recently, early intervention of ages 1 to 3 years of age. She began her career as a graduate from New York University and working at the Rusk Institute with children with Muscular Dystrophy.

The development of using the VdTMoCA within adult mental health rehabilitation services. Tara Neil. UK. (Adult mental health)

Our rehabilitation services initially introduced the use of the VdTMoCA in 2018 following a restructure. The rehabilitation services consist of an inpatient unit and a community team. Anecdotally members of the leadership team and wider MDT believed that the use of model was successful in tailoring interventions and helping to plan some specific interventions for patients. However, when a new Lead OT took over the clinical oversight of OT for the services in 2020 it was felt that the way it had been implemented had not yet allowed for it to be as fully embedded into the service as it could be, and therefore was not yet achieving the optimum results that it could for benefiting patient care. It was also noted that far more benefits were seen in the community service compared to the inpatient service. This poster shows how the model was initially embedded including benefits and limitations noted by staff in both services. Some barriers need to be overcome in order to fully embed the model.

Tara Neil is a Lead Occupational Therapist working across acute and rehabilitation services within Teesside, North East England. Tara has worked as an Occupational Therapist within adult mental health services since 2016 and has been using the VdTMoCA across both acute and rehabilitation services for the duration of this time.

The VdTMoCA contribution to Occupational Therapy delivery in acute adult Mental health, and how we adapted during the pandemic.

Christina Bartram, Ruth Allen. UK. (Acute mental health)

Our service uses the VdTMoCA to guide day-to-day Occupational Therapy practice. During the pandemic things changed, and we had to adapt; the way we delivered Occupational Therapy treatment moved from predominantly groups, to offering more 1:1 treatment. Groups initially had to stop however we recognised the benefits of groups in enabling individuals to work towards their goals. We worked flexibly in implementing government guidance and trust policies to ensure effective treatment delivery was able to continue. We began to evaluate our service and recognised the contribution that both 1:1 and group treatment had on individuals, allowing a more personalised approach, using the VdTMoCA principles to guide our practice. "The model stipulates treatment priorities aligned with the needs of the individual on the different levels of creative ability" (*Van der Reyden et al., 2019*). This is the main focus to the service we provide.

As the restrictions have gradually eased, we have moved forward with our learning and have established our Occupational Therapy pathway using a combination of group and 1:1 treatment based on individual needs. We have gained feedback from staff and service users to evaluate the contribution that this approach has had to the delivery of Occupational Therapy. We have also collated statistics on the number of VdTMoCA 1:1 and group sessions that we facilitate. As a team we continue to reflect upon and develop our practice, and our plans for moving forward with the use of the VdTMoCA is discussed further in the poster.

Biographies -see page 13

Registration is open

UK-based delegates register for the <u>full conference</u> i.e. the live day on 24 June 2022, plus a Virtual Programme Non-UK based delegates register for the Virtual programme only.

Standard rate - £175

Presenter rate (UK only) - £140 Non-UK delegate Virtual Programme only rate (includes non-UK presenters) - £50 Pre-registration OT student rate - £50

15% discount for self-funding patrons of <u>https://www.patreon.com/</u> icancreativity

Registration form available at <u>https://www.ican-uk.com/</u> Registration closes 5pm (GMT), 21 June 2022

Once registered, you will be contacted to book your sessions

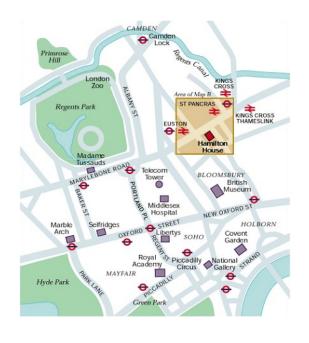
All enquiries: info@ican-uk.com +44 (0) 7870 646509

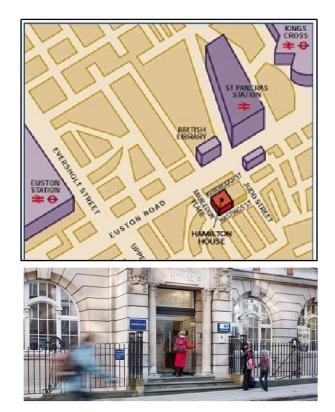
Conference venue

Hamilton House Mabledon Place, London, WC1H 9BD Hamilton House is a favourite venue for the VdTMoCA conference, having hosted four conferences to date. Situated in Bloomsbury, London (some situate it in King's Cross), Hamilton House is just a 5-minute walk from Euston and King's Cross/St Pancras stations.

King's Cross is reached by 14 bus routes. 10, 17, 30, 45, 46, 59, 63, 73, 91, 205, 214, 259, 390 and 476.







Accommodation

All the major business and economy hotels are very close to the venue including Travelodge (Euston), Holiday Inn and Premier Inn. There are also many good small hotels B&Bs in the area including <u>Mentone Hotel</u> in Cartwright Gardens which is just across the road from the venue.

Direct all enquiries for the conference to info@ican-uk.com

Also at the conference....

Exhibition of the history of the Vona du Toit Model of Creative Ability, including photographs from previous conferences — will you spot your younger self?

Prizes to be won!

Who's who? Spot the presenters





Presenter prizes for —

The best oral presentation on 24 June.

The best poster in the Virtual Programme The conference theme is **Contribution.** For the second time, ICAN is supporting the Altevette Project to enable deprived girls to receive an education and **fulfil their potential** — a principle every VdTMoCA-informed therapist values. At the 2019 conference, £2000 was donated by ICAN this is enough to pay the salaries of 2 teachers for an entire year!

To mark the end of my active contribution to the VdTMoCA, instead of fancy dinners or gifts as 'thank you's', I ask you to donate to Altevette and bring about significant change for others.

Every donation by delegates on 24 June will be matched by ICAN – **please bring some cash.**

Delegates only accessing the Virtual Programme can still donate online—if you do so, please email me to let me know, so we can add your donations to the conference total, and **THANK YOU**, Wendy Sherwood., wendy@ican-uk.com

https://altevetteproject.org/



Altevette Project funds the development and support of education for disadvantaged girls in Upper Mustang, on the border between Nepal and Tibet. Girls in this region have little opportunity for education due to the lack of schools at high altitude in such remote and harsh regions and are vulnerable to extreme poverty and exploitation.

We opened our school in August 2012 to provide accommodation and education to girls from impoverished families living in the remote highlands of Upper Mustang. The school is in a serene and spacious setting near Thinggar village in Upper Mustang at an altitude over 4,300 m. and includes classrooms, dormitories, kitchen & dining hall, storage room, office, proper toilets and bathrooms as well as rooms for the teachers and administrative staff.





We've come a long way in 10 years from humble beginnings of a school for 15 students initially and now with over 50 girls, 8 teachers and 3 support staff and 2 school locations (winter & summer).



The educational system of Upper Mustang Nepal has as its foundation the Buddhist doctrine and, with rare exceptions, there are no other schools outside of the monasteries and religious communities.



Our students receive a full government school curriculum and3 languages: Tibetan, Nepali and English. Buddhist ritual activities & Buddhist instruments such as cymbals, trumpet etc. are also learned.

Building the school was just the beginning. Funding to keep the school sustainable and providing the ongoing education and support for our students is a long-term commitment of ALTEVETTE PROJECT.

We rely totally on donations and apart from bank charges, which we can't avoid, approaching 100% of donated monies reach the school and school projects. No expenses are deducted at all.

