GUEST EDITORIAL

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Over the last 15 to 20 years, a whole plethora of new models have been developed to guide occupational therapy practice. These models – mainly developed outside of South Africa - are all vying for prominence in our professional domain.

Many readers will be familiar with the tenets of the theory of creative ability as propounded by Vona du Toit in the 60' and 70's, and may even be familiar with the use of the term 'Creative Participation' in keeping with the regional development of the Model.

The proponents of the Vona du Toit Model of Creative Ability (VdTMoCA) felt the need to integrate the many disparate bits of materials and presentations, and to link this Model to current research and better position the VdTMoCA amongst the many practice models currently in our domain and educational curricula. Driven by a conviction of the value of the VdTMoCA and the realisation of the dearth of accessible, comprehensive information on the Model, various researchers and practitioners contributed to the publication of a textbook on the origins, constructs, principles and application of this Model – a publication which presents the model in full for the very first time¹.

My involvement in the development of this text made me realise anew the impact and value of this proudly South African model, and why we need to vigorously develop this Model to take its rightful place in the national and international arena and to become a model of choice. In South Africa, we are fortunate enough to have the resources necessary to do so, as we have approximately 4000 occupational therapists who are at least familiar with (if not expert at the application of) the Model, which, by implication, means that there are many potential mentors. In order to re-position this Model it is suggested that we need to:

- make overt that we are using the Model; which regrettably is often covert , in everyday practice;
- be assertive in demonstrating the benefits and integral value of the VdTMoCA in service delivery to colleagues and persons in leadership positions;
- study and integrate research done in South Africa and other countries, especially emerging collaborative research across countries. We don't have the luxury of allowing research to remain unseen and unutilised, gathering dust on the proverbial shelf;
- urgently research the application in the different life stages and contexts beyond that of illness and disability;
- delve deeper into its origins, concepts and constructs;
- search out new areas and contexts for application as it so eloquently formulated by Fasloen Adams in her keynote address at the 6th ICAN Conference² where she shared her research on the application of the Model in community evaluation and intervention;
- we not only need to expand the Model's application but also importantly, to delve deeper into its origins, concepts and constructs;
- maximise the use of the VdTMoCA on all platforms;
- investigate and define the use of the VdTMoCA by practitioners other than occupational therapists, including the training of occupational therapy assistants and other health care professionals, which will open up training and management possibilities;
- reconfigure our undergraduate training in the VdTMoCA in this country, as would be appropriate within the parameters of University Autonomy. That which is currently offered in South Africa varies greatly between educational institutions



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and it seems to be progressively curtailed due largely to the emergence and credibility of other professional models;

 offer courses on the Model through ongoing professional development courses and dedicated events such as conferences.

I therefore call on my fellow South African colleagues to reconnect with each other and with the Model; to overtly and actively implement and apply the constructs, concepts and principles. After all, the Model has its origins in South Africa and has been firmly rooted in practice for more than 40 years.

Regrettably many of us as practitioners have, for several reasons, either incorporated the fundamentals of the theory in our consideration for intervention, without acknowledging the Model, even to ourselves, or we have simplified or substituted the terminology used in the Model with more user-friendly terms to increase accessibility, to the extent that at times, we become rather reductionist in our practice.

This appeal is for practitioners to "own" the Model with pride and to develop and apply it with vigour and effort.

There are several exciting challenges facing us, but it's also more basic than that: We need a change of attitude about how we use, speak about and promote this unique Model. I believe that we, first and foremost need much collaborative effort and commitment to:

- Online training in the VdTMoCA as this would benefit the Model, assist novices in its use and act as a refresher for adherents. The United Kingdom has commendably taken the lead in this.
- O Nuggets of information are still hidden in dusty boxes and files, with much valuable information contained in electronic files, much of which need reviewing and cataloguing.
- O Underpinning all the above (and hopefully, contributing to its formation) is the need to grow the user base of the Model into a dynamic interactive, community of enthusiasts and adherents of the Model, a few fanatics in the mix will surely add some impetus.

As a final thought, which has arisen from time to time, it would seem that we need to constitute a group of super experts from South Africa and abroad (who probably need to be functioning at the 'Contribution' level of Creative Ability) to more deeply question the constructs and concepts so carefully formulated, and to **drive the evolution of the Model**.

Dain van der Reyden. A long-standing user of the model

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