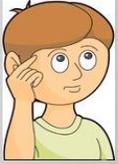
A scenic view of a mountain stream flowing over rocks in a lush green valley. The water is white and frothy as it cascades over several large, dark grey boulders. The surrounding landscape is covered in vibrant green grass and small yellow flowers. The sky is overcast and grey.

KAWA MODEL: THE FLOW OF PRACTICE

NEHA TRIPATHI, OTD, OTR/L, CDP



BEFORE THIS CONFERENCE

- A. I had never heard about the Kawa Model
- B. I had heard or read about the existence of the Kawa Model but had no idea about what it includes
- C. I had heard or read about the the Kawa Model and had a little bit of an idea about what it includes
- D. I had heard, read, or learned about the Kawa Model in some detail but never used it
- E. I had heard, read, or learned about the Kawa Model in depth but never used it
- F. I have used the Kawa Model in my practice setting once or twice
- G. I have used the Kawa Model in my practice setting several times



WORKSHOP OUTLINE

- Speaker and Audience Orientation
- Why do we need models? Historical and Current Contexts
- Occupational Therapy Models and Frames Of Reference: Review & Recall
- Origin of the Kawa Model
- Structure of the Kawa Model
- Application of the Kawa Model
- User Examples
- Strategies for Application in Various Contexts
- The Kawa Model in Research
- Hands-on Exploration
- Q&A

LEARNING OBJECTIVES

- At the end of this workshop, attendees will be able to:
 - Demonstrate understanding of the basic philosophy and structure of the Kawa Model
 - Demonstrate understanding of the need for utilization of the Kawa Model and its appropriate application method in the holistic and culturally responsive occupational therapy process
 - Identify and appraise opportunities for application of the Kawa Model for clinical and non-clinical purposes in their specific practice settings

HISTORICAL BACKGROUND

- Occupational Therapy: Established in 1917
- Occupation as a tool for curing and healing: Occupational-based Paradigm
- Medical community → Science
→ Reimbursement
- Paradigm shift → Medical model-based



HISTORICAL BACKGROUND

- Medical Model-based Treatment:
 - Positivistic & mechanistic
 - Discrete systems addressed separately
 - Focus on removal of disability
 - Problem-centered
 - Bottom-Up Approach

HISTORICAL BACKGROUND



HISTORICAL BACKGROUND

- Paradigm Shift  Occupation-based Occupational Therapy
 - Holistic
 - Performance-based Assessment & Treatment
 - Focus on ability
 - Client-centered
 - Top-down
- Theory and Practice Strengthening
- Models & Frames of Reference (FORs)



HISTORICAL BACKGROUND

MODELS

- 1) Overarching theory
- 2) How to think
- 3) Occupational focus
- 4) Eg: PEO, MOHO, CMOP

FORs

- 1) Structured process
- 2) What to do
- 3) System/process focus
- 4) Eg: ACL, NDT, biomechanical

HISTORICAL BACKGROUND

~~Models & FORs = Occupational Therapy~~

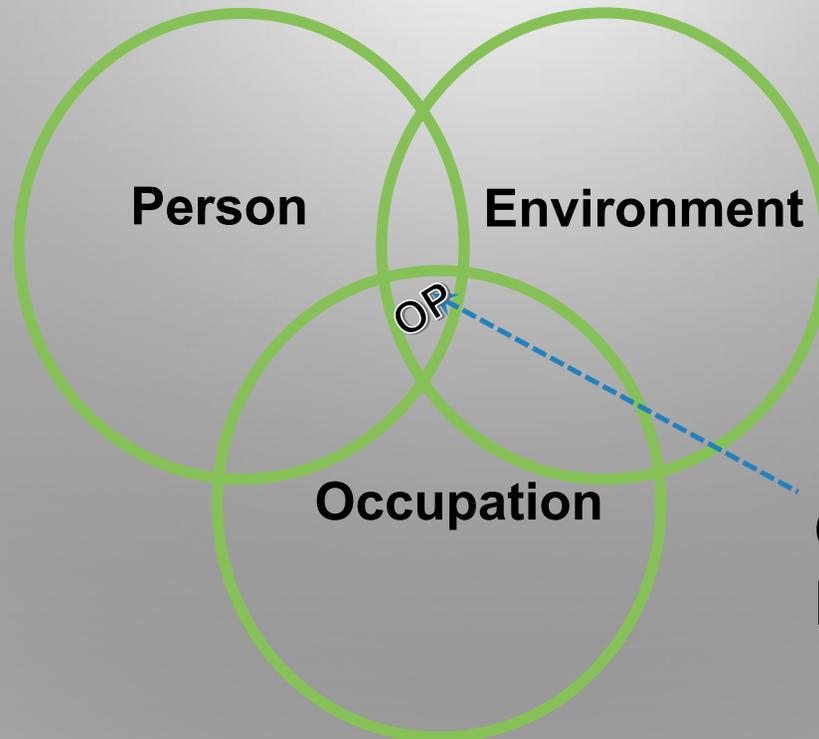
What Happens To Occupational Therapy Without Models & FORs:

- Clients' needs, wants, expectations, and desires not in focus 
- Client not involved in choice of outcomes or processes 
- Documentation not reflective of the distinct value of OT in enabling meaningful/purposeful/holistic engagement for clients 
- Treatment and outcomes not occupation-based 

(Joosten, 2015)

THEORETICAL MODELS

- Person-Environment-Occupation (PEO) Model



Transaction
between P, E,
& O

Occupational
Performance
not separate
from context

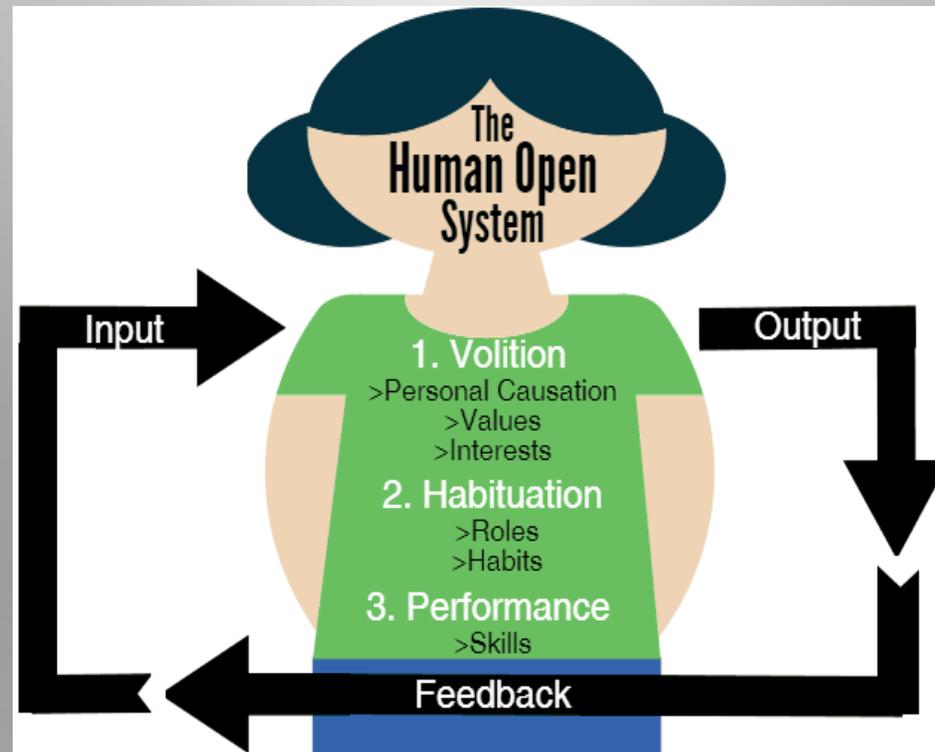
Client
chooses goals

**Occupational
Performance**

(Law & Baum, 2005)

THEORETICAL MODELS

- Model Of Human Occupation (MOHO)



Occupational behavior: organize/ re-organize

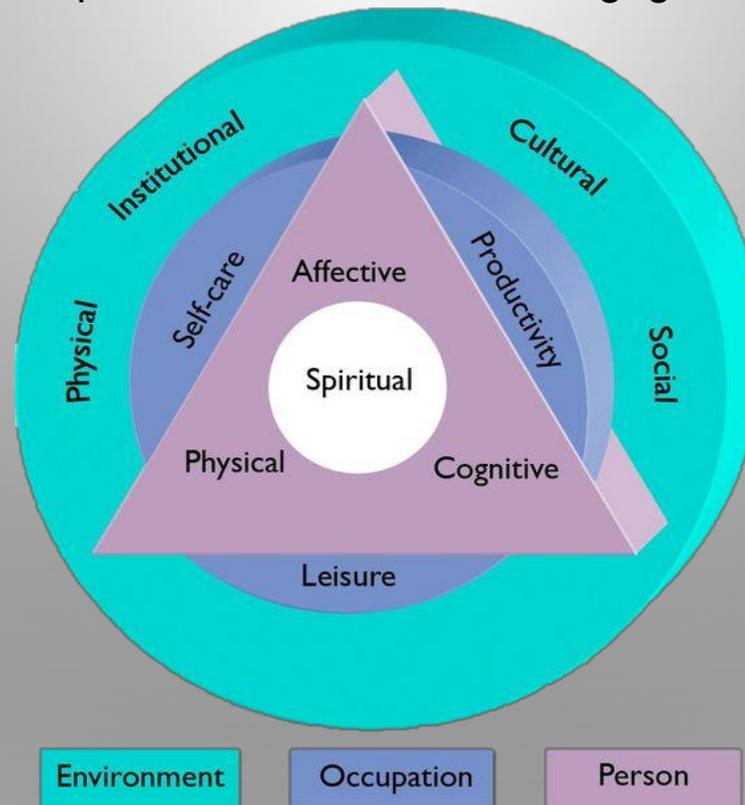
Person is a dynamic system

Personal factors (V, H, P) central to occupational performance

(Law & Baum, 2005)

THEORETICAL MODELS

- Canadian Model of Occupational Performance & Engagement (CMOP-E)



Coaxial relationship between P, O, E

Spirituality at the center

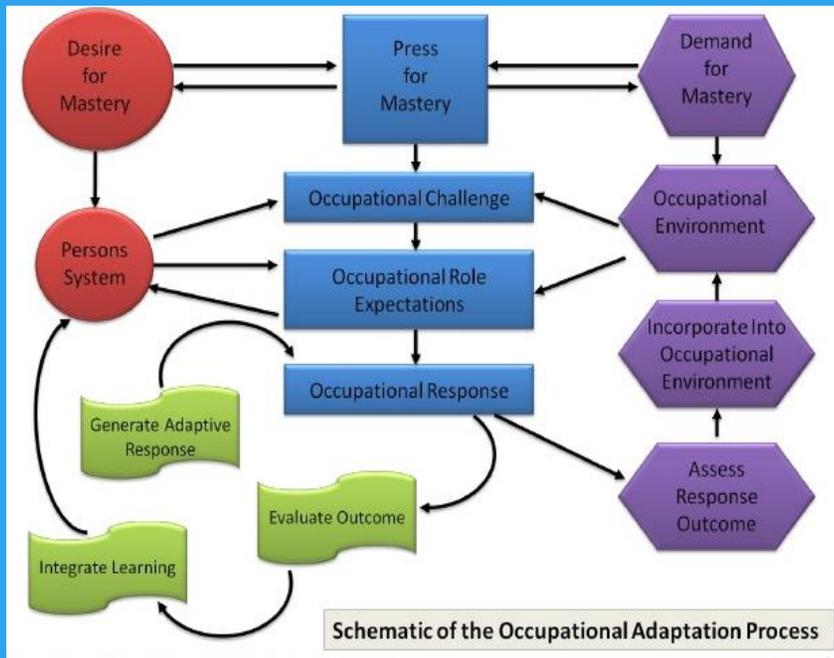
Guides OT process for individuals, groups, & organizations

(Law & Baum, 2005)

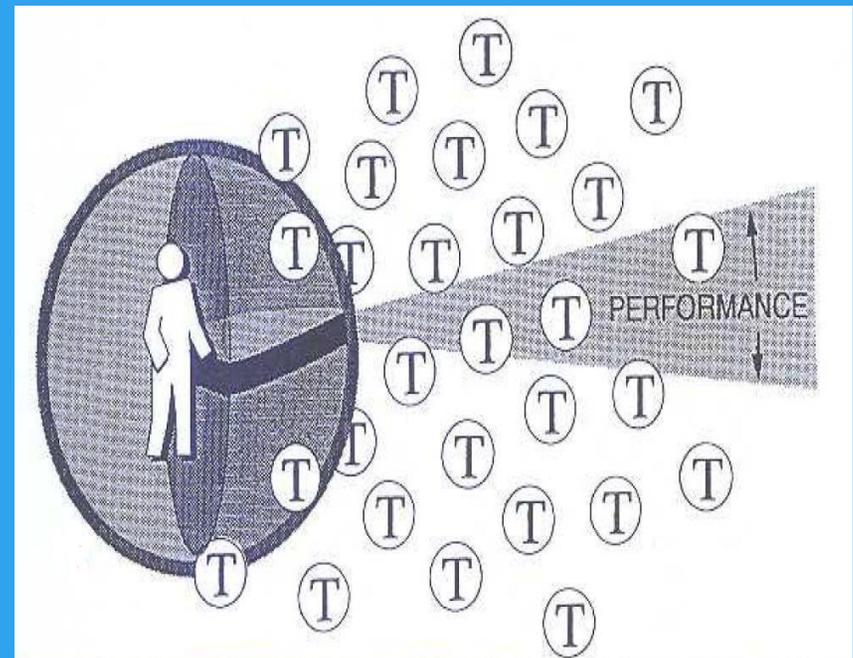
THEORETICAL MODELS

- OTHER MODELS IN OCCUPATIONAL THERAPY:

Occupational Adaptation Model

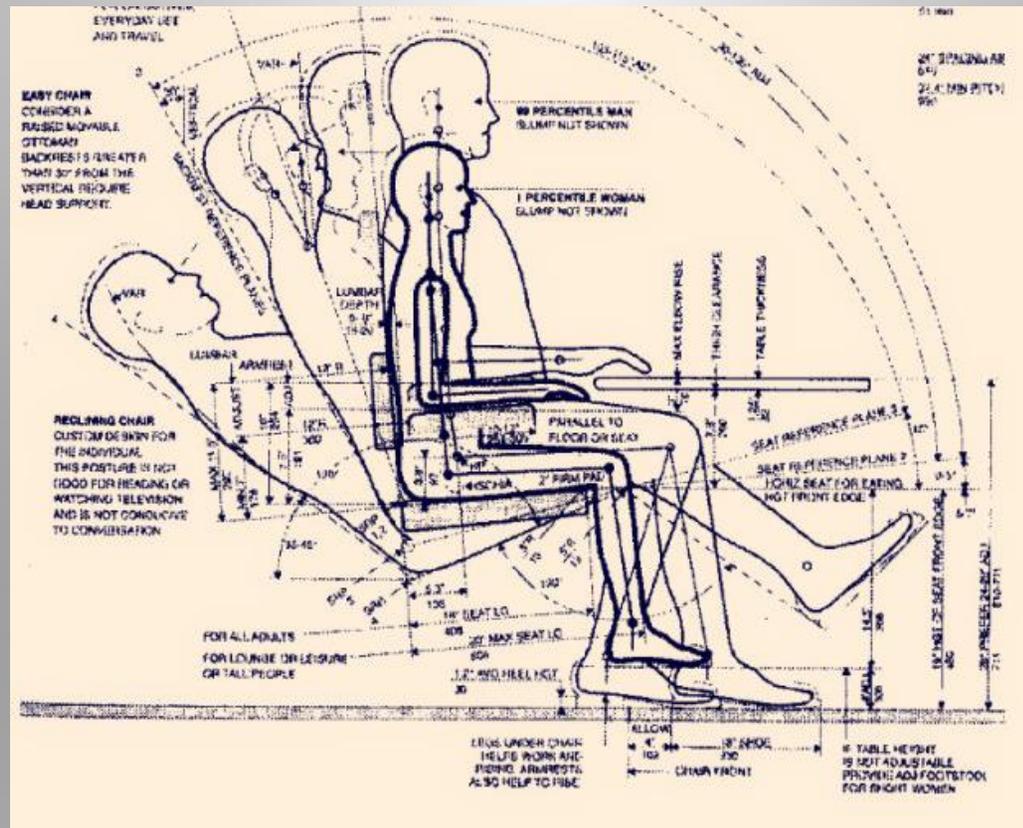


Ecology of Human Performance Model



FRAMES OF REFERENCE

- Biomechanical FOR



Principles of physics → Human movement

Evaluation: strength, ROM, endurance, pain

Treatment: Adaptation, physical exercise, ergonomics

FRAMES OF REFERENCE

- Allen's Cognitive Levels FOR

	ACL 1. Automatic Actions	ACL 2. Postural Actions	ACL 3. Manual Actions	ACL 4. Goal-Directed Actions	ACL 5. Exploratory Actions	ACL 6. Planned Actions
Attention to Sensory Cues	Subliminal	Proprioceptive	Tactile	Visible	Related (all senses)	Symbolic
Motor Actions						
Spontaneous	Automatic	Postural	Manual	Goal-directed	Exploratory	Planned
Imitated	None	Approximation	Manipulation	Replication	Novelty	Unnecessary
Conscious Awareness						
Purpose	Arousal	Comfort	Interest	Compliance	Self-control	Reflection
Experience	Indistinct	Moving	Touching	Seeing	Inductive reasoning	Deductive reasoning
Process	Habitual or reflexive	Effect on body	Effect on environment	Several actions	Overt trial & error	Covert trial & error
Time (attention span)	Seconds	Minutes	Half-hours	Hours	Weeks	Past/future
OT Activities	Sensory stimulation	Gross motor, games, dance	Simple, repetitive tasks	Several-step tasks	Concrete tasks	Conceptual & complex tasks

Analyzing & enabling & routine tasks for people with dementia

Evaluation: Cognitive function & routine task performance

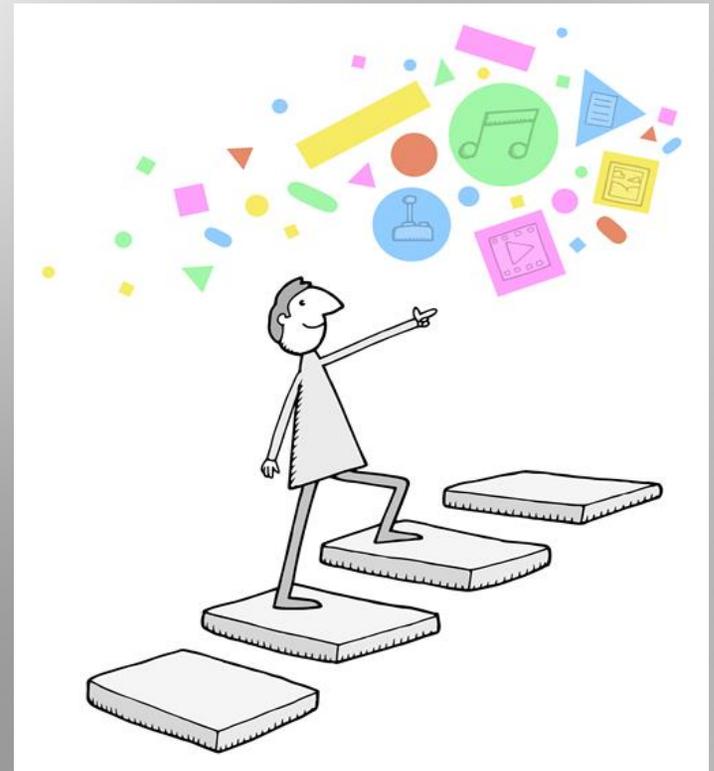
Treatment: Adaptations, Group activity, level appropriate tasks

(Cole & Tufano, 2008)

FRAMES OF REFERENCE

Other Commonly Used FORs:

- Applied Behavioral FOR
- Cognitive Behavioral FOR
- Psychodynamic FOR
- Toglia's Dynamic Interactional FOR
- Sensory Integration & Processing FOR
- Lifespan Development FOR
- Motor Control & Motor Learning FOR



CURRENT CONTEXT

- Refocus on Theory, Models, and FORs
- Occupation-based Occupational Therapy
- *Vision 2025: “Occupational therapy maximizes health, well-being, and quality of life for **ALL** people, populations, and communities through effective solutions that facilitate participation in everyday living.”*
 - Evidence-based
 - Client-centered
 - Addressing **systems** and **people within systems**
 - Culturally responsive
 - Customized

(American Occupational Therapy Association [AOTA], 2016)

CURRENT CONTEXT

Two Major Problems!

1. Do we have the time?

- Time constraints
- Productivity
- Logistical issues
- Practical problems
- Real humans in real life



Philosophy
Easy recall
Direct application
Collaboration
Tangibility

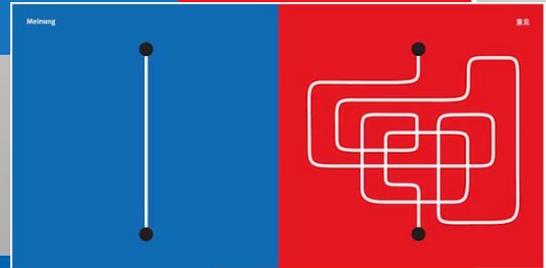
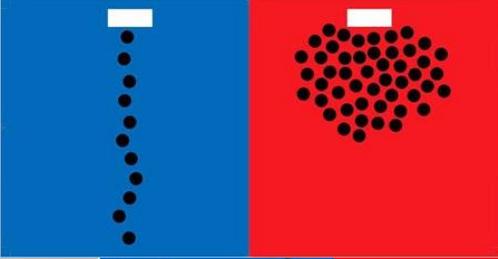
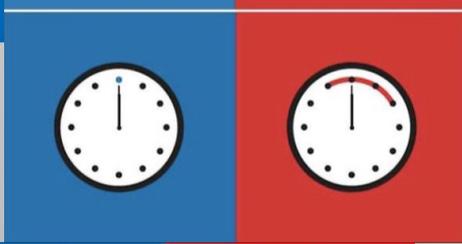
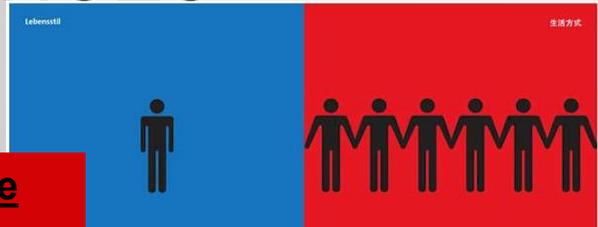
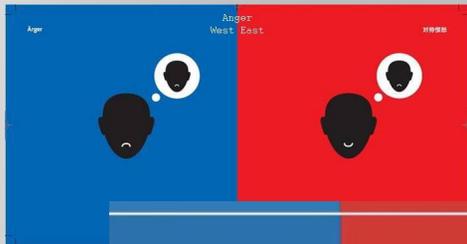
2. Is it a one-size-fits-all solution?

- Different approaches
- Different people
- Different settings
- Different logistics
- Different cultures
- Different problems



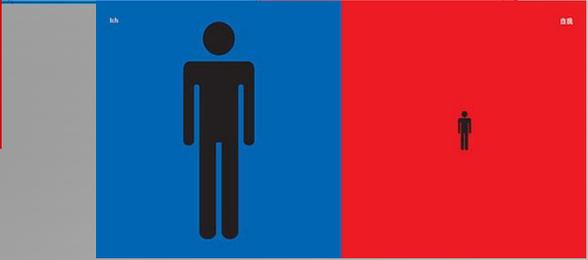
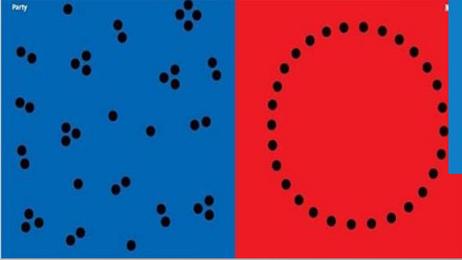
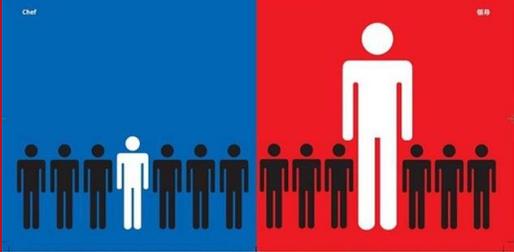
NO

CONTEXTUAL DIFFERENCES



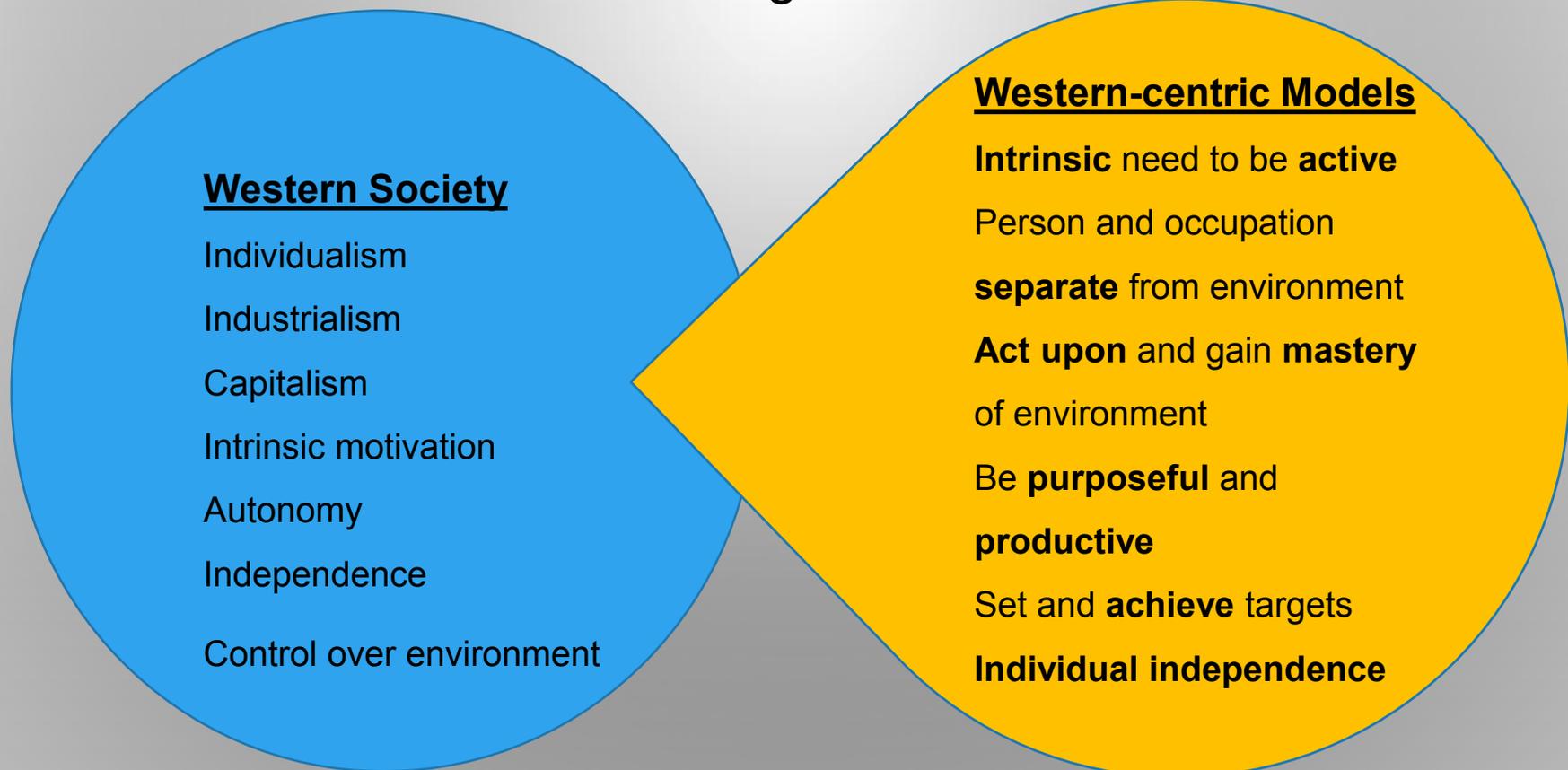
Western Culture
Individual
External control
Equality
Achievement
Winning
Pride
Time is money
Respect for results
Respect competence
Fact oriented
Value privacy
Open
Control
Direct
Independent
Doing

Eastern Culture
Community
Internal self control
Hierarchy
Modesty
Harmony
Saving face
Time is life
Respect for status
Respect age
Truth oriented
Public involvement
Hypocritical
Acceptance
Indirect
Interdependent
Being



CURRENT CONTEXT

Existing Models



(Kantartzis and Molineux, 2011)

CURRENT CONTEXT

The Issue with Existing Models

Eastern Society

Collectivism

Decentralization of the self

Oneness with environment

Social hierarchies

Eastern-centric model application

Person **not separate** from environment

Occupation is **part** of personal entity and
life-long identity

Not necessary to gain **mastery** over
contextual elements

Individual not more important than
collective

Independence not more important than
interdependence

(Hammell, 2009; Iwama, 2006; Iwama et al., 2009)

CURRENT CONTEXT

Applying Western Models to Eastern Cultures

- Basic conceptual conflicts
- Philosophical differences: **Occupation** ↔ **Health & Well-being** link
- Translational losses
- Forced fit → “hegemonic imperialism”
- Model-centered → Fit a person’s life into a model? Reductionistic!



AVOIDANCE! → Medical model-based non-occupational therapy

Cultural responsiveness is key: Choose a model to fit the person’s life
But which traditional model for non-Western contexts???

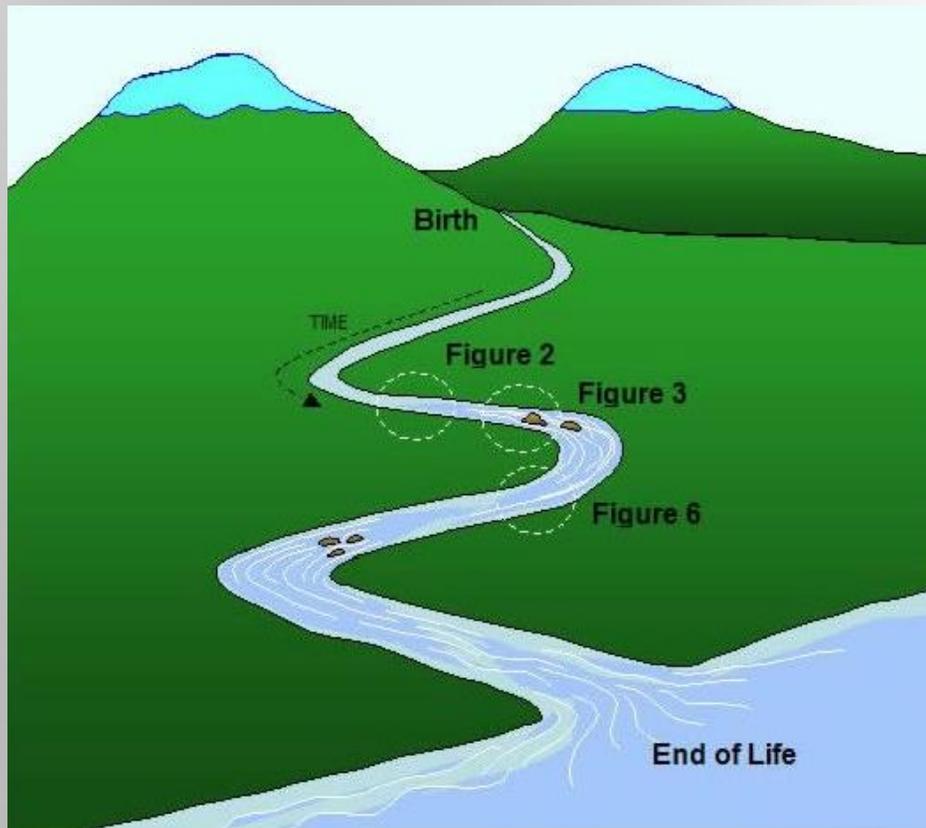
(Erlandsson, 2013; Hammell, 2011; Hocking, 2013; Iwama, 2006; Iwama, 2007; Jansson, 2011)

THE KAWA MODEL: ORIGIN

- Japanese occupational therapists + Dr. Michael K. Iwama ca. 2000-2006
- Need to create a model that can address the Eastern way of life
- Key features:
 - Holistic approach to life and occupation: Focus on “being”
 - Tacit assumption of decentralization of self: Individual is an inseparable part of the collective whole, one with nature, and contextual in existence
 - Adaptable to the context of the user → INTERPRETATION

(Iwama, 2006; Iwama et al., 2009)

THE KAWA MODEL: THEORY

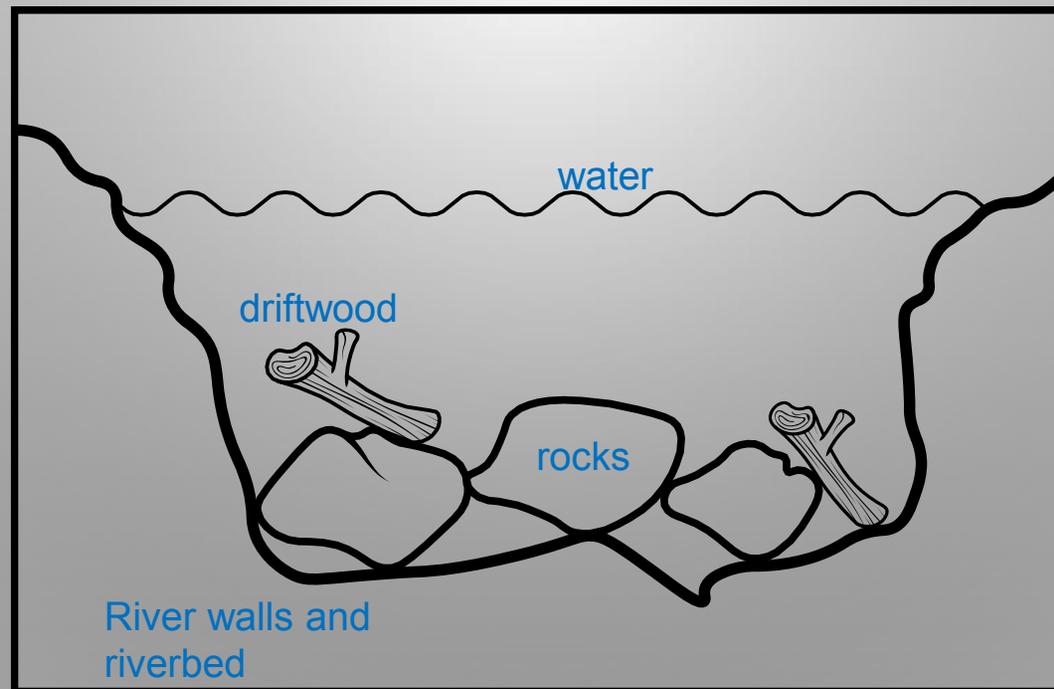


- River metaphor
- Unidirectional: birth → death
- Eastern collectivist ideology: Person is integral element of context; not represented separately
- Structure is fluid: User decides contents
- Unique: Philosophy, model, FOR, assessment tool

(Iwama, 2006)

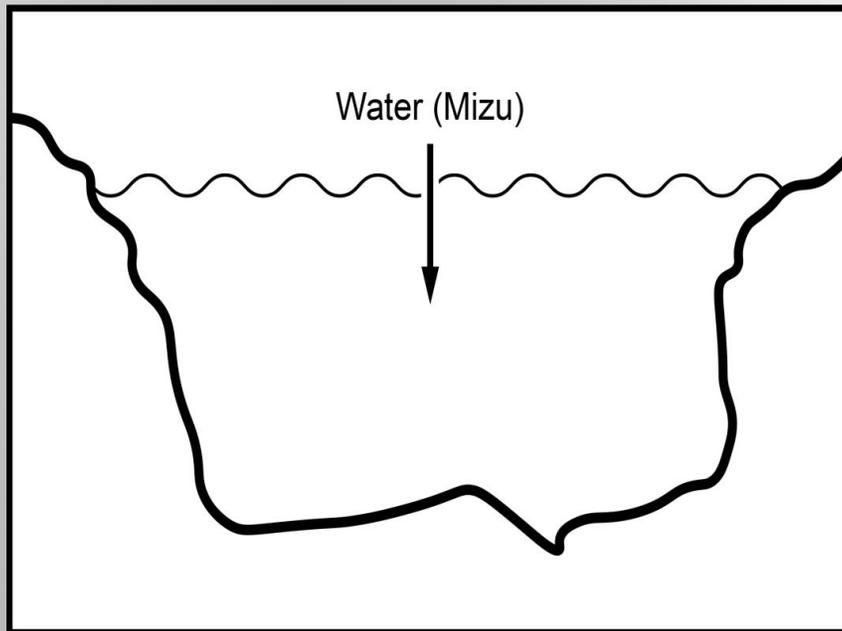
THE KAWA MODEL: STRUCTURE

Illustration of the Kawa Cross-Section



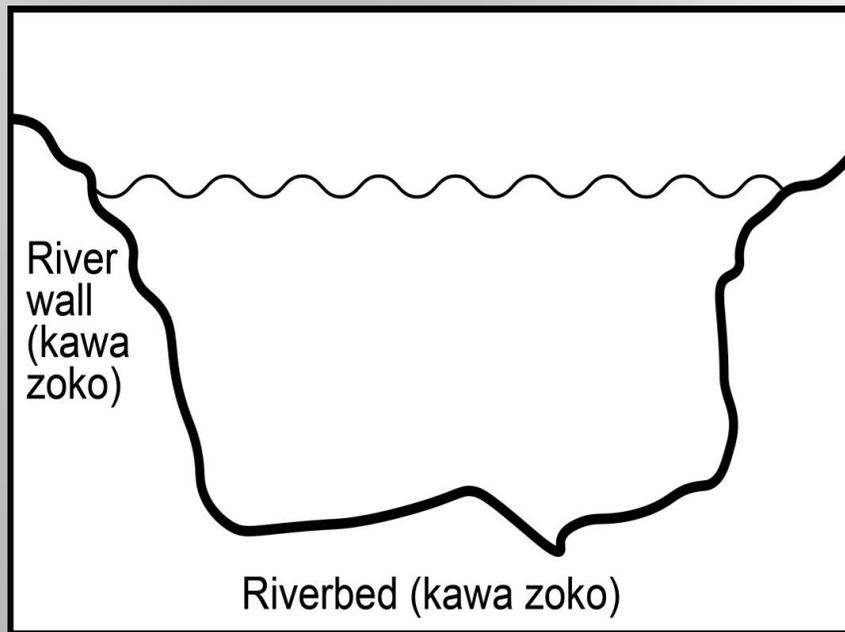
(Iwama, 2006)

THE KAWA MODEL: STRUCTURE



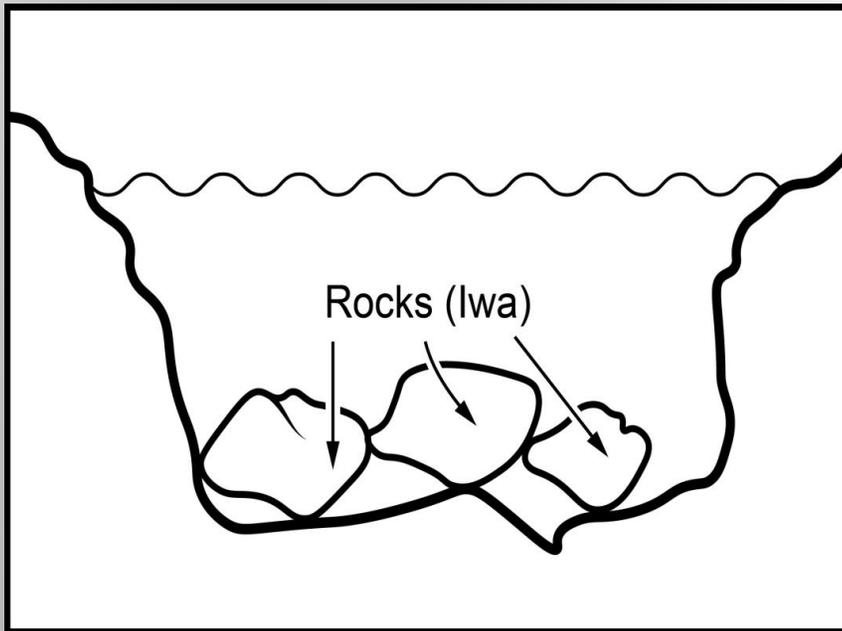
- Water (*mizu*): Person's "life flow"
- Shape of water → Surroundings
Life flow → Events, characters, barriers, facilitators, emotions, and phenomena
- Kawa model → Water interacts with rocks, driftwood, and river walls and riverbed to represent the current life flow of the person
- How are things going?
Occupational performance?
Overall circumstances?
- Optimal flow: Fast, voluminous, unobstructed

THE KAWA MODEL: STRUCTURE



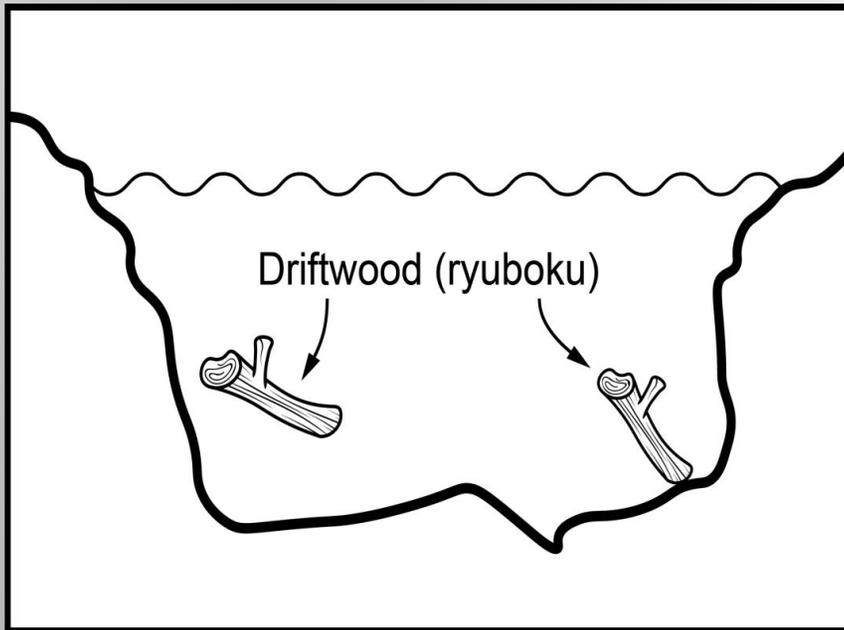
- River walls and riverbed (*kawa zoko*): Context → social, physical, cultural, occupational
- *Kawa zoko* can impede or facilitate life flow
- Thick river walls and riverbed → contextual difficulties; barriers to life flow
- ▲ space, ▲ flow

THE KAWA MODEL: STRUCTURE



- Rocks (*iwa*): Perceived barriers to optimal life flow
- Objects, persons, circumstances, events
- Unique number, shapes, sizes, textures, and/or locations
- Fewer, smaller *iwa* → ↓ barriers, ↓ difficult issues → ↑ flow

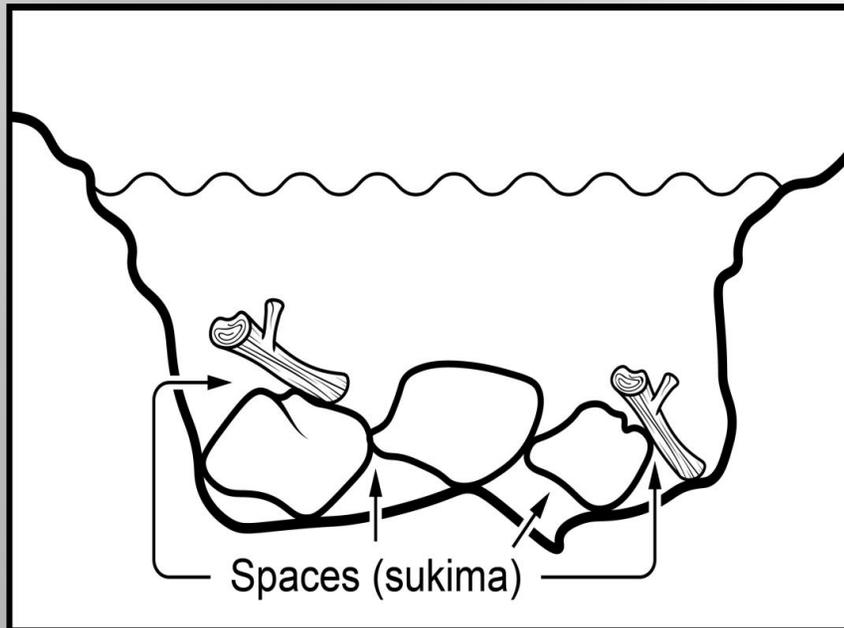
THE KAWA MODEL: STRUCTURE



- Driftwood (*ryuboku*): Personal assets and liabilities
- Characteristics, skills, attitudes, behaviors, beliefs, resources, people, objects, or phenomena
- Change function circumstantially
- Driftwood can:
 - Float without affecting water
 - Push rocks/silt out of the way
 - Create blockages when stuck between river walls and rocks
- Position, size, & function of driftwood in the *kawa* → life flow

(Iwama, 2006)

THE KAWA MODEL: STRUCTURE



- Spaces (*sukima*): Spaces between *kawa* elements for water flow
- Harmonious interaction between elements → sufficient large spaces → optimal life flow
- ↑spaces, ↑flow → Focus of intervention

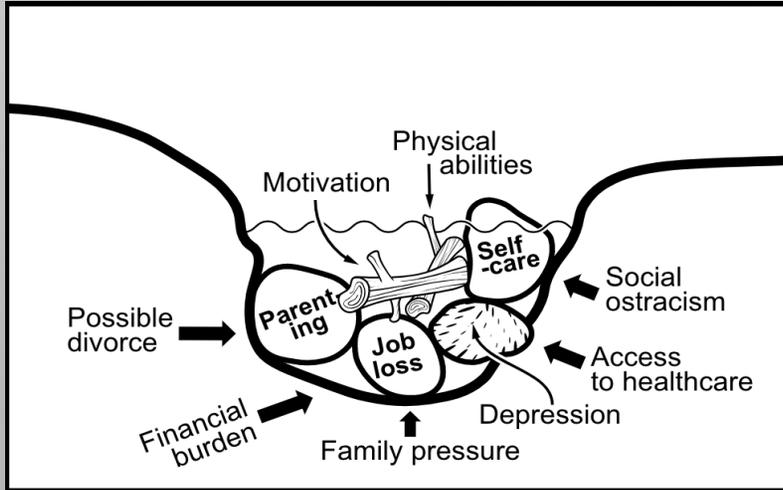
THE KAWA MODEL: APPLICATION

Disability & Health Continuum

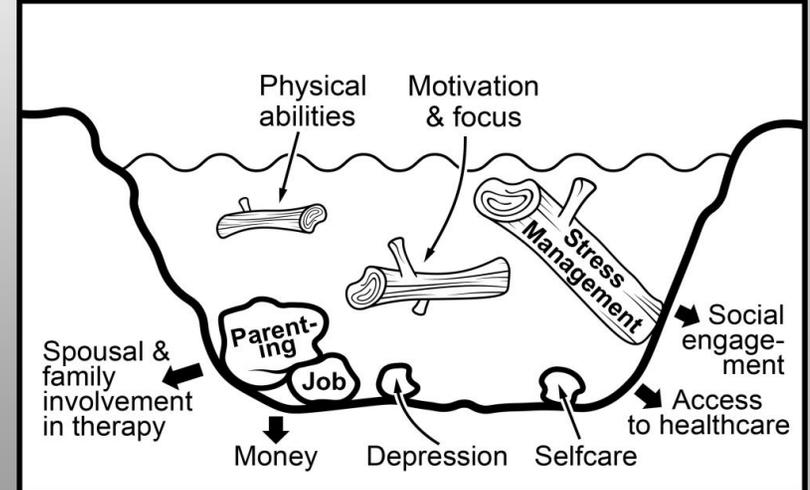
Dysfunction



Function



- Congested
- Large rocks
- Thick walls, elemental impaction
- Low water level
- Sluggish flow
- Reduced spaces



- Open
- Smaller rocks
- Wide walls, elements free
- High water level
- Fast flow
- Increased spaces

THE KAWA MODEL: APPLICATION

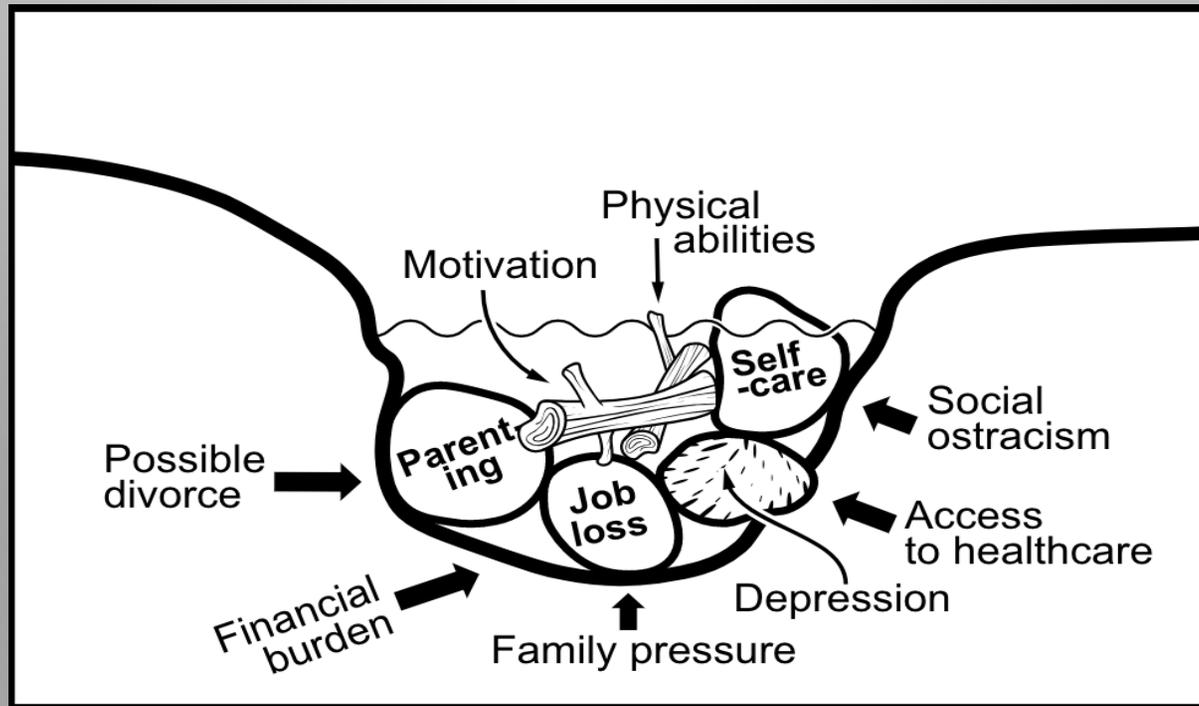
Case Study: Mr. P

Occupational Profile:

- Mr. P, male, 45 yrs
- Dx: Major Depressive Disorder
- No physical limitations
- Immigrated from Sri Lanka with family >20 years ago
- Lives in a small town with wife, 3 young children, elderly parents
- Extended family in the same community
- Factory worker: Lost job recently
- Primary breadwinner, finances affected
- Family involved, but pressure to seek help, find work
- Difficulty accessing medical care: insurance, transport, cost
- Non-compliant with medication
- Community ostracism
- Relationships affected: wife → divorce?
- Parenting skills affected
- Self-care decline
- Helplessness, hopelessness, worthlessness

THE KAWA MODEL: APPLICATION

Case Study: Mr. P's Evaluation Kawa



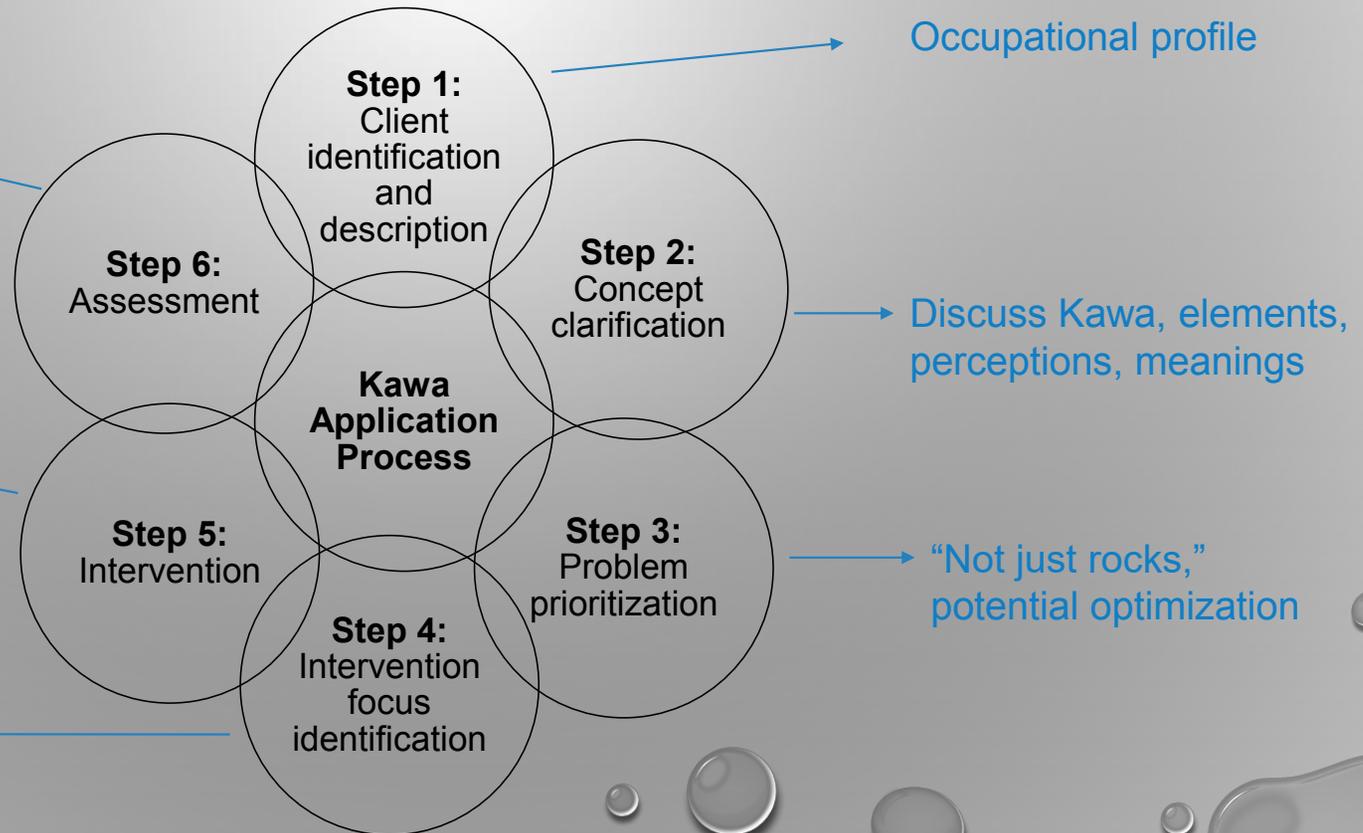
THE KAWA MODEL: APPLICATION

Case Study: Mr. P's Intervention Process

Focus on client's
"normal,"
standardized/non-std,
new Kawa, visual
comparison,
measurement tool

Synergistic effect,
contextual, not purely
biomechanical,
model + FOR

Sukima focus,
qualitative &
quantitative
assessment, goals in
collaboration



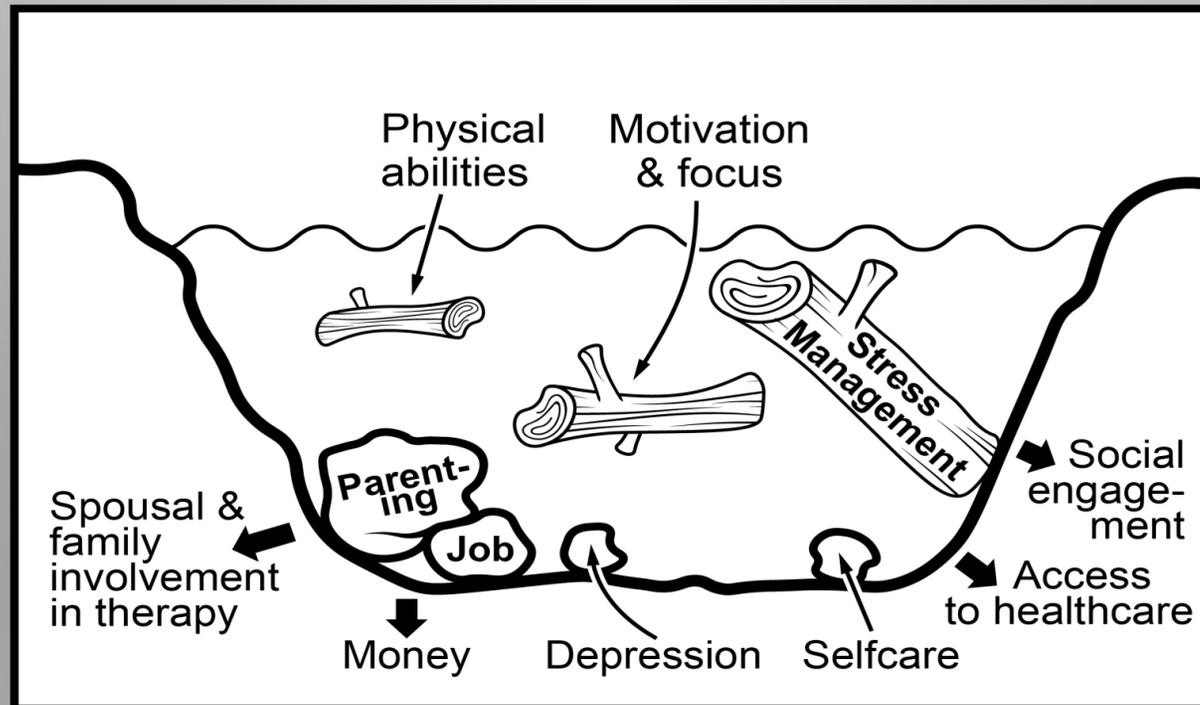
GOAL ATTAINMENT SCALE (GAS)

- Customizable
- Quantifies otherwise qualitative goals
- Assigns weightage relevant to client
(Kiresuk T score: $T = 50 + \frac{10 + \sum w_i x_i}{\sqrt{(1 - \rho) \sum w_i^2 + \rho (\sum w_i)^2}}$)
- Ordinal scale
- Good to excellent interrater reliability
(therapist $\kappa = 0.82$, individual rater $\kappa = 0.64$)
- No floor or ceiling effects (scale is reformulated specific to each client)
- High intraclass coefficient (0.89) for interrater reliability
- Acceptable content validity (77 to 88%)
- Additionally, practitioner can utilize standardized and non-standardized assessments as necessary to contribute towards the evaluation of occupational goal achievement

Goal Attainment Level	Score	Goal 1: Physical Activity	Goal 2: Hydration
		I will engage in a 30-minute exercise routine 3 times/week	I will drink 8 oz water 8 times/day
Much more than expected	+2	I engaged in a 30-minute exercise routines 6 times/week	I drank 8 oz water 10 times/day
Somewhat more than expected	+1	I engaged in a 30-minute exercise routine 4 times/week	I drank 8 oz water 9 times/day
As expected	0	I engaged in a 30-minute exercise routine 3 times/week	I drank 8 oz water 8 times/day
Somewhat less than expected	-1	I engaged in a 30-minute exercise routine 2 times/week	I drank 8 oz water 6 times/day
Much less than expected	-2	I engaged in a 30-minute exercise routine 0 times/week	I drank 8 oz water 4 times/day
WEIGHTAGE	=	3	5

THE KAWA MODEL: APPLICATION

Case Study: Mr. P's Follow-Up Kawa



THE KAWA MODEL: MORE CASE STUDIES

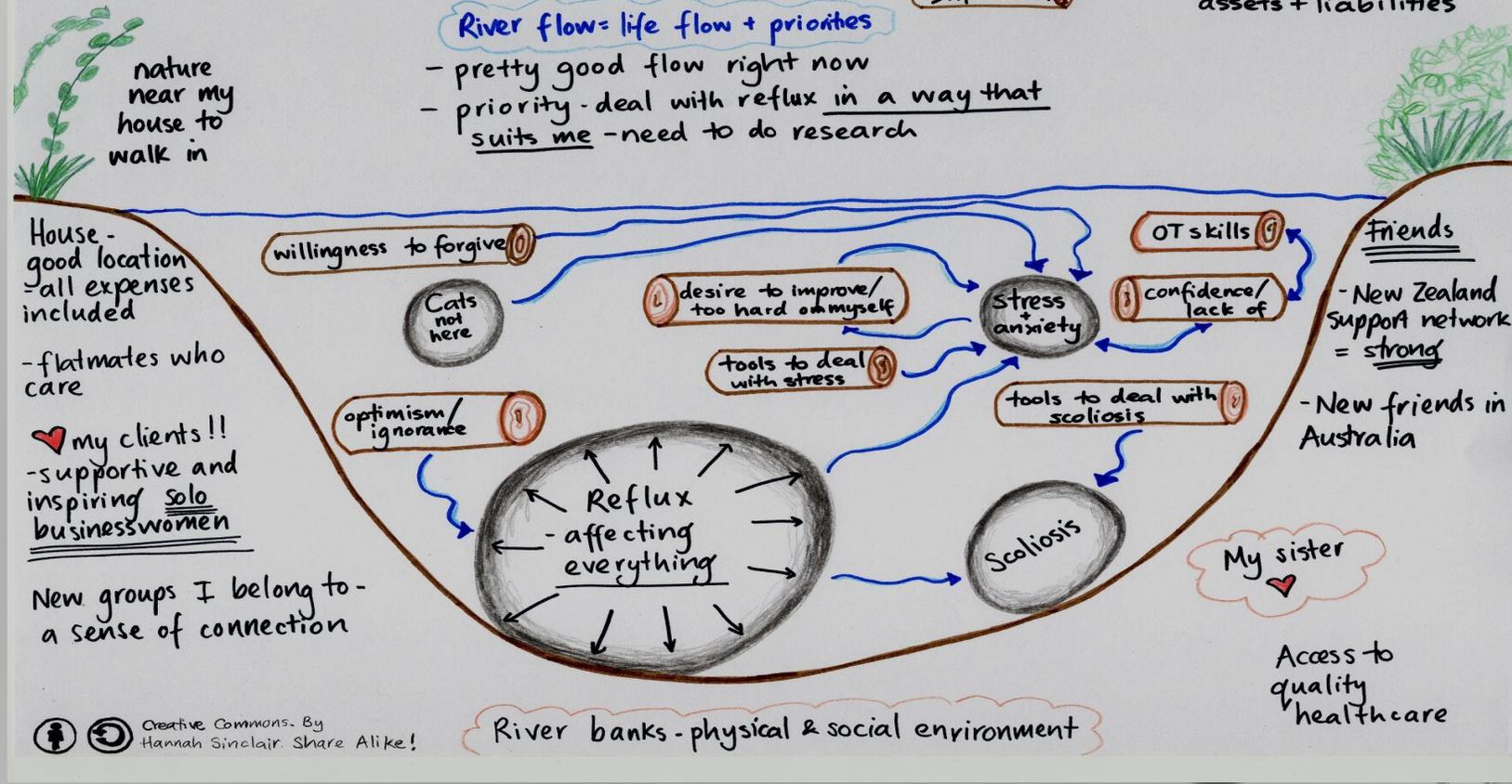
Hannah Sinclair, Occupational Therapist, Australia

Hannah's river cross-section June 2018

Rocks = obstacles + challenges
Driftwood = personal resources - assets + liabilities

River flow = life flow + priorities

- pretty good flow right now
- priority - deal with reflux in a way that suits me - need to do research



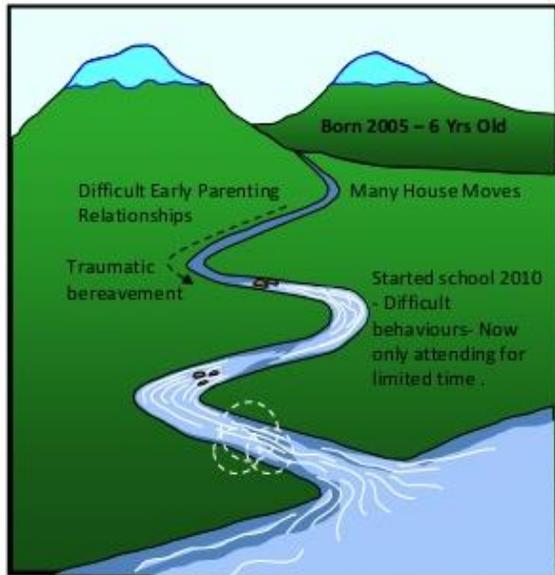
THE KAWA MODEL: MORE CASE STUDIES

Aileen Duff, Occupational Therapist, United Kingdom

(Retrieved from presentation on www.kawa.model.com)

MEET BEN

Ben



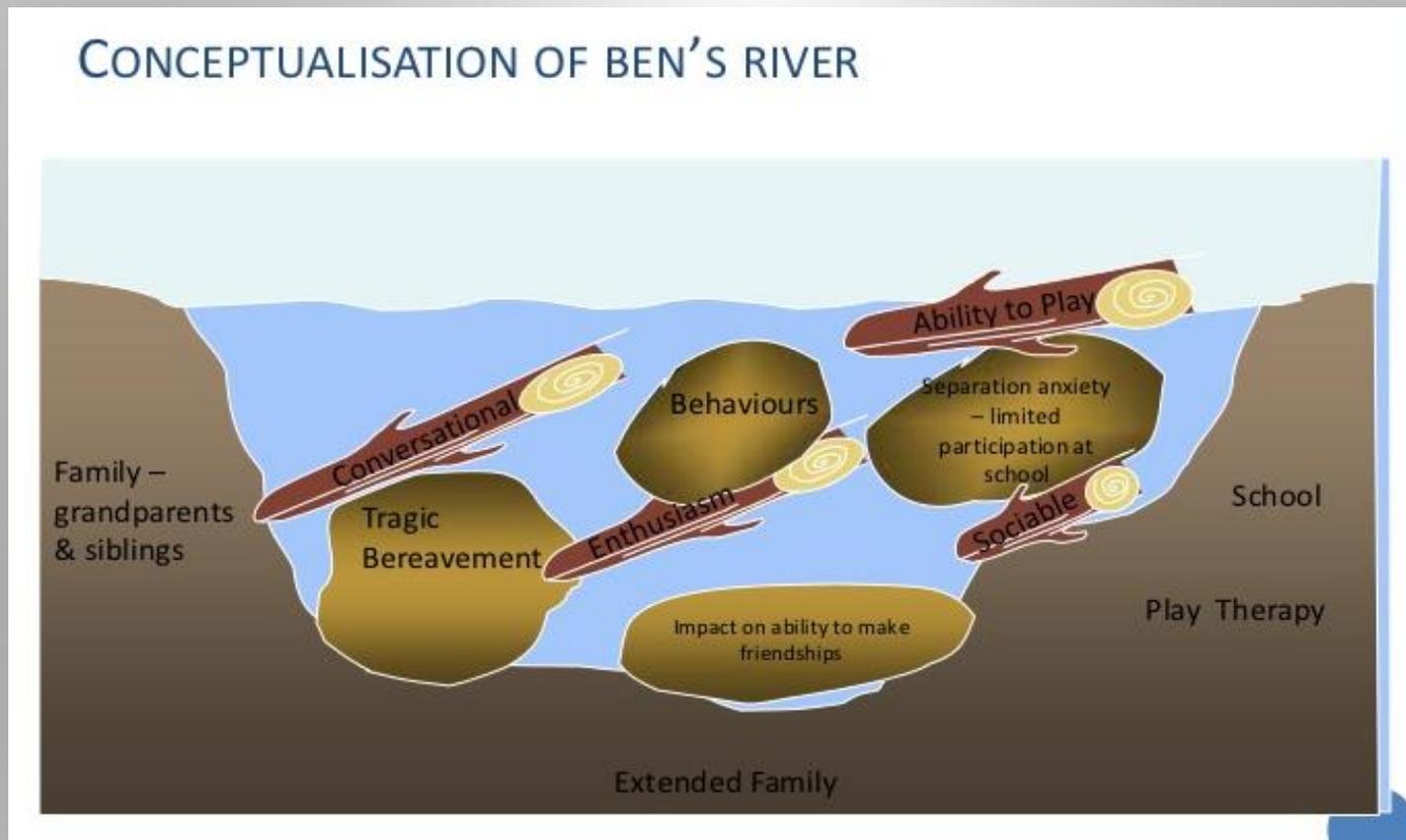
Occupational Profile

- Born 2005 – 6 yrs old
- Volatile Early Parenting Relationships
- Many House Moves
- Traumatic bereavement
- Started school 2010 - Difficult behaviours
- School participation limited – impact on friendships
- Sociable Enthusiastic Child, with a good ability to play
- Grandmother has custody of three siblings – impact on roles

THE KAWA MODEL: MORE CASE STUDIES

• Aileen Duff, Occupational Therapist, United Kingdom (Contd)

(Retrieved from presentation on www.kawa.model.com)



THE KAWA MODEL: APPLICABILITY

- American context
 - Immigrants: Cultural responsiveness
 - US statistics: >43.7 million, i.e. 13.5% of total US population
 - Asian immigrants: >20 million
 - SC statistics: Growing immigrant population; nearly 5% immigrants, about 4% native-born Americans with at least one immigrant parent
 - Native Americans: Collectivist culture
 - Pediatrics
 - Mental health
 - Social/community health/primary care
 - Older female clients: Social dynamics
 - Rural communities, close-knit families and communities
 - Personal identity
- } Family + Community
Holistic Approach

(American Immigration Council, 2017; Migration Policy Institute, 2018; Pew Research Center, 2017)

THE KAWA MODEL: APPLICABILITY

Use the Kawa Model only if it
“makes sense” to the client and
the practitioner! Otherwise
choose a different model!

THE KAWA MODEL: APPLICABILITY

**Focus on total
occupational
performance at all
times!**

THE KAWA MODEL: APPLICABILITY

Theory ✓

Model ✓

Frame of Reference ✓

Evaluation Tool ✓

THE KAWA MODEL: APPLICATION FAQs

- Who draws the Kawa?
 - Client and practitioner together
- Who else is involved in making the Kawa?
 - Family, significant others, guardians, relevant people, professional team
- When and how will the client draw the Kawa?
- At or around evaluation and at least one follow up depending on goal target date. Can be incorporated into therapeutic activities: sitting, standing, different materials and textures, balance challenges, homework tasks, group/individual tasks, communication/expression activities.....use your creativity! Make it relevant, occupation-focused, billable!

THE KAWA MODEL: APPLICATION FAQs

- What if the client is unable to communicate?
- The Kawa is still relevant! Collaborate!
- Does it have to be a pen & paper activity?
- Any writing/drawing material, craft material, magnet boards, white boards, chalk boards, chart/card paper, simulation, putty, felt, Velcro, toys, etc. can be used. Use your imagination and your resources!



THE KAWA MODEL: APPLICATION FAQs

- Can occupational therapy assistants use the Kawa Model directly with a client?
- Yes, as long as the OT and OTA work on using the Kawa Model with the client as a team, and follow all professional and state regulations for evaluation, interpretation, goal setting, and assessment.
- Can we use clinical assessment tools with the Kawa Model?
- Absolutely! The Kawa will provide a FOR to indicate where, when, how, and which standardized/non-standardized tests may be used
- Can the Kawa have elements other than rocks and driftwood?
- Yes! Whatever holds meaning for the client. However, make sure to seek and provide clarification in terms of the function \longleftrightarrow dysfunction

[continuum](#)

THE KAWA MODEL: RESEARCH

Clinical Uses

- Carmody et al. (2007): Ireland
 - Grounded theory
 - To study effectiveness of Kawa Model with clients with multiple sclerosis in Ireland
 - Purposive sampling → 2 adult subjects diagnosed with multiple sclerosis
 - Occupational therapy evaluation and treatment using the Kawa Model over 8 weeks
 - Data collection: interview, notes, reflective diaries
 - Findings: The Kawa Model
 1. Allowed both subjects to express their cultural perspectives and beliefs; experience positive clinical interaction; focus on physical and social factors, as well as occupational needs and strategies
 2. Enabled practitioners to build comprehensive occupational profiles of the subjects from their Kawa narratives
 3. Facilitated occupation-based goal setting and interventions
 4. Effectiveness was challenged by the preconceptions of the researchers in terms of the rigidity or flexibility they should have allowed in its administration and their misgivings about the “right” way to interpret the model. It was also challenged by the clients’ initial uncertainty regarding the correct way to draw the components of the individual *kawa*.

THE KAWA MODEL: RESEARCH

Clinical Uses

- Paxson, Winston, Tobey, Johnston, & Iwama (2012): USA
 - Phenomenology
 - To study lived experience of occupational therapy practitioners in applying the Kawa Model in a mental health setting
 - Purposive sampling → 2 occupational therapy practitioners → used the Kawa Model with clients with mental health diagnoses for at least 6 weeks after recruitment
 - Data collection: Open, unstructured interviews
 - Findings: Six emergent themes
 1. Definitive increase in two-way client-practitioner dialog
 2. Significant increase in goal-directed collaboration; breaks traditional power dynamic
 3. Increase in positive energy and interactions → client-centered care, successful outcomes
 4. Clients able to self-express in manner consistent with their own beliefs and values → inherent neutrality-acquired adaptability
 5. Practitioners initially awkward with metaphor; but clients immediately responsive
 6. Even with narrative at center, structure is consistent: neither too medical, nor vague

THE KAWA MODEL: RESEARCH

Clinical Uses

- Gregg, Howell, Quick, & Iwama (2015): USA
 - Case Study
 - To describe the use of the Kawa Model as a clinical approach for providing OT intervention to deployed military service members with combat and operational stress reactions (COSR) disorder
 - 23 yo, male, active duty Army in Warrior Recovery Unit in Kandahar, Afghanistan due to emotional splintering and inability to cope with stress
 - Kawa Model selection: Military operates within a collectivistic social framework → teamwork, shared meaning, interdependence, harmonious hierarchy
 - Findings: Two emergent intervention themes
 1. Individual: (i) Reflection, reasoning, resolution, reevaluation for individualized problems (ii) Generalized 5R COSC method (Reassurance of normality, Rest, Replenishment of bodily needs, Restoration of confidence with purposeful activity, Return to duty) easily customized to cultural, personal, and professional situation of service member
 - 2) Collective: (i) Education & training to unit leaders (ii) Involvement of commander in assertive communication training (iii) Unit Behavioral Health Needs Assessment (UBHNA) completed to address formal collection and resolution of issues systemic to the unit

THE KAWA MODEL: RESEARCH

Clinical Uses

- Humbert, Engleman, & Miller (2014): USA
 - Phenomenology
 - To explore the occupational challenges and barriers experienced by women recovering from intimate partner violence (IPV), as well as their perspectives regarding their futures
 - Convenience Sampling → 8 women from support organization in PA → Illustrations and explanations of current and perceived future *kawas*
 - Data collection: semi-structured interviews with participants (multiple researchers, triangulation, and reflective notes)
 - Findings: 5 emergent themes regarding the participants'
 1. Wish to make a better life for their children
 2. Belief that their experiences will make them stronger individuals
 3. Need to achieve stability in their lives
 4. Need to learn to have a relationship with themselves
 5. Instinctive knowledge that their circumstances will improve in the future
 - Interesting to note decreased use of contextual elements → Western context influence; use of placid lake to denote peaceful future

THE KAWA MODEL: RESEARCH

Clinical Uses

- Leadley (2015): New Zealand
 - Development and application of an occupational therapy assessment and reporting template in forensic in-patient mental health
 - Findings:
 1. Good fit for multidisciplinary team
 2. In-depth understanding of clients' personal and medical needs and preferences
 3. Culturally responsive and holistic: Important for non-Western, Māori cultures
 4. Clients' acceptance: perspective understood by staff, hope-oriented, focus on meaningful life goals
 5. Unconventional Kawa explorations: climbing a tree, riding a motorcycle on a desert highway, driving a car, swimming or living on a beach, sailing a boat on the river, walking in the forest, etc.

THE KAWA MODEL: RESEARCH

Clinical Uses

KAWA MODEL-BASED OCCUPATIONAL THERAPY INITIAL ASSESSMENT REPORT

NAME: _____ NHI: _____ WARD: _____

Date of assessment: _____ Date for re-assessment: _____

Keyworker: _____

The Kawa Model: The Kawa (Japanese for 'River') model uses the metaphor or image of a river, as it occurs in nature, as a symbolic representation of life. The client/person, however, may use any metaphor or image to symbolise their life. The word kawa in this assessment and context is a Japanese word. The Kawa Model has been developed by Professor Michael Iwama, a Canadian/Japanese occupational therapist. The assessment template is based on suggestions from Professor Iwama's work, but has been prepared for the Forensic Unit, at the Waikato Hospital, by Simon Leadley, an occupational therapist based in this unit. There is acknowledgement that the word kawa is of significant importance to the Maori, Tangata whenua of Aotearoa/New Zealand.

Client X's choice of kawa metaphor is a picture of a '....'

KAWA CONCEPT	PERSON CENTRED ISSUES	OCCUPATIONAL THERAPY CENTRED ACTIONS
<p>ROCKS: <i>Iwa</i> (Japanese for large rocks or crags) represent discrete circumstances that are considered to be impediments to one's life-flow. They are life circumstances perceived by the client to be problematic and difficult to remove. For 'X' this might be represented by the '...'</p>		
<p>RIVER WALLS & BOTTOM: The river's sides and bottom, referred to in the Japanese lexicon respectively as <i>kawa no soku-heki</i> and <i>kawa no zoko</i>, are the structures/concepts from the river metaphor and stand for the client's environment. For 'X' this might be represented by the '...'</p>		
<p>DRIFTWOOD: <i>Ayuboku</i> is Japanese for 'driftwood', and represents the subject's personal attributes and resources, such as: values (i.e. honesty, thrift), character (i.e. optimism, stubbornness), personality (i.e. reserved, outgoing), special skill (i.e. carpentry, public speaking) immaterial (i.e. friends, siblings) and material assets (i.e. wealth, special equipment) and living situation (rural and urban, shared accommodations, etc) that can positively or negatively affect the subject's circumstance and life flow. For 'X' this might be represented by the '...'</p>		
<p>WATER: <i>Mizu</i> is Japanese for 'water', and metaphorically represents the subject's life energy or life flow. For 'X' this might be represented by the '...'</p>		

Analysis of client's key rehabilitation/recovery needs, based on this assessment, and other relevant assessments/reports (e.g. risk assessment, other MDT reports etc...)

Client centred goals:
Additional rehabilitation/recovery goals, as agreed to by occupational therapist and 'client':

Occupational Therapist: _____

Date: _____ Signature: _____

Kawa Model-Based OT Initial Assessment Reporting Tool: Reproduced with permission from Leadley (2015), p. 51, Table 1.

THE KAWA MODEL: RESEARCH

Non-Clinical Uses

- Lape & Scaife (2017): USA
 - Exploratory grounded theory
 - To explore group perceptions regarding use of the Kawa model among rehabilitative professionals
 - To deliberate on methods of using the Kawa model as a tool for interprofessional collaboration and teambuilding
 - To outline potential areas and issues for further research for use of the Kawa model as a tool in team processes
 - Convenience sampling → 2 naturally occurring interdisciplinary rehab teams in 2 SNFs → Provided 2 sessions of education and hands-on experience on use of the Kawa model
 - Data collection: Semi-structured interviews
 - Findings: Five emergent themes regarding the Kawa Model's ability to
 1. Create a positive environment, promote empathetic interactions
 2. Facilitate teambuilding, cohesiveness, collaboration. Practical application discussed.
 3. Identify and resolve issues regarding professional performance of team and individual
 4. Be used as a tool to identify strengths and weaknesses, prevent and resolve conflict in a non-threatening environment
 5. Address internal and external challenges to the team's successful operation.

THE KAWA MODEL: SUGGESTED NON-CLINICAL USES

As an Organic SWOT Analysis

- Organic SWOT analysis → more open and flexible (as opposed to regulated SWOT)
- Elements dynamically affect each other → more holistic analysis
- Potential to
 - Optimally evaluate and organize administrative, financial, clinical, and human resources
 - Locate deficits
 - Identify areas for change and growth
 - Propel creativity and innovation
 - Meet challenges
 - Maximize benefits

THE KAWA MODEL: SUGGESTED NON-CLINICAL USES

As an Organic SWOT Analysis

- Case Analysis:

- Pediatric outpatient clinic: Lead OT, 3 staff OTs, 2 OTAs, 2 ancillary staff, 1 business partner
- Kawa Model Application
 - Overall performance assessment (rocks, driftwood, riverbed/walls): clinical competency, productivity, profits, and clinical outcomes
 - External threats assessment (thickening of river walls/bed): competition, increasing rent
 - Growth opportunity identification (driftwood/spaces): community education sessions, lead OT's network for advertisement, sending staff to specialization courses
 - Internal issues identification (rocks): Dwindling caseloads in the summer
 - Internal asset optimization (driftwood): Business acumen of non-clinical partner
 - Context evaluation (river walls/riverbed): Location of the clinic
 - Opportunity optimization (spaces): Summer camp with focus on preventing childhood obesity??



THE KAWA MODEL: SUGGESTED NON-CLINICAL USES

Employee and Student Appraisals

- Collaborative interaction between reviewer and reviewee
- Facilitation of intimate and trusting dialog
- Revelation of suppressed interdependent factors affecting participation/performance
- Holistic view of occupational performance
- Focus on overall “life flow” of employee/student
- Identification of shortcomings and opportunities for growth with a “big picture” view
- Insightful, authentic discussion/debate
- Shift from hierarchical approach to “person-in-context” approach



THE KAWA MODEL: SUGGESTED NON-CLINICAL USES

Continuing Professional Development (CPD)

- Tripathi & Middleton (2018): USA
 - CPD: Systematic evaluation of one's professional and personal responsibilities, roles, and contextual elements, examination of current performance, identification and planning for expected professional advancement goals
 - Kawa Model enables
 - Holistic self-assessment; prevents discrete area assessment to reflect overall performance
 - Contextual narrative and weighted scoring
 - “Big picture” view
 - Structured yet narrative self-reflection
 - Visual format allows for insightful identification of *sukima* for opportunity optimization
 - Culturally, contextually customizable: specific to each practitioner and unique circumstances
 - Comparative analysis of multiple *kawas* possible
 - Freely available



THE KAWA MODEL: RESOURCES

- Biggest worldwide resource: <http://www.kawamodel.com/>
- The Kawa Model Made Easy **FREE** concise handbook:
<http://www.kawamodel.com/download/KawaMadeEasy2015.pdf>
- Original Kawa Model book: The Kawa Model: Culturally Relevant Occupational Therapy (2006) by M. K. Iwama
- Kawa Model Facebook Community:
<https://www.facebook.com/KawaModel/>
- Published **literature review** related to the Kawa Model: Tripathi, N. S., Sweetman, M. S., & Zapf, S. A. (2017). Use of the Kawa model for culturally responsive occupation-based occupational therapy in India. *Indian Journal of Occupational Therapy*, 49(4), 148-153.

JOIN THE INTERNATIONAL KAWA! GET PUBLISHED ONLINE!!!!

Send your clinical/non-clinical/professional/personal Kawa Model illustrations (hand-drawn, PDF, JPEG, TIF, PowerPoint, etc.) to the Kawa Model team

- On Facebook: <https://www.facebook.com/KawaModel/>

OR

- By email: dr.nehastripathi@gmail.com

Share your *kawas* and help others learn! Don't forget to include a description of your illustration. You can be as detailed as you like!

QUESTIONS? COMMENTS? THOUGHTS?



dr.nehastripathi@gmail.com

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