



The Kawa Model Made Easy

A Guide to Applying the Kawa
Model in Occupational Therapy
Practice (2nd edition)

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What is occupational therapy?

Occupational therapy is a health profession recognized by societies as having expertise in facilitating and enabling people to solve practical problems in everyday life so that they can *engage and participate in roles, processes and activities that are important and of value to them.*

The health professional delivering this specialized service is called an occupational therapist.

What is the difference between occupational therapists and other health professionals?

Conventional health professionals are concerned with pathology and other illness processes located in the human body.

Occupational therapists are concerned with the *consequences* of those pathologies and issues *on experiences and needs of daily life*, including how they affect interactions with other people and the physical environment.

How do occupational therapists work?

First, they seek to *understand* what the *consequences and effects* of pathology and issues are *on life experience* occurring within their daily environments and also how those pathologies and issues affect the people around them.

Then they work with clients to restore, increase or maintain their capacity to engage and participate in daily life activities, not just pertaining to the client with the pathology or problems themselves, but also with the persons around them, their physical environment, etc.

A functional life devoid of meaning is merely existence, not living. Robots perform tasks, people engage in life activities to create and derive meaning

~ Charles Christiansen (2010)

We spend a lifetime learning how to do things that are essential for the survival of our selves, families, communities or for pleasure and achievement. Some people in the Western and Northern parts of the world have adopted a specialized term to describe this phenomenon and they call it 'occupation'.

People and their environments and interactions in daily life are unique and highly complex, and so the process of occupational therapy necessarily begins with and revolves around the client's story of their daily life experience.

What is the Kawa Model?

Kawa is the Japanese word for 'river'. The Kawa Model uses the natural metaphor of a river to depict one's life journey. The varying and chronological experience of life is like a river, flowing from the high lands down to the ocean. Along its meandering path, the quality and character of its flow will vary from place to place, from instance to instance. Occupational therapists try to enable, assist, restore and maximize their clients' life flow.

The Kawa Model can be used as a conceptual model of practice, frame of reference, assessment tool and modality.

The Kawa Model can be used metaphorically in its original form of a river, or in its underlying form of FIVE interrelated constructs:

- i. River Flow - life flow and priorities
- ii. River Banks - environments / contexts, social and physical
- iii. Rocks – obstacles & challenges
- iv. Driftwood – influencing factors
- v. Spaces – Opportunities for enhancing flow

Like a river where its source represents the beginning of life and its mouth meeting the sea representing the end, the Kawa Model takes into consideration the past, present and future needs of the client.

The Kawa Model (2006) was created by a team of occupational therapists in Japan led by a Japanese-Canadian occupational therapy scholar to enable occupational therapists everywhere to “just ask the client how they want to live their lives so that it is more meaningful to them, and look together with them what they can do to achieve that.” (Teoh 2010)

The inclusive nature of the Kawa Model allows the occupational therapy client to be considered as a collective, meaning that it can be used on individuals, families, groups and organizations.

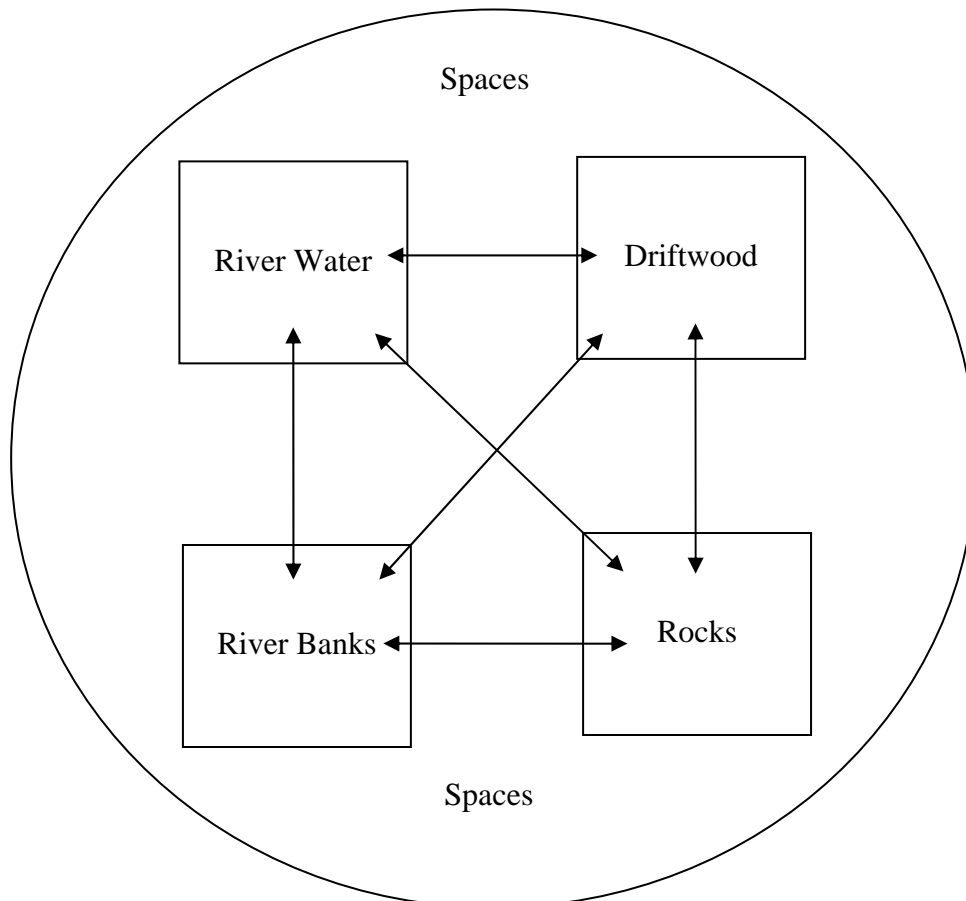
The Kawa Model as an Assessment Tool

The underlying constructs of the Kawa Model can be utilized as a subjective assessment tool for occupational therapy diagnosis, to identify what activities / roles / processes occurring within the client's life contexts are important to them, and what issues they experience in relation to their environments.

The Kawa Model as a subjective assessment tool also allows the occupational therapist and client to determine what supports and resources they have internally and externally which can aid or undermine the occupational therapy intervention.

The Kawa interview doesn't have to follow a particular order. The interview flow resembles a river itself: You can be asking a River Bank question which leads to a River Flow question which can lead to a Rock, leading back to River Flow again, etc -Meaning that the interview can be back and forth in nature, as indicated in the diagram below.

Diagram 1.0: Underlying constructs of the Kawa Model



What matters in the Kawa interview is how the person explains the components that make up their life process, and not whether the therapist agrees with the client on whether something is Rock or Driftwood. Remember, occupational therapy is all about the client's river - about their life experience, from their viewpoint. The clients will identify their issues and problems and explain their meaning, to which occupational therapists can offer an approach that is centered on the person's day-to-day realities and that is ultimately meaningful to that person. So try to allow the client to express themselves freely. The aim of the model is not to follow a particular procedure but rather in the explanations that the client gives about their experience of day to day living.

The Kawa Model's Principles of Use

Honouring the client and trusting emergence

- Be ready to discard all universal assumptions about the relevance and appropriateness this model, start working with your client from a clean, objective slate.
- If the model and the metaphor on which it is based fail to resonate with either the client or occupational therapist, it should be modified or placed aside in exchange for a more appropriate and relevant model.
- The client's narrative *becomes the model* on which we base the occupational therapy process. Trust that the client's narrative will emerge through a process of enabling him or her to do so.
- Be aware of your own cultural lens. Competent therapists will not only appreciate the culture embodied within the client but also the cultures at play within themselves, with the occupational therapy they have learnt and experienced and the institutional conditions that set the mandate and structure for the therapeutic process.

The centralized and decentralized self

- Does the client experience the self as separate from the environment or as an integrated part of a greater entity? Clients who experience the self as separate might draw themselves on a boat on the river, but clients who experience themselves as integrated parts of a whole frame will not see the need for this and regard the entire diagram of the river as the embedded in the environment and circumstance, with occupation embedded into the river as well. How clients perceive their selves will then influence their expectations of what they would like to get out of their occupational therapy.
- Clients who perceive their selves as distinct from the environment might be more appreciative of values like autonomy, independence and control. Clients who perceive their selves to be integrated into a larger whole might appreciate values like balance, co-existence and harmony more. How occupational therapists work with their clients will be largely dependent on the clients' values.

For more details, please refer to Chapter 8 (pp. 160) of the original Kawa Model textbook.

Guiding Questions to Using the Kawa for Subjective Assessment

With the Kawa Model being essentially qualitative, it is impossible to have any fixed set of questions in place as an assessment tool. However, we can utilize guiding questions to examine and explore the five underlying constructs of our clients' Kawa.

When looking to delve into meanings behind experiences, the key questions to ask would be “How?” and “Why?”

Note: These questions are merely guides and suggestions. Some questions might not be suitable for your circumstances, and some questions may seem like they are asking the same thing but in different ways. The purpose of these questions is just to give you some idea of what you can ask and how you can ask them, but these are not all you should ask, and you don't have to ask all of them.

We would like to encourage occupational therapists everywhere to come up with your own questions, suitable for your situation. And we would encourage you to share those questions as well as your experiences and findings with other occupational therapists from other places by emailing it to us at kawarivermodel@gmail.com or sharing with us via our Team Kawa Facebook group <http://FB.com/groups/TeamKawa> so that we can make it available to others.

You are more than welcome to produce a translated version of this manual and to produce any related writing or research about the Kawa Model. However, we would appreciate if you let us know about your work (via email at kawarivermodel@gmail.com or our Team Kawa Facebook group at <http://FB.com/groups/TeamKawa>) so that others may benefit from your work as well.

By sharing your work on the use of the Kawa Model in your context, you are actually helping to advance and develop the Kawa Model!

River Flow (Life Flow and Priorities)

Suggested Guiding Questions

1. If your life was a river, what does your river look like? How would you describe the flow of your river right now?
2. Can you describe to me how you typically spend your day from the time you wake up to the time you go to bed?
3. What do you enjoy doing? Why do you enjoy it?
4. What makes you happy? How does it make you happy? Why?
5. Have you experienced any significant changes in your life recently?
(This is more suited for client who have adapted to congenital deficits or those from the well population, i.e. caregivers. However, it can be assumed that suddenly having to care for a family member with a disability would cause a major change in one's life flow.)
Could you tell me a little bit about them?
6. How do you typically go around doing your everyday activities?

Notes:

- River flow questions take the past, present and future (what clients wish to do or intend to do) into consideration.
- The client's work history, medical history, life roles, processes (i.e. aging), self care and leisure activities, as well as other occupations, can all be considered part of the river flow.
- The river flow can comprise of many little streams flowing into one. The river flow of significant persons in the occupational therapy client's life (caregivers, spouse, etc) should also be considered and incorporated where relevant.

Rocks (Obstacles & Challenges)

Suggested Guiding Questions

1. Are you having any difficulties right now? What are they? Why do you think (those things) are difficult for you? How is it difficult?
2. Do you have anything in particular that you would like to do but you are unable to do because of your current situation? Why do you think you are unable to do them? How are these things typically done? How is doing them right now different from back then? What would you like to be able to do?
3. Is there anything about your life right now that you would like to change? What is it? Why? How would you like things to change? If things were better, what do you think would be different?
4. I understand what you have been through a lot lately and things can be a bit overwhelming. Is there anything in particular which you are worried or unsure about that you would like to discuss?

Notes:

- Rocks can typically be categorized into (but are not restricted to) occupational performance difficulties, fears and concerns, inconvenient circumstances out of occupational therapy's control, and impairments or medical concerns.
- As with River Flow, the Rocks of significant persons in the occupational therapy client's life (caregivers, spouse, etc) should also be considered and incorporated where relevant.

River Banks (Physical and Social Environment)

Suggested Guiding Questions

1. Who are you currently living with right now?
2. Who do you typically spend most of your time with? How do you spend your time with them? What do you usually enjoy doing together? (As you can see, this question leads us back to the River Flow.)
3. Where do you typically spend most of your time? (This is yet another question that can lead back to the River Flow.)
4. Can you describe to me the place where you live / work? How do you find your ability to get around there? (This can lead to Driftwood or Rock!)
5. Do you live in a single storey / double storey terrace / apartment / flat / wooden house? Is your room upstairs or downstairs? Are there lifts?
6. Are your toilets sitting or squatting?

Notes:

Social environment can represent friends and family, classmates, colleagues, lovers, pets, deceased relatives, acquaintances etc – any social supports that the client considers significant.

Driftwood (Personal resources that can be assets or liabilities)

- Driftwood can be personal traits or characteristics – like what some might call “personality” traits or “attitude”, i.e. “stubborn”, “likeable”, “sense of humour”, “addiction”, “pragmatic”, etc.
- Driftwood can also be special skills, abilities and experiences. Maybe the person is good at sports, maybe they have a specialized education or trade, maybe they are good with people, sociable, good with their hands, artistic, etc.
- Driftwood can also represent beliefs, values and principles
- Driftwood can represent material and/or social capital, such as financial wealth and access to money as well as social connections to others who hold power/influence.

All these can have a positive or negative effect on the River Flow of one’s life, i.e. driftwood can pushing rocks out of the way (positive) or get stuck between rocks (negative).

Driftwood can typically be tackled by finding out client’s rocks and what makes their river flow, then asking questions which reveal their advantages and abilities in handling those situations, i.e. “Can you drive?” (Rock / Obstacle: Wanting to go back to work but seen as unfit) or “What do you think makes you a good doctor?” (River / Occupation: Doctoring.)

Suggested Guiding Questions

1. Some other good questions to use generally include:
2. How do you see challenges in life?
3. How do you typically cope with stress?
4. How would you describe yourself? Why?
5. Do you have any special skills or abilities?
6. Can you tell me about your education?
7. Are there activities that you are good at or enjoy doing? (This can also be a River question.)
8. Are there any things or thoughts that get in the way of your life going better? (This can also be a Rock.)

Creating Spaces - Using the Kawa Model to Guide the Occupational Therapy Process

Studying the dynamic relationship between the four constructs (river, banks, rocks and driftwood) would allow us to understand better the circumstances surrounding our clients' lives and identify opportunities for enhancing flow, resulting in a fifth construct known as "spaces".

Every space in the client's river, where water is flowing has potential to flow more powerfully. These areas or "channels" are bounded by other parts of the river, such as walls, rocks, driftwood, etc. The client alongside the occupational therapist considers all of the factors as opportunities to intervene by removing or lessening the magnitude of the river part that is impeding flow, the client's life flow can be enhanced - even maximized.

Intervention measures are used to create and / or widen spaces for water to flow. These are some of the ways spaces can be developed:

1. Rocks become smaller, i.e. the client adapts to the dysfunction over time and the dysfunction is no longer as big a hindrance to their daily life as it used to be; AND / OR remedial interventions have resulted in the dysfunction becoming less severe and client has regained more functions.
2. Adjust / widen river banks, i.e. universal design and other adaptations to the physical environment.
3. Use existing driftwood / introduce new pieces of driftwood to push away rocks, i.e. client learns new skills (i.e. how to use speech to text software) to overcome the inability to type due to loss of hand function.

After subjective assessment with the Kawa Model, the occupational therapy process can be continued with objective assessments. The results of the subjective Kawa assessment will determine the objective assessment tool choice.

E.g.: (These are just examples; choose objective assessments appropriate to your situation!)

- Difficulties in ADL can be assessed with the Modified Barthel Index.
- A physical environment with many barriers might warrant a home visit and measurements can be taken.
- Discomfort while performing daily activities due to numbness and tingling in the hands might warrant a Semmes-Weinstein Monofilament Test.

The data is then interpreted and the treatment aims determined:

- Spaces for flow can be identified and attention to developing them prioritized according to collaborative discussion between occupational therapist, client and caregivers.
- Your practice context may limit what you can realistically work on. You may be limited to working on one or two factors but increasing flow on just these areas can make a significant and positive difference in the client's life.
- Short Term Goals and Long Term Goals can be considered. Intervention is then based on the data collected from assessments, particularly the Kawa interview.
- Rocks are addressed based on Driftwood and Environments with the intention of enhancing the client's Life Flow (occupational therapy outcome).

6 Steps for using the Kawa Model in Clinical Practice Situations

Refer to chapter 8 (pp. 164) on the Kawa Model textbook.

- Step 1 Who is the client? Appreciate the client in context. (Use the Kawa Model interview as described in this manual.)
- Step 2 Clarify the context – get your client to elaborate on what information you have just extracted via the interview. "Why is this rock here and why is it so big?"
- Step 3 Prioritize issues according to the clients' perspective.
- Step 4 Assess focal points of occupational therapy intervention.
- Step 5 Intervention.
- Step 6 Evaluation.

Important Note when trying to apply the Kawa Model on your clients:

Test what you've learnt in this manual on a few of your friends and family first. Use the information obtained to try to gain insight into their life rivers – is there anything you can do to facilitate flow? Are there better ways of asking questions? Would you have to phrase the questions differently in order for the people you're interviewing to understand you better / be more inclined to give you the information you need? This is where the "art" of occupational therapy comes to play. After you've tested it out on 5, 10, 20 different people, you'll get a better grasp of how to use it with an actual client. ☺ Happy testing!

Recommended Reading:

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Kawa Model official website: www.kawamodel.com

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About the Authors

Teoh Jou Yin

Teoh Jou Yin is a Malaysian entrepreneur. She completed her Bachelors in Occupational Therapy with Honours degree in the National University of Malaysia. Besides her clinical practice in workplace well-being and running her own (non-OT) business, she has been actively involved in supporting occupational therapists internationally via various Kawa Model initiatives since 2010. In recognition and appreciation of her efforts, she had the honour of being appointed as Chief Symposium Covenor for the inaugural World-Japan Kawa Model Symposium in Tokyo University of Technology (Kamata campus), held in conjunction with the 2014 WFOT Congress. She uses her experiences as an entrepreneur to support fellow occupational therapists in blazing new trails, establishing practices in areas new to their context by providing guidance in non-technical skills, i.e. securing referrals, finding resources, establishing ecosystems to support their work, etc. Jou Yin believes that "evidence-base" from one context is not always "evidence-based" in another, therefore strongly advocates the need to create new and relevant "evidence" for different cultural contexts.

Michael K. Iwama

Professor Iwama is an internationally known champion of culturally relevant occupational therapy. He created the Kawa Model, which has been incorporated extensively into occupational therapy settings worldwide.

Dr Iwama is Professor & Chair of Occupational Therapy at Georgia Regents University in America. Previously at the University of Toronto, Dalhousie University and the University of British Columbia (Canada), and at Kibi International University (Japan), Dr Iwama also holds honorary academic appointments at 6 universities in Canada, Australia, the United Kingdom, the Phillipines and Malaysia.

Dr Iwama has doctoral degrees in Medical Cultural Anthropology, and in Sociology, a Master's degree in Rehabilitation Sciences, and Bachelor's degrees in Occupational Therapy, and Human Performance.