KAWA MODEL: THE FLOW OF PRACTICE

NEHA TRIPATHI, OTD, OTR/L, CDP

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

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 (Iwama, 2006)

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
  - More, larger kawa zoko → barriers, difficult issues → 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

(Iwama, 2006)
**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

(Sawana, 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

(Sawana, 2006)

**THE KAWA MODEL: APPLICATION**

Disability & Health Continuum

- Congested
  - Large rocks
  - Thick walls, elemental impaction
  - Low water level
  - Sluggish flow
- Open
  - Smaller rocks
  - Wide walls, elements free
  - High water level
  - Fast flow
  - Increased spaces

Disability    Health
Dysfunction  Function
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!

- **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!

- **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-dysfunction continuum.
THE KAWA MODEL: RESEARCH

Clinical Uses
1. Allows 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: inherent neutrality - acquired adaptability
2. Enables practitioners to build comprehensive occupational profiles of the subjects from their Kawa narratives
3. Facilitates occupation-based goal setting and interventions
4. Increases two-way dialog
5. Even with narrative at center, structure is consistent: neither too medical, nor vague
6. Good fit for multidisciplinary team
7. Allows for customization of generalized rehab programs
8. Facilitates collective “outside-in” approach to treatment

(Carmody et al., 2007; Gregg, Howel, Quick, & Iwama, 2015; Humbert, Englemas, & Miller, 2014; Leadley, 2015; Paxson, Winston, Tuley, Johnston, & Iwama, 2012)

THE KAWA MODEL: NON CLINICAL USES

Teambuilding
• Lape & Scaife (2017), Ober & Lape (2019): USA
  • Emphasis on Kawa Model’s ability to
    1. Promote empathetic interactions and mutual respect
    2. Facilitate teambuilding, cohesiveness, collaboration, communication
    3. Identify and resolve professional performance issues
    4. Identify strengths and weaknesses, prevent and resolve conflict
    5. Address internal and external challenges to the team’s successful operation

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, organize, maximize, and utilize administrative, financial, clinical, and human resources for successful operation and growth

Employee and Student Appraisals
• Collaborative interaction between reviewer and reviewee
• Revelation of suppressed interdependent factors affecting participation/performance
• Holistic focus on overall “life flow” of employee/student
• Shift from hierarchical approach to “person-in-context” approach

Continuing Professional Development (CPD)
• Tripathi & Middleton (2018): USA
  • Freely available Kawa Model enables
    • Holistic “big picture” visual self-assessment
    • Weighted scoring
    • Structured yet narrative self-reflection
    • Culturally, contextually customizable
    • Comparative analysis of multiple kawa

THE KAWA MODEL: NON CLINICAL USES
THE KAWA MODEL: RESOURCES

- Kawa Model Facebook Community: [https://www.facebook.com/KawaModel/](https://www.facebook.com/KawaModel/)

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/](https://www.facebook.com/KawaModel/)
- By email: dr.nehastripathi@gmail.com

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

Please email for a complete list of references.