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continued

Application of the Kawa Model in Geriatrics

Presented by: Dr. Jennifer Lape, OTD, OTR/L

continued

Learning Outcomes

1. List the components of the Kawa model and their meanings
2. List the steps in using the Kawa model with a geriatric client
3. Describe the current research on the application of the Kawa model in geriatric settings including long term care, home care, and community-based settings

continued

What is the Kawa model?

- A holistic conceptual model of practice
- Developed by a group of Japanese & Canadian occupational therapists
- The model uses the metaphor of a river as a platform to consider one's strengths, barriers, and circumstances
- Emphasizes the interaction between an individual, his/her contexts, and inter-relations of self & others
- An alternative to Western models of care used to provide culturally competent care

(Iwama, Thomson, & Macdonald, 2009)

River Flow “water”

- Represents “life flow” or one's subjective view of himself/herself, well-being, and context
- Flow is impacted by components of the river: walls, bottom, rocks, & driftwood
- **Birth:** the river begins when the water flows down from the mountains to create the river
- **Death:** the river ceases to flow or when the river releases into the ocean

(Iwama et al., 2009)

River Walls & Bottom

- Represents the social & physical environments/ contexts
- Could be positive or negative
- Examples:
 - Family members, coworkers, friends (could be a support or a hinderance)
 - A friend who drives you to appointments, does your shopping, & lends emotional support after your hip surgery would be a support; whereas, a co worker who doesn't collaborate well on an assigned team project could be a hindrance.
 - Home, work, physical environment
 - Negative examples: Not having a ramp; lack of handicapped parking; toilet seat is too low; cooking utensils stored out of reach

(Iwama et al., 2009)

Rocks

- Represents life's problems, or obstruction of water flow
- The size/composition of the rock symbolizes the degree of impact (i.e. a very large rock = a significant impact to one's life)
- Can exist throughout life, appear suddenly, or resolve
- Examples:
 - Illness or injury
 - Financial difficulties
 - Work stress/demands
 - Death of a family member or friend

(Iwama et al., 2009)

continued

Driftwood/Debris

- Represents personal attributes & resources
- Can be positive or negative; Driftwood can shift rocks (problems) to increase flow (positive) or can cause further obstruction (negative)
- Examples:
 - Values/character: dependability, loyalty, integrity, sincerity, kindness, devotion
 - Personality: extroversion, introversion, conscientiousness, agreeable
 - Knowledge/Experience: academic degree, 10 years as an OT, prior therapy for an injury
 - Skills: advocacy, gardening, financial planning
 - Material assets: money, adaptive equipment, adequate transportation

(Iwama et al., 2009)

continued

Spaces Between Obstruction

- Represents occupation & the focus on occupational therapy intervention
- Spaces represent opportunities for expanding flow and well-being
- Expands the client's & care provider's views beyond a focus on the rocks (problems)

(Iwama et al., 2009)



continued

Steps in Using the Kawa Model for an Individual Geriatric Client

1. Determine who your client is via construction of the client's individual river model
2. Ask for clarification on the client's river model
3. Prioritize issues according to the client's perspective
4. Further assess focal points of occupational therapy intervention
5. Complete occupational therapy intervention
6. Evaluate the outcomes of occupational therapy intervention

(Iwama, 2006; Teoh & Iwama, 2015)

Step 1: Construction of the client's individual river model

- Guide:
<http://www.kawamodel.com/download/KawaMadeEasy2015.pdf>
- Use as a qualitative assessment tool; No particular order; can build occupational profile
- Progress from general to specific
- The activity itself may be therapeutic rather than simply an assessment
- Describe each element of the model & invite the client to add to the drawing

(Iwama, 2006; Teoh & Iwama, 2015)

Guiding Question Examples

- **River Flow:** If your life was a river, how would you describe your flow right now? What does your typical day look like? What do you enjoy?
- **River Walls/Bottom:** Can you describe where you live? Work? Who do you spend most of your time with?
- **Rocks:** Are you having any difficulties right now? Something about your life you would like to change? Anything you are worried about?
- **Driftwood/Debris:** Tell me about your education, skills etc.? How would you describe yourself? How do you cope with stress or view challenges?

(Teh & Iwama, 2015)

Step 2: Ask for clarification on the client's river model

- Use probing question to affirm the meaning of aspects of the drawing, the relationships among various elements, and the impact of each element
- Can positively impact the client/care provider relationship-builds trust
- Involves therapeutic use of self
- Probing questions might include: Why do you have more or less space in particular area? Why is this rock so large? How does this impact your ability to do xyz?

(Iwama, 2006; Teh & Iwama, 2015)

Step 3: Prioritize issues according to the client's perspective

- Involves identification of spaces BETWEEN obstacles, & areas where there may be NO gap (but where one could potentially be created)
- Occupational therapy goal setting may be started in this step
- This process guides the practitioner to be more occupation-based, since using this model often results in the client identifying more significant concerns within their social and physical contexts, rather than being more component-based

(Iwama, 2006)

Step 4: Further assess focal points of occupational therapy intervention

- The Kawa model provides a platform for understanding the client's needs, values, circumstances, supports, barriers, and concerns from HIS or HER PERSPECTIVE
- Additional objective measures can be used in this step to obtain further details on specific deficits/concerns that will be addressed in OT treatment
- Objective measures may be indicated related to documentation of outcomes, for reimbursement, or per facility policy
- Goals are finalized in this step

(Iwama, 2006)

Step 5: Complete occupational therapy intervention

- Rocks (problems) can be addressed in several ways:
 - Directly through remediation/restoration of skills (removal of rocks completely)
 - Adjusting or widening river backs and bottom through adapting to new circumstances or deficits
 - Using driftwood or debris (existing or newly acquired) to shift or wear away part of the rocks
 - Goal is always improved life flow. Remember this doesn't always = independence!

(Iwama, 2006; Teoh & Iwama, 2015)

Step 6: Evaluate the outcomes of occupational therapy intervention

- Success is measured by a comparison of the client's performance before & after intervention by his/her *own criterion*
- Comparison of evaluation & discharge Kawa models & collective discussion
- Re-administration of objective measures as needed
- Could result in further goal setting & intervention

(Iwama, 2006; Teoh & Iwama, 2015)

Example of a Kawa Model



Considerations in using the Kawa model

- Integration into existing evaluations & facility procedures
- Assessing additional skills during the process
- Who draws? Does it have to be drawn?
- Prerequisite skills required
- Creation of multiple models to represent various points in time (prior level of function, current performance, expected discharge status)
- Alternative metaphors; other need to adapt
- Documentation

Pros of the Kawa Model

- Client-centered
- Promotes teamwork, collaboration, & engagement
- Identified strengths & barriers
- Focus on strengths/supports in problem resolution
- Use as a before/after assessment
- Representation of well-being
- Culturally sensitive
- Flexible procedures

(Aygün, & Akel, 2018; Carmody et al., 2007; Iwama et al., 2009; Lape, Lukose, Ritter, & Scaife, 2018; Lape & Scaife, 2017; Leadley, 2015; Ober & Lape, 2019; Teoh & Iwama, 2015)

Cons of the Kawa Model



- More focused on experiences; limited focus on impairment may impact use in medically-based settings
- Loose structure can be challenging for new users
- Emotional information elicited during discussions may be difficult to manage

(Aygün, & Akel, 2018; Iwama et al., 2009; Leadley, 2015; Teoh, 2014; Teoh & Iwama, 2015)

continued

Example of Kawa Application with Elderly Client

- Interventions:
 - ✓ Client reports “relief” at having disclosed her concerns to others who can assist
 - ✓ Home assessment
 - ✓ Family education with husband and daughter
 - ✓ Referral to psychologist and social services to assist with issue with son
 - ✓ Arranged for MOW, home health aide, and caregiver thru Area Agency on Aging to assist husband

continued

Kawa Research in Long Term Care

- Background/Need:
 - Setting: 120 Bed Skilled nursing facility
 - Interprofessional collaboration: individuals representing a variety of healthcare disciplines working together “with patients, their families, carers, and communities to deliver the highest quality of care across settings” (WHO, 2010).
 - Client benefits: stronger continuum of care, increased quality of care, higher satisfaction with care
 - Provider benefits: improved communication, efficiency, perceived quality of care, job satisfaction

(Lape, Lukose, Ritter, & Scaife, 2018)

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Kawa Research in Long Term Care

- Prior research indicates:
 - Most research focuses on the *impact* of interprofessional collaboration
 - Limited research on *specific tools, models, or techniques* to improve collaboration & patient outcomes
 - Many healthcare professionals *lack formal training* in collaborative practice (Lape et al., 2018)
 - Research suggests the Kawa model can be an effective tool for collaboration and teambuilding among *rehab professionals* (Lape & Scaife, 2017; Ober & Lape, 2019)

continued

Kawa Research in Long Term Care

- Study Question:
 - Is the Kawa an effective tool for interprofessional collaboration?
- Methods:
 - N= 10
 - Methods: Education on the Kawa model provided & group application of the model to a hypothetical client case
 - Outcome measures:
 - Author-generated pre and post surveys

(Lape et al., 2018)

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Kawa Research in Long Term Care

▪ Results:

- All participants agreed or strongly agreed the model provided a common language for interprofessional collaboration
- 90% felt using this process could increase collaboration in their facility
- Participants with more experience in the setting indicated they were more likely to use in future practice
- Education lasting ~ 1.5 hours may be sufficient to educate on the model & promote its use (Lape et al., 2018)

continued

Kawa Use in Home Care / Caregiving

- Kawa used with 10 disabled families unveiled concerns related to finances & intra-family relationships. Family workshops on the model facilitated “storytelling about the life span experiences of each...family.” (Chupradit & Iwama, 2018)
- Suggested involvement of client and families related to care planning/discharge planning (Lape et al., 2018)
- Integrated model or two separate models to view client’s and caregiver’s perspectives (Iwama, 2006)

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Kawa Use in Home Care / Caregiving

- Use of the Kawa improved understanding of what occupational therapy is & that our scope extends beyond ADL's to social & physical environments
(Iwama, 2006)
- Kawa model used as an interview tool for caregivers of elderly with terminal illnesses to determine benefits of caregiving (Ghani, Ainuddin, & Dahlanm, 2016)
- **New study**: Exploring application of the Kawa model in home care related to fall prevention and falls self-efficacy

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Example of Kawa Application with Caregiver

Caregiver:

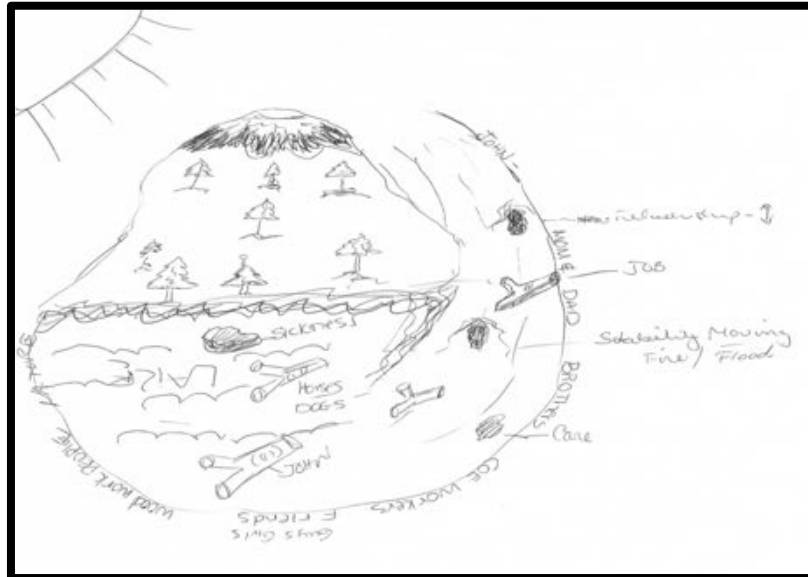
mother with cancer. Physical therapy assistant.

- ✓ KAWA completed during mother's home visit

Results of KAWA:

- ✓ Identified supports: supportive friends, parents, & coworkers, PTA skills/steady job
- ✓ Identified barriers, emotional issues: mother with cancer requiring increased care, elderly father, loss of home due to flood/fire-currently staying with parents, lack of intimate personal relationship, financial worries

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Through collaborative discussions:

- ✓ her company)
- ✓ Identified friend who is an accountant to seek financial advice
- ✓ Worked with IDT to obtain additional supports in the home for mom including paid caregivers 2 evenings per week
- ✓ Identified a neighbor willing to provide caregiver relief every other Saturday
- ✓ Suggested adaptations to allow mother/daughter to participate in church activities they previously enjoyed together

Kawa Research in Community Based Practice

- Background/Need:

- Setting: YMCA
- Increase in the aging population
- Aging in place: “The ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” (CDC, 2009, para.5)
- Most older adults *desire* to age in place, but many *lack knowledge and preparedness* to do so
- *Unpreparedness* can *decrease current well-being* and *limit potential* to successfully age in place

(Newbury & Lape, 2019)

Kawa Research in Community Based Practice

- Prior research indicates:

- Individualization/client-centeredness improves outcomes
- Well-being improved by preventive and wellness education
- Well-being improved by education specific to aging and age-related role changes

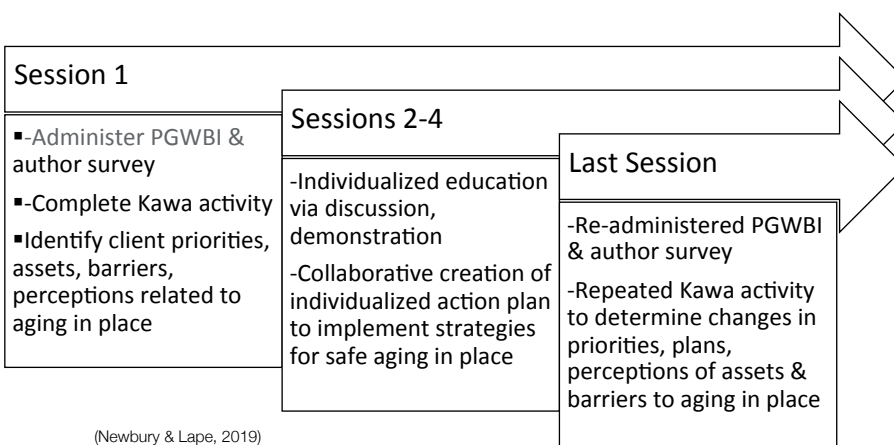
(Newbury & Lape, 2019)

Kawa Research in Community Based Practice

- **Study Question:** Does aging in place education improve well-being in community dwelling older adults?
- **Methods:**
 - N= 7
 - Methods: Provided one-on-one assessment and education to each subject
 - Outcome measures:
 - Psychological General Well-being Index (PGWBI)
 - Kawa Activity
 - Author-generated survey

(Newbury & Lape, 2019)

Kawa Research in Community Based Practice



(Newbury & Lape, 2019)



Kawa Research in Community Based Practice

▪ Quantitative Results:

- 86% demonstrated improved well-being on both quantitative measures.
- 100% demonstrated improvement on the positive well-being subset of the PGWBI.
- Mean scores for the group demonstrated improvement in all subsets of the PGWBI.

(Newbury & Lape, 2019)



Kawa Research in Community Based Practice

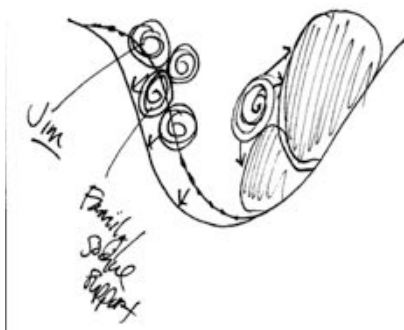
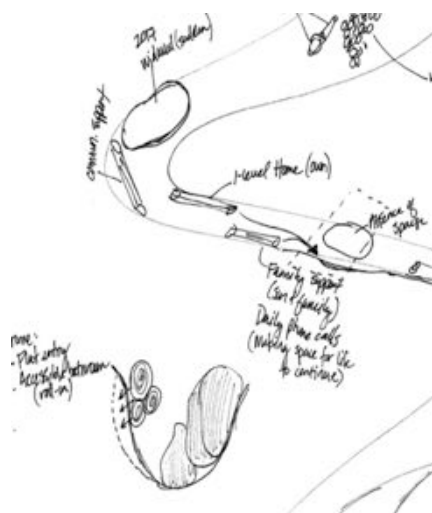
▪ Qualitative Results:

- Education & creating a plan for aging in place led to decreased concern and ability to envision positive change.
- Having an organized plan for aging in place generated immediate action to implement strategies for safely aging in place.
- Addition of knowledge/resources did not always remove rocks (barriers), but increased space/opportunity for improved life flow (well-being).
- Family/caregivers strongly supported participation in the project.
- The Kawa model was effective in this setting for improving communication, identifying strengths and barriers, and building rapport.

(Newbury & Lape, 2019)

continued

Case Example:



(Newbury & Lape, 2019)

continued

Summary

The Kawa can:

- Serve as an intervention or **assessment tool** for elderly clients & caregivers
- Promote **interprofessional collaboration & continuity of care**
- Promote **client-centered goals & occupation-based activities**
- **Reveal connections between the client & his/her context** that may be missed in medically-based assessments
- Increase ability to provide **culturally competent care**



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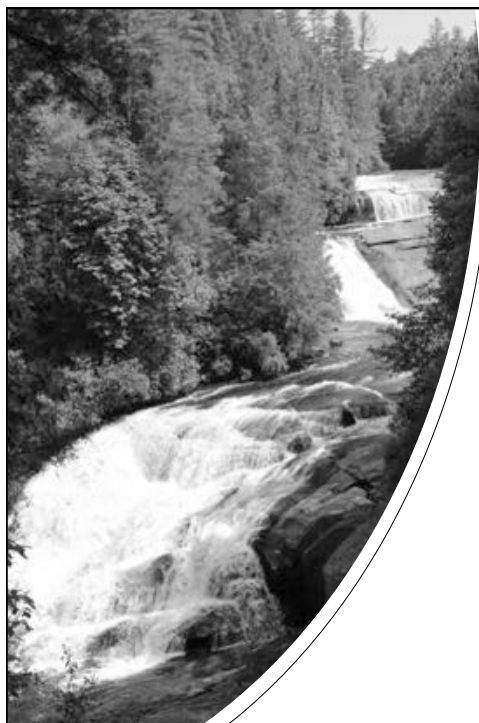
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Questions?

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