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**Book reviews**

**Title: Group Dynamics in Occupational Therapy**  
The Theoretical Basis and Practice Application of Group Intervention

**Author:**  
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**Book Information:**  
Publisher: Slack incorporated (2005)  
Price: $52, 95  
Paperback 406 pages

Interested in group dynamics but require a refresher course? Are you a student struggling to come to grips with the functional implications of group dynamics and the Occupational Therapist’s role therein? Then this is a must read. Marilyn Cole, an Associate Professor of Occupational Therapy at Quinnipiac University with 21 years of teaching, explores the elements of group dynamics so efficiently that it will convince the reader that they too could be really effective group leaders. Her practical style of presenting information and the methodical way she goes about facilitating transfer of information and internalisation of notoriously hard to understand concepts makes this book stand out from its predecessors on the topic.

This is a text book which is recommended as a prescribed read for all final year and newly qualified Occupational Therapists. Cole describes 7 steps in group leadership viz. Introduction, Activity, Sharing, Processing, Generalizing, Application and Summary and then applies it to 6 frames of reference. (Main chapters in her book.) These are:

1. The Psychodynamic Approach  
2. The Behavioural Cognitive continuum  
3. Allen’s Cognitive Disabilities Group  
4. Developmental Approaches  
5. Sensorimotor Approaches  
6. A Model of Human Occupation Approach

What makes this book unique is the way Cole walks the reader through group dynamics, from discussing the different models, (from Yalom to Gersick) to facilitating experiential learning of the steps through the application of provided worksheets. The diligent reader will find that the worksheets, though simple to apply in format, teach one essentials from analysing group behaviour and introducing the empty chair to insights into one’s own leadership style. Chapter 13 is worth a special mention as it deals with developing cultural competence through group experience. This being a new “buzz” concept here in South Africa with our diverse and multilingual cultural groups, all group therapists should read this chapter as it approaches this topic in novel ways. She bases this work around Wells and Black’s Cultural Competency Model and facilitates exploration of this through group intervention plans, as well as pre and post test questionnaires. She also looks at cultural heritage and gender roles through group work facilitation.

Marilyn Cole’s book which is now in its 3rd edition and used widely in the USA should be a welcome addition to all group therapists shelves whether a seasoned practitioner or a budding group therapist. This book serves to remind Occupational Therapists that group therapy has myriad applications from group therapy with persons with physical disabilities to promotive wellness groups, and group therapy with individuals with mental health problems.

**Reviewer:**  
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Chapter 11 provides a very informative synopsis of assessing evaluatee effort. The author describes maximal vs submaximal efforts and describes methods used for assessing evaluatee effort. In combination with identifying these factors, it is important to understand the factors influencing sincerity of effort. In this section, the author takes us through these factors which include psychosocial factors, clinical examination and heart rate and pain intensity.

Chapter 12 covers upper extremity functional testing. The various commercially available assessment tools are discussed including the various Valpar samples, Purdue Peg Board, Jebsen Taylor Hand function test and the Minnesota Rate of Manipulation Test. A number of these tests form part of the FCE protocols such as WorkWell vs 2. The Baltimore Therapeutic Equipment Work Simulator (BTE) is described in this chapter.

Chapter 13 & 14 examine functional testing for injury prevention and job specific functional testing for injury management. Functional job analysis and job match are important aspects of these chapters. Chapter 15 provides information on FCEs for patients with chronic pain. Factors that impact FCE performance, including the impact of a weak link in chronic pain and the effect of deconditioning are considered. Fear avoidance beliefs and other psychosocial factors are also important factors which are dealt with.

Chapter 16 deals with the data analysis and FCE report. The next three chapters deal with selecting an evaluator, insurer application of functional test results and application of the FCE evaluation by vocational experts.

Chapter 20 discusses legal issues in FCE, pertaining to the USA. A number of these principles can however be transferred to the South African situation but the country’s prevailing labour legislation and court structure is obviously different to that described in this chapter.

Chapter 21 provides very important information on the scientific status of functional capacity evaluation. The issues of safety, reliability, validity, practicality and utility with respect to recent research conducted on various FCEs are examined in detail. It is crucial that therapists have a good understanding of these concepts if they are to reasonably defend their testing measures in a court of law.

The final chapter concludes and makes suggestions for further research. An appendix provides readers with information about the most commonly used FCE models as a starting point for further inquiry.

Chapter 17 looks at the types of FCE which can be performed for various reasons. It explores a number of areas where FCEs could potentially be conducted but are currently not being utilised or are under-utilised at present in the South African setting.

Chapter 3 examines the general testing principles for FCEs. This important chapter discusses standardisation within a FCE protocol, evaluatee safety, medical contra-indications, body mechanics during FCE and test end points. One of the critical issues in FCE is the concept of pain vs function, a topic which is eloquently covered in this text.

Chapter 22 provides a very informative synopsis of assessing evaluatee effort. The author describes maximal vs submaximal efforts and describes methods used for assessing evaluatee effort. In combination with identifying these factors, it is important to understand the factors influencing sincerity of effort. In this section, the author takes us through these factors which include psychosocial factors, clinical examination and heart rate and pain intensity.

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The final chapter concludes and makes suggestions for further research. An appendix provides readers with information about the most commonly used FCE models as a starting point for further inquiry.

This is an extremely relevant text for the South African Occupational Therapist, particularly those who are involved in performing FCEs for insurance, personal injury and road accident fund purposes.

The importance of using standardised, valid and reliable measures in the assessment of physical function is emphasized. Implementation of these evidence based principles and practices can only serve to promote and validate the profession in the field of FCE. This is a “high-tech” guide for those who wish to take on the challenge of providing accurate and valuable results obtained from their FCEs.

**Review:**

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**Title:** The Kawa Model, Culturally Relevant Occupational Therapy

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**Book Information:**
Publisher: Churchill Livingstone Elsevier, 2006
ISBN: 13: 978-0-443-10234-9, 10: 0 443 10234 1
Paperback: 241 pages
Price: R592.44 (current special price at Kalahari.com)

**Aim of the book:** The aim of the book is to explore the cultural relevance of current conceptual models in occupational therapy and to introduce the Kawa model as a culturally relevant conceptual model for practice.

**The way in which the information is structured:** The reader is provided with extensive background information leading up to the discussion of the Kawa Model as a new conceptual model for occupational therapy. The information is all valid to the discussion and the same themes tend to appear throughout the
book. The reader will be taken on a journey of self discovery in terms of his/her own understanding regarding culture, and challenged to examine the cultural sensitivity and relevance of some of our current, trusted conceptual models.

Chapter 1: Situating occupational therapy’s knowledge
In this first thought provoking chapter, Dr. Iwama presents an in-depth view of occupational therapy as a cultural entity, discussing the terminology we use and the meaning of these for the westerner versus the non-westerner.

Chapter 2: Cross-cultural concepts as the building blocks of conceptual models
In this chapter Dr. Iwama acknowledges the importance of having conceptual models in occupational therapy to guide our practice and he highlights the favourable impact these have had on our profession. However, he feels that the utility, meaning and universal applicability of these models needs to be explored. He focuses specifically on the meaning of the word occupation within a Western society versus East-Asia. He points out that culture includes ethnicity, race, nationality as well as socio-economic status, socio-political influences and the social contexts.

Chapter 3: Occupational Therapy Theory
This chapter describes theory from the Western outlook which embodies the profession’s views, values, social norms and viewpoints in relation to societal needs like disability and well-being. The view of the environment as opposite to the self rather than one part of the same unified whole holds profound implications for whether other cultures can share and abide by Western occupational therapists’ interpretation of occupation. The MOHO and COPM are discussed in terms of their cultural relevance.

Chapter 4: Context and Theory- Part 1
In this chapter Dr. Iwama gives us an in-depth look at Japanese patterns of behaviour and meaning. The main theme is around their collective experiences of the self. The Japanese views on occupation, leadership, spirituality, work ethic and personal attributes and advancements are explored through the narrative of Watanabe.

Chapter 5: Context and Theory- Part 2
In this chapter Dr. Iwama gives us further insights into Japanese hierarchy according to history. Hierarchical systems are further explained through Nakane’s “Tate Shakai” model. Occupational therapy in the context of Japanese Social structure is discussed and the culturally exclusivity of contemporary occupational therapy theory and epistemology is highlighted.

Chapter 6: Raising a new, culturally relevant conceptual model of occupational therapy from practice.
This chapter focuses on the early development of the Kawa model as a result of Japanese occupational therapists inability to comprehend the conceptual models developed in the Western world. Unlike other models, it was raised from clinical practice, by practitioners, through a process of qualitative research methods. This chapter explains the research undertaken in-depth as well as the emergence of the River Metaphor.

Chapter 7: An overview of the Kawa Model
The structure of a river as a metaphor for life energy/flow is discussed as an introduction to the Kawa model. For the Japanese originators of the Kawa Model, the river is symbolic of life and occupation is reconceptualised to be the flow of water in the river. Without water there can be no river. Occupational therapy’s purpose is to enable or enhance life flow, where flow encompasses the self and one’s context.

Chapter 8: Applying the Kawa Model
This chapter discusses the principles of use, how the model is intended to be interpreted and applied. The application of the model in clinical practice situations are discussed in a six step circular diagram, starting with “Who is the client?” through to evaluation. Each step is explained and discussed at length. The interpretation of the drawing of the river and how to document it is discussed.

Chapter 9: Rivers in context
This chapter contains case studies from Japan and the UK to illustrate the use of this model and as well as research summaries. The Japanese interpretation and application of the Kawa model in a context of mental health practice is discussed. Another case study to illustrate the use of the model with a five year old child diagnosed with CP is presented.

Chapter 10: Towards cultural relevant and safe theory in occupational therapy
The distinctive features of the Kawa model are reviewed in this chapter. The question around culturally safe conceptual models is discussed as well as how cultural safety is determined. Questions are asked regarding confusing theoretical material currently taught in occupational therapy.

Relevance to SA
Reading this book was an enlightening and inspiring experience for me as a South African occupational therapist, who has worked abroad extensively and having explored this model in the republic of Ireland. As a student I always questioned the cultural relevance of models and assessments developed in America and Europe, struggling to make sense of it within a South African context. With our diversity of cultures in South Africa I think that it is imperative that we start to examine the cultural relevance of our occupational therapy practice and Dr. Iwama’s book on the Kawa Model creates an excellent platform from where to start. I believe that this model will become a prominent conceptual model in occupational therapy and look forward to exploring its cultural relevance within a South African context.

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Notice Re Continuing Education Units
❖ Questions on articles published in the three Journals that comprise Vol. 39 2009, will be inserted into the last journal of the year i.e. Volume 39, No 3, Nov 2009.
❖ Instructions for accessing CEU points by answering these questions will be included.
❖ Instructions for accessing CEU points for authors and reviewers will also be provided.