

# OT Insight

*Māramatanga whakaora ngangahau*

Magazine of Occupational Therapy New Zealand  
Whakaora Ngangahau Aotearoa

## Occupational Therapy + Transforming Approaches to Healthcare

ISSN 1174-6556



Vol.45 No.6  
August 2024

# JOIN US AT POWER IN THE PARK!

Power in the Park is a fun community open day where everyone is welcome. Through sessions and experiences, people can engage with various aspects of mobility and disabilities to increase their knowledge and confidence in products and services.

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Presenters from the Permobil Asia Pacific Clinical Services team will be travelling to New Zealand to facilitate face to face sessions. From plane travel to prescribing mobility devices there are sessions for everyone from those who are supporting AT users to those that are credentialed prescribers.



**Roseanna Tegel** joined Permobil in May 2023. She graduated from Western Sydney University in 2016 with a Bachelor of Health Science/Master of Occupational Therapy. Roseanna began working at residential aged care facilities where her understanding of the need for suitable, person-centred equipment commenced. From there, she transitioned to work in community disability and quickly developed an interest for complex seating and mobility outcomes to benefit both the end user and wider network Therapists. Roseanna is motivated to support clinicians with their confidence and clinical reasoning allowing them to provide the best outcome.



**Tracee-lee Maginnity** joined Permobil Australia in July 2019. Originally from New Zealand, she graduated Auckland University of Technology with a BHSc (Occupational Therapy) in 2003 and has since worked in various roles related to seating and mobility including assessing, prescribing and educating. She moved to Australia in 2011 to take on the Senior Occupational Therapist role in an NGO custom moulded seating service. She then worked in clinical consulting and education roles until joining Permobil. Tracee-lee is passionate about maximising functional outcomes with end users and the importance of education within the industry.

## Workshops

- The Future of Prescription: What role will AI play
- Plane Travel and Things to Consider for a Wheelchair User
- Your Manual into Manual Wheelchair Scripting
- To Get Around on Any Ground: What's the methodology when scripting assistive technology?
- It isn't working: Exploring options once a wheelchair has been delivered
- Powered Chairs for Paeds: Are they an enabler or a barrier?



You can find the full program and registration details here



# From the Editor

Welcome to the August issue of OT Insight. The articles herein will show that the areas of practice that occupational therapists are now involved in, and the activities that they perform, are growing in number and diversity. Beyond clinical settings, occupational therapy services are being provided in a range of environments to support people whose ability to engage in the daily activities of life is impaired because of illness, injury or disability. Furthermore, occupational therapists practice as generalists and specialists, independently and in teams, in the community, schools, and corporate contexts, to provide expert guidance and care. They also take up leadership roles and newly emerging roles to facilitate health and well-being for the people they work with.

The diversity of occupational therapy practice is addressed in this issue. Read about the increasing number of occupational therapists who are stepping up to provide an occupation-focussed service, in new areas of practice such as primary care, maternal perinatal services; non-traditional positions outside of traditional health and social care services, and engaging in a leadership role in a traditional setting. As one author points out,

by highlighting the power of meaningful occupation in the health field, this expansion of the range and application of occupational therapy practice calls attention to the creativity and practical knowledge of occupational therapists. Essentially, it strengthens the richness and value of occupational therapy.

Once again, I hope you enjoy reading these articles. If you would like to know more about a specific topic, do let me know. If you have an interesting practice-based story, I invite you to share it. If you have a snippet of information that others can learn from, one that can be shared in the 'Did You Know' or 'Because It Matters' caption, or a 'Thought For The Day', then please send it on. Your contributions as authors and critical readers are essential to the continued success of this magazine so manuscripts, feedback, and comments are all welcome.

Thank-you,  
**Grace O'Sullivan (Editor)**

Email: [grace.osullivan@otnzwna.co.nz](mailto:grace.osullivan@otnzwna.co.nz)

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## OCCUPATIONAL THERAPY NEW ZEALAND WHAKAORA NGANGAHAU AOTEAROA

Founding Officer: Hazel Skilton | Executive Director: Renaldo Christians

### OTNZ-WNA COUNCIL

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**SPECIAL INTEREST GROUPS:** Convener contact details at [www.OTNZWNA.co.nz](http://www.OTNZWNA.co.nz)

All things education related equipment • Hand Therapy • Māori Health • Mental Health • Older Persons Health • OTNZ-WNA Advocacy • Paediatrics • Social contributors to health • Vocational Rehab



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**Publishing & Advertising Management:** Valley Print 2020 Limited, Petone, Lower Hutt, NZ. Advertising Manager: Pam Chin. Tel: +64 4 568 5451, Email: [pam@valleyprint.co.nz](mailto:pam@valleyprint.co.nz)  
**Dates:** Distributed on or about February, March, May, June, July, August, October, December. Author submissions most welcome, please email the editor.  
**Printed by:** Valley Print 2020 Limited, Petone, Lower Hutt, NZ  
**Disclaimer:** OT Insight is published by Valley Print 2020 Limited for OTNZ-WNA. Views expressed in articles and letters do not necessarily represent those of the Association, and neither OTNZ-WNA nor Valley Print 2020 Limited endorse any omissions or errors on products or services advertised. Neither OTNZ-WNA nor Valley Print 2020 Limited accepts liability for its contents or for any consequences which may result from the use of any information or advice given.

# WFOT Board of Directors Election

Elections were held online on June 19, 2024 for membership of the WFOT Board of Directors. With the implementation of the new WFOT Statutes approved in March 2024, the WFOT Board replaces the former Executive Management Team.

## The outcome of the WFOT Elections include:

**President:**  
Samantha Shann – Term: 2024-2026.

**President-Elect:**  
Tecla Mlambo (uncontested) – Term: 2024-2026.

**Board Director Education:**  
Kee Hean Lim – Term: 2024-2028, with eligibility for re-election for another two-year term.

**Board Director Finance:**  
Athena Yi-Jung Tsai – Term: 2024-2028, with eligibility for re-election for another two-year term.

**Board Director Practice:**  
Andrew Freeman (uncontested) – Term: 2024-2026.

## The above directors will form the WFOT board together with:

**Board Director Research:**  
Lynette Mackenzie

**Member at Large:**  
To be appointed by the Board.

**Executive Director (ex-officio):**  
Ritchard Ledgerd

WFOT thanks all the nominees who participated in the election process and congratulates the successful candidates.

Sincere gratitude is extended to the outgoing members of the previous Executive Management Team Margarita Gonzalez (Vice President) and Tracey Partridge-Tricker (Vice President Finance) for their commitment and support to the Federation.

The current WFOT tangata whenua and tangata tiriti delegates would like to thank Tracey Partirdge-Tricker for her contribution to WFOT in both her WFOT Delegate role for OTNZ-WNA and for her time as Vice President Chair. Tracey has not only supported many Aotearoa New Zealand delegates to navigate their way through the international organisation, she has demonstrated exceptional leadership, professionalism and dedication to our profession on a global scale. Tracey has truly been an inspirational ambassador for Aotearoa New Zealand occupational therapists, helped forge many international partnerships and strengthened our link with our WFOT Executive team.

# APOTC 2024 – Sapporo, Japan November 6-9

The 8th Asia Pacific Occupational Therapy Congress is not far away and OTNZ-WNA is incredibly proud to report we have a minimum of seven different members with abstracts accepted for presentation. One of our WFOT Delegates was invited to Co-Chair one of the three main symposium sessions.

Please see a message from Shinichi Yamamoto, President of the Japanese Association of Occupational Therapists.

*Many occupational therapists from all over the world will gather in Sapporo between November 6th (Wed.) to 9th (Sat.). Under the congress theme “Empowering Collaborative Community: Sustainable and Evidence-Based Occupational Therapy”, the congress will be a valuable opportunity for occupational therapists to share their knowledge, skills and experiences, and to discuss their research and practice. Following APOTC 2024, the 58th Japanese Occupational Therapy Congress& Expo (JOTC 58) will be held at the same venue from November 9th (Sat.) to 10th (Sun.). Your support for JOTC 58 is also appreciated.*

*APOTC2024 programs include keynote addresses, symposiums, oral and poster presentations, congress theme sessions, and more. Congress theme session is focusing on case report and practice report on specific theme (Community development, Professional development, Transition to community, Children and family, Technology and Occupational Therapy, Evidence based practice, Inclusive workplaces/vocational OT etc). It will be a great opportunity to learn and share how occupational therapy is practiced in other Asia Pacific regions. Oral presentation is expected to be on a wide range of topics from case reports to research studies. Poster presentation will be a great opportunity for exchange of ideas with occupational therapists around the Asian Pacific regions.*

*Communicating with occupational therapists from all over the world will surely contribute to the development of occupational therapy in each country. We look forward to meeting you all.*

*Welcome to Japan*

The congress has many noticeable accommodations for international visitors, though we wanted to highlight a couple of very special features of the congress.

1. The fee for attending APOTC provides the attendee with free access to the Japanese Annual 2024 Congress.
2. The congress is officially ‘Child friendly’ with an official ‘family lounge’ for parents to dine & rest, childcare services available in the venue and a nursing room with nappy changing facilities available for attendees. The following message being provided to potential parent attendees:

APOTC2024 extends a warm welcome to participants with children! Children under 18 can attend the congress free of charge and accompany their parents to lectures and presentations. Childcare services are available. Prior application is required. There's no need for children to pre-register or apply in advance. However, it's important to note that children should always be under their parents' care.

Please ensure you prepare lunch for your children. Kitchen carts are available on-site for your convenience.

Companions and partners aged 18 and over must settle the registration before the congress.

This very welcome feature of the congress is something your WFOT Delegates are considering testing out and will be certain to provide feedback on any such experience.

## General News

OTNZ-WNA & your current WFOT delegates are continuously looking at ways to be able to share the regular updates from the World Federation of Occupational Therapists. With the Special Interest Groups (SIGS) available through the OTNZ-WNA website we are hoping to share information more freely including the information about resources and free learning modules available on the WFOT Website.

Recent Updates have included:

### **WFOT Innovation Change Agency Narrative**

Arabic for Everyone: Enriching Arabic Content of Occupational Therapy in the Arab World

A new narrative posted on the WFOT website describes an international team in the Arab world designed and implemented a project to better integrate the Arabic language in occupational therapy practice, research and education. This report is the latest in a series of narratives developed as part of the WFOT Innovation Change Agency Narratives (ICAN) Project. The ICAN Project supports the development of occupational therapy competencies needed for influencing change and advocating for the profession.

### **WFOT Bulletin Archive**

The archive of all past issues of the WFOT Bulletin (1978-2023) is now available on the WFOT website.

Readers can access the platform, use the search function and see abstracts and publishing details of individual articles. Individual members of WFOT have full access to the functionality of the platform, plus are able to download individual Bulletin articles at no cost.

<https://wfot.org/our-work/professional-support/wfot-learning>



**Occupational Therapy for All**

WFOT has chosen *Occupational Therapy for All* for the theme of the 2024 World Occupational Therapy Day. *Occupational Therapy for All* reflects the important role of the profession to facilitate the ability of individuals, communities and populations to participate in the activities that they want, need or are expected to do in their daily lives. The theme can be used all throughout the year to promote the profession.

The World Occupational Therapy Day theme and logo is available in multiple languages (Arabic, English, French, German, Spanish and Portuguese) from the [WFOT website](#).

**Dan Johnson and Christine Guttenbeil**

## Hauora Haumi Allied Health Report

Released by the Ministry of Health in May 2024, the Hauora Haumi Allied Health Report has interesting and important information regarding occupational therapy (Section 6). The full report is available from: <https://www.health.govt.nz/publication/hauora-haumi-allied-health-report-2024>

## Because it Matters

# OTNZ-WNA Annual General Meeting

## 24th October 2024

Claudeland's Arena Kirikiriroa/Hamilton, Heaphy Room One.

- **Call for Motions** are due to the executive director by Monday 9th of September at 5pm. Please email: [renaldo.christians@otnzwna.co.nz](mailto:renaldo.christians@otnzwna.co.nz)
- **Call for council nominations** are to be received by the office no later than Friday 13th of September at 5pm. Please contact Allie for a council nomination form at: [membership@otnzwna.co.nz](mailto:membership@otnzwna.co.nz)

Any further questions regarding the AGM please contact [membership@otnzwna.co.nz](mailto:membership@otnzwna.co.nz)



## Join us at the Clinical Workshops in Hamilton 23-25 October 2024



TICKETS AVAILABLE NOW

Save the date!

**Acknowledge the Past and Learn for the Future**  
October 23-25, 2024 - Kiri Kiriroa Hamilton Claudelands Event Centre

**CLINICAL WORKSHOPS**

[www.otnzwna.co.nz](http://www.otnzwna.co.nz)

- Gain valuable insights from leading experts in the field of occupational therapy
- Participate in interactive workshops and hands-on learning experiences
- Network with colleagues and build connections within the Occupational Therapy community
- Discover the latest approaches and best practice in Occupational Therapy
- Contribute to the growth and development of the profession


Find out more about the Clinical Workshops Programme and register [here](#)

*Ticket price includes admission to the OTNZ-WNA 75th Anniversary Celebration – evening of 24<sup>th</sup> October at Sky City, Hamilton*

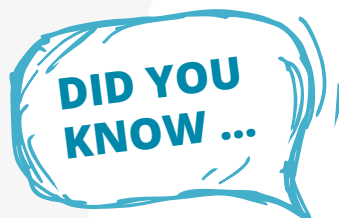
Details available on our website [www.otnzwna.co.nz](http://www.otnzwna.co.nz)

WE INVITE YOU TO JOIN OUR CLINICAL WORKSHOPS AND CELEBRATE

**75 years**  
of OTNZ-WNA



OTNZ - WNA  
Occupational Therapy New Zealand - Wellington  
Since 1949



The educational leadership at Auckland University of Technology is happy to acknowledge Emirita Professor Valerie Wright St. Clair's remarkable career.

Valerie was deeply committed to the development of the School of Occupational Therapy at AUT. She has been a teacher, mentor, and supporter to many of us who now practice occupational therapy.

For more detailed information on Valerie's achievements, an in-depth write-up will be published in the September issue of the New Zealand Journal of Occupational Therapy.

## ACORN STAIRLIFTS

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## Feature

# Experiences of a Health Improvement Practitioner Working Across Rural and Suburban General Practitioner Practices

By Nicola Howard



Nicola Howard

Email:

[Nicola.Howard@thinkhauora.nz](mailto:Nicola.Howard@thinkhauora.nz)

*Nicola Howard has 13 years' experience working across a multitude of specialisms, including mental health, behavioural change, trauma, forensic services, vocational rehabilitation, older people services, paediatrics, and neurology. She recently completed a Master's Degree in occupational therapy and currently works as an Advanced Health Improvement Practitioner at the primary health organisation, THINK Hauora, in the Manawatū.*

Health Improvement Practitioner's (HIP's) form part of the Access and Choice programme, which was developed in response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018). This report found there was an urgent need to provide better access to, and more choice in, services, particularly for people with mild to moderate, and moderate to severe, mental health and addiction needs.

The Access and Choice programme was designed to provide people with free and immediate support. The idea of the service is to be accessible to 'any age and any stage'. People do not need to have a mental health diagnosis to use this service. Support could include helping someone to manage work stress or coping with a change in life circumstances.

Part of the Access and Choice programme is the integrated primary mental health and addiction services, which focus on providing free accessible services within community general practice's by providing HIP's and health coaches to work alongside established general practitioner (GP) teams. HIP's aim to ensure that anyone whose thoughts, feelings, or actions are impacting on their health and well-being can be effectively responded to. The ideal is to have same day appointments available throughout the day so that people can call the practice and receive support in a timely manner.

HIP's are registered health practitioners who have received HIP training (typically six months training with observation assessments and peer support) to meet the required standard. They provide rapid access to evidence-based brief interventions to help people make changes that enhance their health and well-being. The outlined session template uses a focused acceptance

and commitment therapy model to provide this intervention within a 30-minute appointment slot.

## A Varied Role

This article focuses on the integration of a new HIP into two GP teams within a rural setting and a suburban setting for the initial six months. Data was collected to provide evidence of the experiences of an occupational therapist merging into this HIP role, within two different environments. Unidentifiable demographic data and the context of the main issue presenting was collected from day one and for the initial six months of practice in 2023 and compared for any trends emerging. The HIP was based across a rural practice for between 2-3 days per week and a suburban practice for only one day a week. As the only occupational therapist in this specific regional team, the aim of this data was to demonstrate that our professional skillset is ideally suited to this varied role.

## Referrals

Referrals to the HIP came in a variety of ways but mainly from nurses, nurse practitioners and general practitioners. In the rural practice, nurses mainly referred due to the nursing team being larger, alongside a shortage of general practitioners. In the suburban setting, a nurse practitioner worked alongside the HIP, with the general practitioner working on a different day to the HIP. This accounts for the differences between the two charts. As people became more familiar with the HIP service, they started to self-refer for additional support, but this didn't occur in the statistics until the third month of practice.

HIP's aim to see people on the same day to target early intervention. Unfortunately, with the HIP being split across multiple practices this could not always occur. The average same day

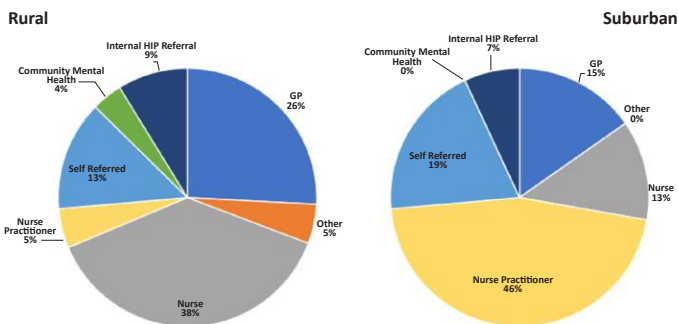


Table 1. Referrals.

referral was noted to be relevant for the number of days based in each practice, so a 17% same day referral rate occurred at the suburban one day a week practice, and 33% same day referral rate at the rural practice which had between 2-3 days of HIP service per week. Overall, the same day referral rate was 28%, which was close to the quarterly average at the time (29%) for the whole regional HIP team.

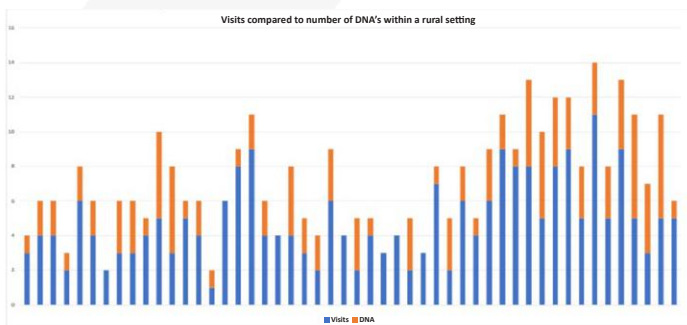


Table 2. Rural GP Practice - session numbers.

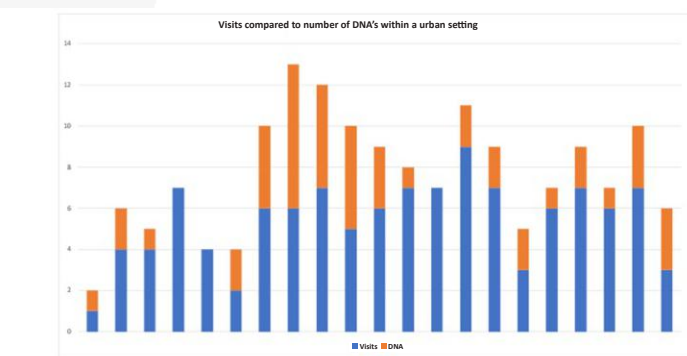


Table 3. Suburban GP Practice - session numbers.

When comparing session numbers, there was a steady increase in appointment numbers (with did not attend -DNA rates in orange). A high DNA rate is not unexpected within mental health services, but the DNA rate was more pronounced in the rural setting as shown in this graph. This was noted to be related to external factors such as bad weather and rising fuel costs as barriers to attending appointments. In comparison with the suburban setting, DNA's were still evident but not as substantially, as most people resided within a few kilometres of the GP practice, resulting in less travel required. With the HIP being available for only one day per week, this meant the importance of

attending was also highlighted by the rest of the GP team. The graphs also show that 12 appointments a day could be offered by a HIP due to the brief psychological interventions being provided within 30-minute appointment slots.

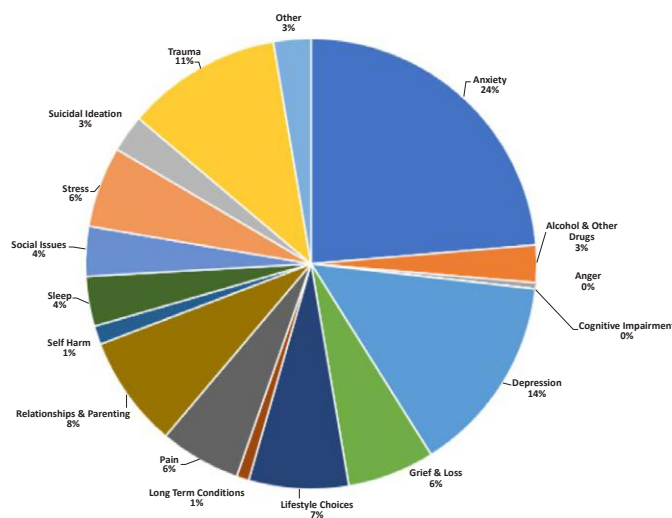


Table 4. Presenting issue - Rural.

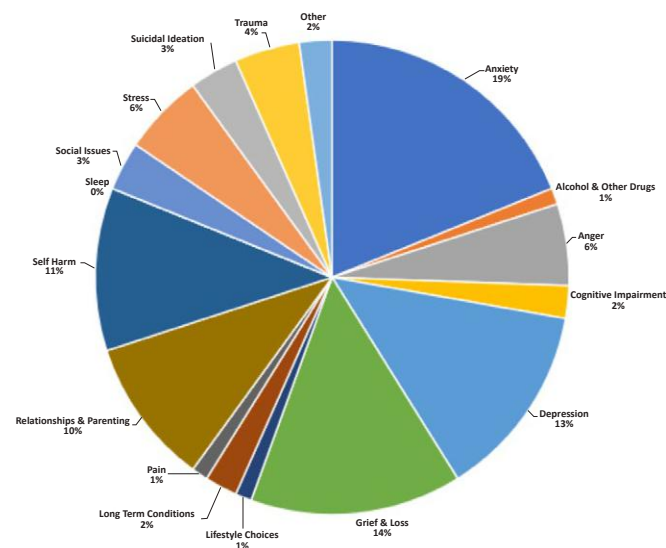


Table 5. Presenting issue - Suburban.

## Presenting Issues

In a breakdown of presenting issues, anxiety was the most significant reason for requesting support across both practices. However, in the rural setting, depression, pain, and addiction were higher when compared to the suburban location. Lifestyle choices were also notably higher in the rural setting due to the care support pathway created by the GP team to target interventions to specific groups of people. For example, when pre-diabetes or high cholesterol levels were identified by the GP team, they could utilize the HIP's skills for facilitating and encouraging diet and exercise changes.

In comparison, the suburban GP team was focused on a youth care pathway, due to differences in demographic population.



Therefore, the HIP created links with the local school to support tamariki with behavioural concerns. As a result, lifestyle choices as a presenting issue were reduced in this suburban setting but anger, grief, and self-harm, were more pronounced from the effects of puberty and hormonal changes. Rates of generalized stress, relationship issues, and social issues were comparable across both settings.

Overall, both charts demonstrate the variety of presentations affecting a person's well-being. With occupational therapist's taking a holistic view and being trained in both physical and mental health, this provides a good skillset to help people manage their varying health issues. By targeting one identified issue, improvements in other areas would also occur. For example, teaching an anxiety strategy, also improved sleep patterns, and ability to cope with stress.

Interventions mostly use an acceptance and commitment therapy model for providing brief psychological support. Applying focused interventions is a way of supporting people to make changes within 30-minute sessions. The interventions can be followed up and reviewed again for free if required.

## Interventions

The most commonly identified interventions and strategies provided were:

- breathing techniques;
- using choice point;
- communication styles;
- healthy eating choices;
- dropping anchor/ STOPP technique;
- grounding techniques;
- focusing on values and what is important;
- graded activity;
- journaling thoughts;
- self-compassion and importance of self-care;
- reframing and defusing thoughts;
- re-engaging with enjoyable activities;
- establishing routines; making lists (to do list, pros v cons);
- sense of control;
- sleep hygiene;
- explaining physiological responses;
- positive psychology – normalizing emotions, giving reassurance, motivating, encouraging, and sometimes just listening.

This is not a full list because it is important to be flexible to people's needs and explore what strategy works best for them. However, the basics of deep breathing, sleep hygiene,

establishing routines, and building up activity levels were used as this forms a platform for many mental health occupational therapists. Positive psychology and motivational interviewing techniques provide hope and reassure the person that their experiences are normal and that they can get better. A HIP can feel like a cheerleader at times, highlighting the positive achievements people have made by just reaching out for support and attending the session. Helping people to see their own achievements, and reframing what they have told you in a positive way, is a powerful way of helping them to recognize their strengths. By vocalizing their story aloud, people can often find their own answers around how to move forward. Sometimes people just want someone to listen, which GP teams do not always have the time for. Making the HIP free and readily accessible to all, reduces barriers to seeking support.

## Conclusion

In 30-minutes a HIP can implement a 'skills not pills' approach to finding a strategy for improving a person's mental, social or physical health. So although focused on a mental health and addictions framework, being a HIP means experiencing a varied role because the mind and body are connected and everyone has different support requirements. The role focuses on recognizing the needs of improving the health of specific communities and demographic groups, and this is revealed through the differences within these rural and suburban settings. The value of readily accessible support can reduce demands on GP teams, especially in rural settings where staffing levels, and travel costs to alternative services, can be a problem.

## Reference

- Te Hīringa Mahara New Zealand Mental Health and Wellbeing Commission (2022). *Access and Choice Programme: Report on the first three years – Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mō ngā tau tuatahi e toru.* <https://www.mhwc.govt.nz/our-work/mental-health-and-addiction-system/access-and-chp/>
- New Zealand Mental Health and Wellbeing Commission (2021). *Access and Choice Programme: Report on the first two years – Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mō ngā rua tau tuatahi.* <https://www.mhwc.govt.nz/assets/Reports/Access-and-Choice-programme/2021/MHWC-Access-and-Choice-report-Final-1.pdf>
- New Zealand government (2018) *He Ara Oranga : Report of the Government Inquiry into Mental Health and Addiction.* <http://www.mentalhealth.inquiry.govt.nz/inquiry-report/>

## Thought for the day...

**"You don't have to see the whole staircase, Just take the first step."**

**- Martin Luther King Jr**

# Level Shower Inserts

Our Level Shower Insert provides a simple solution to safely access showers, with no modifications to the shower or bathroom.

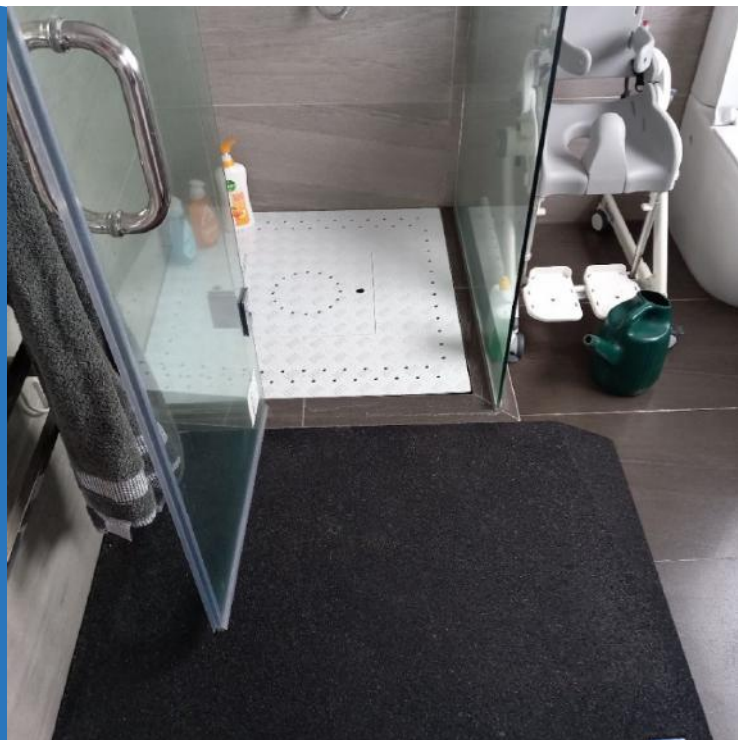
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4. Once the funding is approved, we will perform a site visit, accurately measure the shower and manufacture from these measurements. The responsibility that the shower insert fits is all on us. Lead time from order is 4-6 weeks as each shower insert is made to order.

Find out more about the [Level Shower Insert](#)

## Feature

# Occupational Therapy: Empowering Healthcare in Northland

By Debbie Rafferty and Deb Glendinning



Debbie Rafferty

Email: [debr@aim.net.nz](mailto:debr@aim.net.nz)

*In the heart of Northland, two passionate occupational therapists, Debr and Deb, have been making waves in the health field. Their journey is one of dedication, collaboration, and resilience. Here we dive into their background, and their private practice.*

*Deb Rafferty's journey started as a neurodevelopmental therapist in Northland. She traversed the countryside, working closely with children, families, and teachers. Her travels eventually led to Perth, Western Australia, where she found her niche in vocational rehabilitation. Debr's commitment to assisting those with persistent pain and providing corporate health services has been unwavering. When she's not boating on the beautiful Northland coast, you'll find her practicing yoga on the beach or swimming in the sea.*



Deb Glendinning

Email: [debg@aim.net.nz](mailto:debg@aim.net.nz)

*Deb Glendinning's career began in hospital and community-based mental health settings in New Zealand and the United Kingdom. After extended overseas experience, she transitioned into a management role for a non-government agency. Returning to occupational therapy, Deb specialized in head injury and vocational rehabilitation. Over the past two decades, she has worked as a key clinician across various Accident Compensation Corporation contracts. Her interest in corporate health services, injury prevention, and rehabilitation programmes has been instrumental in shaping her practice. Deb's home office is surrounded by the serene green of Northland farmland and native bush and she re-energises on the far north's beautiful coast.*

## A Spa Pool, Wine, And a Vision

Debr and Deb's decision to venture into private practice was serendipitous. Employed by a rehabilitation company, they attended a conference together. Late one night, in a spa pool with glasses of wine, they hatched their business plan. In March 2005, Active Intervention Management Ltd (AIM) was born. Their combined skills and determination fuelled their success. Little did they know that AIM would thrive, providing jobs for allied health professionals and administrators while supporting clients living in Northland communities to recover from illness, injury, discomfort, and pain.

## Balancing Business and Clinical Roles

Debr and Deb wear multiple hats. They manage day-to-day business activities while remaining dedicated clinicians. Their individual skills complement each other, creating a dynamic partnership. As the saying goes, "Two halves make a whole," but in their case, two wholes make an even bigger and better whole. Their commitment to excellence ensures AIM's continued success.

## Assessments, Interventions, and Partnerships

AIM's services extend far and wide from Wellsford north, and coast to coast. They provide assessments and interventions directly for the Accident Compensation Corporation (ACC), Third Party Administrators (TPAs), and ACC contract holders. Privately, they collaborate with insurance companies, local businesses, government departments and corporate health services providing a suite of services such as, professional supervision, workshop training on manual handling, stress management, compassion fatigue, and resilience management. Individual assessments of pain and discomfort, independence and participation in the community, workstation assessments, and risk assessments are all part of their repertoire. AIM's partnership with national companies strengthens their injury prevention and injury management services around Northland.

## Occupational Therapy Theory in Action: A Solid Foundation

Debr and Deb's work is deeply influenced by occupational therapy theory, knowledge, and skills. Their holistic approach considers physical, emotional, spiritual and environmental factors. Whether it's facilitating recovery, preventing injuries,



or enhancing well-being, they apply evidence-based practices to achieve meaningful outcomes. For instance, utilising the latest pain management techniques with clients.

## **Collaborative Occupational Therapy: Enhancing Patient-centered Healthcare**

At AIM, our commitment to patient-centered care drives our practice. We recognize that each patient is unique, with specific needs and goals. Our personalized care plans align with and enhance the efforts of our colleagues and other health professionals who may be working with the client, for instance, physio's, or medical specialists, thus ensuring that care is not only effective but also meaningful to the individual.

## **Education and Training: Empowering Patients Beyond Clinical Settings**

We go beyond traditional therapy sessions. AIM offers education and training to clients and their families. By equipping them with knowledge and skills around manual handling, pain management, and/or facilitating independence following injury and illness, we empower clients to manage daily activities and promote health outside of clinical environments. This educational component complements the work of other health professionals, fostering continuity of care.

## **Seamless Collaboration for Comprehensive Care**

Our role as occupational therapists often involves close coordination with other healthcare professionals such as, members of our interdisciplinary team and other allied health professionals outside of our service. Effective communication ensures that all team members are on the same page, enhancing the overall quality and efficiency of care. Whether it's sharing insights, discussing treatment plans, or addressing challenges, interdisciplinary collaboration is key. In the rural landscape of Northland, an occupational therapist plays a pivotal role by working alongside physiotherapists, doctors, nurses, and other healthcare providers, we focus on restoring and improving clients' ability to perform daily activities.

A client's goal often revolves around a return to work but it can also be around other activities such as, riding their motor bike or, clearing their lifestyle block or, playing with their grandchildren.

## **The Heart of Occupational Therapy**

The transformative impact we have on people's life is what we value most. Yes, our work matters. It makes a difference. Whether it's helping someone regain mobility after an injury or supporting a stressed employee, we have committed to enhancing overall health and well-being. That is why we developed the following mission statements in conjunction with our team, we believe they capture the essence of our crew and our work.

### **AIM's Mission Statement:**

- We aim to work in partnership with people in our community to improve health outcomes.
- We aim to empower and equip people with skills and resources to enable participation thus enhancing their health and well-being.
- We aim to develop and deliver the best ideas about occupation and pass these on in a way that is relevant and appealing.
- We aim to specialise in individual interventions characterised by skill, experience and best practice, and valuing individual's beliefs.
- We aim to be Northland's preferred provider of quality injury prevention and management.

### **Our Vision Statement**

*'Working together to work better'*

*Kia Mahi Tahi Tatou Pai Ake Te Kaupapa*

### **Takeaways for Occupational Therapists**

#### ***Self-employment and Business:***

- Self-employment can be daunting, but the rewards are immense.
- Provides autonomy and flexibility in day-to-day work life.
- AIM takes pride in providing income for health professionals and assisting countless clients throughout Northland.

#### ***Balancing Business and Clinician Roles:***

- Managing a business while being a clinician poses challenges.
- Prioritizing well-being and resilience is essential.
- Supporting each other ensures we continue making a difference.

### **Conclusion**

Occupational therapy isn't just a profession, it's a journey toward empowerment. By embracing the holistic approach, we transform lives, promote independence and purpose, and create meaningful connections. Let's continue working together to make a lasting impact.

And lastly, we would like to acknowledge that it has been a privilege to work alongside many fellow occupational therapists in Northland, some still with us, some followed their heart elsewhere, some departed for other parts of Aotearoa New Zealand, the world and beyond. They bring so much wisdom, heart and skill.

*Kia Mahi Tahi Tatou Pai Ake Te Kaupapa*

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## Feature

# Clinical Pathway For Early Identification, Intervention, and Diagnosis of Autistic Spectrum Disorder | Takiwatanga

By Merrill Verry



Merrill Verry

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*Merrill Verry graduated with a Bachelor of Occupational Therapy from Otago Polytechnic in 1999. She has primarily worked with children across her 24-year career as an occupational therapist.*

In June 2020, I took up a role as a visiting neurodevelopmental therapist (VNT) in the Health New Zealand | Te Whatu Ora Child Development Service (CDS), Bay of Plenty | Hauora a Toi. A VNT is an interdisciplinary role that either an occupational therapist or a physiotherapist can undertake, and is usually associated with early intervention. The word visiting indicates that we visit the child | tamariki in their own environment. For instance, their home or school. In our CDS, VNT's work with children | tamariki 0-2 years alongside speech language therapy (SLT) colleagues.

Here it is important to note that the pathway discussed in this article is for children who have been referred to VNT for monitoring because they are at a higher risk of developmental delays due to clinical issues, usually present from birth, such as: prematurity, meningitis, congenital cardiac defects, low birthweight. In the process of their early

development, indicators of Autistic Spectrum Disorder (ASD) may emerge while they are under the care of a VNT.

In July 2020, I began supporting and providing intervention with an eight-month-old child who was showing signs of ASD | takiwatanga. When I looked for our CDS clinical pathway to guide me to appropriate referrals, standardised screening tools, or a pathway for diagnosis, I couldn't find a calibrated process, none existed within the service.

## In Need of a Pathway

Ways and means of screening varied across therapists in the multidisciplinary team and due to difficulty in accessing a timely diagnostic assessment, terms such as "ASD", "Autistic Spectrum Disorder" or "Autism", were often avoided during therapy sessions. This had a limiting impact on avenues for intervention, access to further services and our ability to build family | whānau capacity to understand and provide appropriate support to enable their child | tamariki to flourish. Despite clinicians having a fairly good basis for suspicion of ASD, tamariki and whānau were often referred onto services for over two year old such as, Ministry of Education (MoE), SLT, and CDS occupational therapists and physiotherapists without a transparent understanding of what was potentially influencing developmental progress.

Over time, I began to imagine the design of a pathway for identification, intervention, and diagnosis for tamariki under two years old, with signs of ASD, that were already known to clinicians at the child development service. That is to say, they already had a MDT, including SLT and VNT, in place.

## A Collaboration

In September 2021, I brought together interested professionals from within CDS to form a working group to explore the possibility of creating a pathway to

enable a timely, community based, supportive and responsive service for tamariki under two years old with signs of ASD including screening assessment, intervention and diagnosis within an MDT. The group included CDS team lead, dietitian, psychology, SLT and VNT, and the simple pathway that I had imagined was agreed as a starting point. Crucially psychology time was ring fenced to undertake the assessment, as well as MDT diagnostic discussion and parent feedback sessions for each of the tamariki that would pass through the pathway. All other health professionals from different disciplines who were deemed necessary (SLT, VNT and ASD co-ordinator) were already in place, but the roles were clarified as part of the pathway.

According to Chris McAlpine, CDS psychologist, in the 10 years prior to implementation of the pathway, two to four tamariki under two years of age who were already known to CDS, were diagnosed yearly with ASD via the CDS. This was due to inadequate SLT resource, limited access to knowledge and tools for early identification of ASD, and limited access to diagnostics. In the first full year of implementation (2022), the pathway was utilised to support early intervention, identification and diagnostics for 19 tamariki. Here it is important to stress that the pathway is not just for diagnostic purposes. Each aspect carries equal weighting. All of the tamariki diagnosed received 1:1 intervention from the VNT and SLT. All were referred on to the MoE Learning Support Team and a significant number were internally referred on to a 1:1 occupational therapy caseload.

## The Statistics

According to Autism New Zealand, it is estimated between 1-2% of people in Aotearoa New Zealand are autistic. According to Tauranga City Statistical Information Report 2023 (based on 2018



census) total population of 0-2 year olds equalled approximately 4370 young tamariki. That means we can expect approximately 44-88 tamariki in our community under two years old to benefit from early identification, diagnosis and intervention for ASD. These numbers relate to the general population only. The research clearly indicated that tamariki routinely referred to child development services for early developmental monitoring and intervention are at higher risk of having ASD than the general population.

According to Crump et al., (2021) prevalence of ASD for tamariki born extremely preterm (22-27 weeks) are 6.1%, and for very to moderate preterm (28-33 weeks) are 2.6%. Likewise, according to Lampi et al., (2012) percentage rates for ASD in very low (<1500g) birth weight is 1.4–6.5% while babies who are born small for gestational age are at 1.1–2.6% risk of childhood autism. Equally, Serrano et al., (2024) found ASD was present in 9.1% of tamariki with congenital heart disease. Similarly, Karlsson (2022), found that young tamariki with a childhood infection such as meningitis have a prevalence range from 1.15-1.82% for ASD and Barbaro (2023), positioned tamariki with an autistic parent or sibling as nine times more likely to be autistic.

This evidence suggests that all tamariki referred into CDS in the under two age space should be routinely screened for autism as we can expect increased rates of ASD prevalence in this population. Optimal screening programmes indicate screening at two age points, ideally 12 months and two years old.

## Early Intervention, Identification, and Diagnosis

According to Barbaro, Principal research fellow at La Trobe University, early detection of ASD and diagnosis leading to early support and services is central to good outcomes for these tamariki. Early intervention capitalises on the plasticity of the young developing brain which leads to greater participation in schooling, greater increases in cognition, non-verbal and verbal language, and better developmental outcomes overtime. Timely intervention and support allows parents to learn of a tamariki preferred communication style early, and how to match that style to help with learning essential everyday skills such as, dressing, feeding, bathing, preschool routines, and communication. It also provides space for the whānau to talk about autism with their tamariki so that early in life the tamariki and whānau are able to understand their autistic identity positively thus reducing mental health problems over time. It can also reduce whānau stress by developing increased understanding of their tamariki and their different neurobiological brain development and functions. Essentially, early identification will save health dollars in the long run.

## Conclusion

As intended, the pathway has continued to evolve, linking to existing services and promoting creative solutions to support families effectively and within finite publicly funded resources. We have established three parent information sessions which are held in face-to-face group formats and aim to increase whānau capacity around understanding and supporting their

child's experience of eating, sensory processing, and play. These parent information groups have reduced the need for 1:1 support both in the under two space and in the over two occupational therapy space, thus significantly reducing the referral rate of these tamariki onto the over two occupational therapy team. The whānau feedback from these groups has consistently been excellent as demonstrated in feedback forms collected at each group session.

The MDT clinical actions are now calibrated so that we work more collaboratively, we use the same tools for early identification, the same language when discussing ASD with whānau, and we have the same thresholds for referral for diagnosis and expectations of timeframes.

We as health professionals see the positive benefits for whānau, resource management, and professional satisfaction. It is imperative that we seek to understand the whānau experience of this pathway. I would like to understand if it has felt timely, local, supportive and responsive for whānau. These aspirations are supported by Te Pai Tata 'Valuing the voices of consumers' (Te Whatu Ora | Health New Zealand & Te Aka Wai Ora | Māori Health Authority, 2022) and priority actions stated in that document place whānau at the heart of the system to improve equity and outcomes. "Value the voices of consumers and whānau in all service design and improvement." (p. 24)

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# Perinatal Mental Health and Occupational Therapy

By Shelley Templeton



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*Shelley Templeton was born on the West Coast of Te Wai Ponamu to a mum who is a nurse and dad who was a dairy farmer. She went to boarding school in Otautahi before moving up to Wellington to study. Upon graduating from the Central Institute of Technology at the end of 1990 she worked in mental health services both in Aotearoa New Zealand and overseas. In 2009 Shelley became the first occupational therapist in the Plunket Perinatal Adjustment Programme working for Whānau Awhina Plunket.*

*Over the last 15 years she has completed a postgraduate certificate in Cognitive Behaviour Therapy, trained to be an Acceptance Commitment Therapist, and completed a Postgraduate Diploma in Health Sciences with distinction endorsed in mental health. This specifically covered papers in perinatal psychiatry and infant mental health. Six years ago she set up a private practice, Minding Mother. Shelley currently spends half of the week working for Whānau Awhina Plunket and the other half in private practice.*

My mother worked as a registered nurse for many years in the Burwood Spinal Unit and she always spoke highly about the role of the occupational therapists that she worked with. I was intrigued and felt fortunate to be accepted to attend the School of Occupational Therapy in Heretaunga | Hastings straight out of high school.

## A Passion for Mental Health

I had a long placement in neurology in Auckland Hospital during my training and it was there that I fell in love with the challenge of understanding how the brain works. I nearly failed my placement because I was so interested in how brain injuries impacted on client's everyday life and how that felt for them. When I should have been focussing on shower and dressing assessments, I spent time with my clients discussing the impact of this life changing injury or it might have been post-surgery, and exploring how they felt about it! I developed a keen interest in women's mental health.

When I became a mother myself I was unprepared for the transition from woman to mother - the impact on all domains of my life - and this stayed with me for years. A friend, who is a registered nurse working in Plunket Perinatal Adjustment Programme (PPNAP), told me about her work. I was inspired and thought to myself, I need to do this work, so I suggested that the PPNAP service employ an occupational therapist!!! Since then I have immersed myself in learning as much as I can about this field of mental health.

## What is Perinatal Mental Health?

Perinatal mental health is a specialist area of psychiatry in which the domain of care is the identification, assessment, and management of mental disorders in the antenatal and postnatal period. It is a relatively new speciality in psychiatry and therefore the body of knowledge is still evolving. This period is considered a developmental stage, called

Matrescence, where all domains of the woman's life are impacted.

The perinatal period poses the highest risk for the development of a psychiatric illness. The impact of these disorders on the woman, her life roles, her infant, and the extended relationships in her life can be considerable. Postnatal depression is considered the leading complication in pregnancy, with suicide being the leading cause of maternal death.

The PPNAP service is available to women who are pregnant or have a baby under a year old. Women are referred to the service by general practitioners, midwives, Plunket nurses, neonatal intensive care units, and community agencies. Women themselves can refer directly to the service. A full assessment is carried out at the woman's home, or a clinic and a treatment plan is developed in partnership with the client.

A typical assessment involves the Edinburgh Postnatal Depression Scale, functional assessment, mental health history, perinatal mental health history, physical history, relationship with baby, support systems, environmental and social concerns. Formulation and goal setting is done in partnership with the client and a plan is made around engagement with the service.

## A Range of Interventions

My day involves home visiting clients around Canterbury. Due to the home visiting nature of my practice I usually have a baby (and often toddlers) in the room during my visit. Interventions can be anything from psycho-education, cognitive behaviour therapy, grounding and mindfulness strategies, sensory strategies, establishing habits and routines to support good mental health and, working on the mother-baby relationship and/or other children.

I love all that I do in this role. I enjoy the assessment process and putting together the pieces of the puzzle to establish what is happening for this woman at this time of her life. I welcome the home visiting

aspect and the development of a partnership with the client and their family. I love seeing women flourish at such a vulnerable and challenging time of their lives.

### From Isolation to Collaboration

My role is often very isolated due to the nature of community work and home visiting so I look forward to the opportunity of collaborating with my occupational therapy colleagues (there are now three working in the service) and registered nursing colleagues within the PPNAP service. I also liaise with general practitioners and practise nurses regularly and community mental health and non-government organisation services as needed.

PPNAP has weekly clinical meetings and we are supervised by a clinical psychologist within the South Island Perinatal Mental Health Service (previously The Mothers and Babies Service).

### A Brief Case Study

In the course of my work I recently met with a mother of two who had experienced significant birth trauma followed by depression and anxiety after giving birth to her first baby. She did not tell anyone how she was feeling and consequently, received no support. Following her second baby's birth, when the Plunket nurse asked how she was doing, she burst into tears and said she wasn't coping. A referral was made to the PPNAP service and I met with this mother in her home with her children.

We spent time talking through her first transition to motherhood and all the feelings of grief, regret, failure and sadness that she had experienced over this time. She had unprocessed trauma, grief and anxiety from her first birth which had returned with her second pregnancy and birth. Her first birth was very different from what she had hoped for. She had an emergency c section, her baby was unwell and she was not able to breastfeed. She was finding it difficult to understand how her two births could be so different, and she was blaming herself. We worked on exploring her matrescence journeys, making space for the feelings and experiences so she could make some sense of what happened to her. We developed strategies for managing these feelings while still parenting in the way she wanted to. She told family and friends how she was feeling and got support. This support and understanding of matrescence and her perinatal mental health was pivotal for her recovery.

### In Conclusion

The perinatal period is a time of increased vulnerability for women and their families and so maternal mental health issues affect an increasing number of women each year. Matrescence impacts all domains of a woman's life and can have life long lasting effects for the mother, her baby and the extended family.

There are a small number of specialist perinatal mental health occupational therapists in Aotearoa New Zealand and I would love for there to be more! I encourage anyone who works with women or has an interest in women's mental health, to update their knowledge around matrescence and perinatal mental health, so that they are able to support women in this developmental stage.

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# Navigating Life's Stream via The Kawa Model

By Kwok Ho Samuel Tsang



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*Kwok Ho Samuel Tsang graduated from the School of Occupational Therapy, Auckland University of Technology at the end of 2023. He considers himself fortunate to be employed in his chosen field of practice - mental health.*

As a new graduate, occupational therapists and allied health professionals entering into mental health and addiction services are required to undertake post-graduate certificate study under the New Graduate Entry Student Programme (NESP). The course is designed to teach more about specific mental health assessments, interventions, recovery models, and service delivery to further develop students clinical practice confidence and effectiveness in serving tangata whaiora | persons seeking health (Te Pou, 2024).

In this paper, I use the Kawa (Japanese for "river") model's metaphor and its natural elements, to reflect on my journey of the past six months as a new graduate occupational therapist. From an Auckland University of Technology (AUT) student, I moved into my role as a care coordinator with a community mental health team. This year marks the beginning of my occupational therapy clinical career, a transformative part of my next hikoi (life's journey) along the river of my life stream.

According to Shuell (1990) "If a picture is worth 1,000 words, a metaphor is worth 1,000 pictures!" (p. 102). A metaphor provides a conceptual framework that can help promote understanding of models, theories, and / or other ideas. I have always considered myself a 'visual person'; therefore, a metaphor-based theory model has always been more appealing to me. When I studied my group therapy paper, we were asked to deliver a group activity based on an occupational therapy model; that was when I learned about this culturally safe, client-centred model that looked through an Eastern lens. The Kawa Model echoes well with my Chinese whakapapa (genealogy) as a tau iwi, no Hong Kong ahau (foreigner from Hong Kong), who came from a traditional Asian cultural background infused with Western paradigm and education. In essence, 'East meets west' was an essential part of my colonised past upbringing.

## Obstacles, Resources, and Learning Opportunities

In this reflective piece, I use Kawa's natural environmental elements to depict the obstacles (internal and external), personal resources, and learning opportunities along the riverbank of NESP studies and my working environments. By depicting my experience with managing the balance of working and studying, I hope to provide some insight into exploring how we can navigate our waka (watercraft) safely through the potential roaring white water. As a first-year new graduate, or experienced clinician, maintaining a balanced lifestyle can be a challenge when working in a health professional capacity.

Occupational therapy concepts often stem from western paradigms and worldviews (Gillen & Brown, 2023). Consequently, some language and ideas may be lost in translation, making it harder for clients from diverse cultures to understand and experience the whole or authentic meaning of occupation. A Canadian occupational therapist (of Japanese heritage) and a group of Japanese occupational therapy practitioners and students co-developed the Kawa Model to create a relevant practice model that occupational therapists can easily understand and apply in practice, when addressing the care needs of clients from differing cultures. Essentially, the Kawa model focuses on diversity, equity, and inclusion (Iwama, 2006). Imagine a cross section of a river depicting the concept of the Kawa model.

## Applying the Metaphor

Each of the elements interact to determine the volume and flow of the river at any point along a life journey. Applying this metaphor to my NESP study and work journey, I explored relevant river structures (water, rocks, river walls, driftwood) to better understand the movement of the water; when it runs well and what may be creating a barrier that is blocking the flow of my life.

- **Water (life force, occupations)** – Working; studying; socialising (personal and workplace); and leisure occupation.
- **River Walls (environments)** - Working (recovery team); studying (AUT); social and cultural environment.
- **Rocks (challenges)** - Time management; engaging with whāiora and developing knowledge around managing potential risks to their safety; balancing work and study; caseloads.
- **Driftwood (external or personal resources)** - My self-driven, resilience and inner strength; the support I receive from my partner Antony, and my whānua; management, supervisor and mentors; experienced multi-discipline team colleagues; having on-campus and at-home NESP study leave; supportive AUT lecturers and peers.

## Breaking Down Barriers

It is worth noting that driftwood could act as both a resource and a barrier, slowing down the water flow or even causing a blockage. In my situation, having on-campus or at home study days away from work for NESP, results in scheduling issues with our treatment team, whāiora, and work-related training, which could create extra stress around re-organising appointments. At the same time, the NESP study is beneficial in enhancing my clinical knowledge and skills. However, the time required to read, research, attend lectures, and work on assignments is undoubtedly more challenging while working full-time. Here, based on my learning and experience, I focus on my different environments to propose helpful self-care suggestions for better work, study, and life balance.

- **Home Environment**
  - With confidentiality in mind, we could share our challenges and wins about study or work with partners or whānua.
  - Spend time with whānua, despite busy workloads.
  - Strive to adhere to self-care routines (yoga, stretch, meditation etc.)
  - Get outdoors regularly (go for a beach walk or hiking in nature).
- **Work Environment**
  - Organise your diary to start good time management habits.
  - Ask questions and for help when in doubt.
  - Attend supervision routinely to get help as required for work and NESP study.
  - Check in with your clinical coordinator when concerned about your own or whāiora's safety.
  - Consult senior occupational therapy colleagues, NESP clinical lead or mentor for ideas.
  - Attend NESP peer support supervision to get extra support from other new graduates.
  - It is ok to have self-doubt sometimes; learn from the new working environment and experience.

- **Social Environment**
  - Take time to connect and/or see your friends.
  - Stay connected with your whānua.
  - Find ways to laugh and have fun.
- **Study Environment**
  - Be prepared for lots of reading and learning.
  - Remember to take a study break.
  - Ask lecturers for help if you struggle.
  - Pair up with someone as your study buddy.
  - Challenge yourself – You may be doing better on study/work than you are giving yourself credit for.
- **Everyday environment**
  - Check that your physical, mental, whānua connection and/or spiritual health and well-being are balanced.
  - Don't forget to rest.
  - Don't forget nutrition, a good meal and drinks.
  - Don't forget your leisure occupations!

## A Case in Point

In my experience, the Kawa model is a practical tool that can be used for quick self-compassionate check-ins. It helps us think about the important question: Are we balancing our personal life, work, and study? The model's pictorial metaphors are especially useful for navigating new environments or challenges. For instance, when I felt slightly overwhelmed by work and NESP's second paper assignment (Mental Health Intervention), I applied the Kawa model to assess my situation. This model allowed me to identify potential obstacles (rocks) and, more importantly, recognise my inner strengths and external supports (driftwood), which I had overlooked under stress. By refocusing on what I could address in the present moment, and identifying how to break down larger obstacles into smaller, manageable components or adjust the driftwood, I was able to improve and enhance my overall occupational performance and satisfaction (water flow).

## Conclusion

The Kawa model is useful for all occupational therapy professionals, from students to experienced therapists. It helps identify resources (driftwood) that affect our work-life-study balance. Using an occupational therapy perspective in our daily living environments, we can further recognise strengths within and around us that support this balance. This approach helps our waka navigate challenges (white water) and safely continue our journey (hikoi).

Additionally, the Kawa model could be an effective intervention tool for occupational therapists, enabling us to collaborate with whāiora to assess their holistic health and well-being. This approach is particularly effective when used in conjunction with Te Whare Tapa Whā model, a Māori health framework that closely examines the cornerstones of well-being: spiritual (wairua), mental (hinengaro), family (whānau),

physical (tinana), and land or root (whenua) (Ministry of Health, 2023). Finally, I hope my reflection of using the Kawa model and its elements offers valuable insights into how this Eastern-inspired, client-centred approach can be applied to both personal and professional perspectives.

### Acknowledgement

In closing, I would like to thank all my occupational therapy supervisors, mentors, AUT staff, and work colleagues for their kindness, encouragement, guidance, and support.

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# CPD Calendar

The information on this page is correct at the time of publication.

## September 2024

- 5 Autistic and Neurodivergent considerations in trauma informed care, Online course 9am – 3:30pm Check website for more details [Autistic and Neurodivergent Trauma Care \(grow.co.nz\)](https://grow.co.nz)
- 8 NRX & Soft Splinting workshop, Auckland. 8:30am - 4:30pm. Hybrid/zoom option. Check website for more details: [NRX & Soft Splinting - Hand Coach - Splinting Course Professionals NZ](https://www.nrx.co.nz)
- 11-13 3- Day Supervision workshop with MINDFIX – Wellington see website for more detail's places are filling fast so don't miss out [Professional Supervision Workshops – Mindfix](https://www.mindfix.co.nz)
- 18-20 HASANZ Conference 2024, Takina Convention and Exhibition Centre Wellington. Check website for more details and to register. [Registration | Health and Safety Association New Zealand \(hasanz.org.nz\)](https://www.hasanz.org.nz)

## October 2024

- 12-13 Introduction to Dance Movement Therapy – In person course, Blockhouse Bay Auckland. Check website for more details. [Intro to DMT - Module 1 — Dance Therapy Training Aotearoa](https://www.dmt.co.nz)
- 15-19 1st Occupational Therapy Europe Congress: Future Proofing Occupational Therapy. Krakow, Poland. For more information: <https://ot-europe2024.com>
- 21-27 Occupational Therapy Week.
- 23-25 OTNZ-WNA Clinical Workshops, Acknowledge the Past, Learn for the Future, Kirikiriroa/Hamilton, Claudelands Arena. [Clinical Workshops - otnzwna.co.nz](https://www.otnzwna.co.nz)
- 24 OTNZ-WNA AGM – Claudelands Arena Hamilton
- 24 OTNZ-WNA 75th Anniversary of the Association and awards night [Clinical Workshops Gala - Celebrating 75 years of the association | OTNZ - WNA \(otnzwna.co.nz\)](https://www.otnzwna.co.nz)

## November 2024

- 1-3 Introduction to Dance Movement Therapy – online course, Check website for more details, [Intro to DMT - Module 1 — Dance Therapy Training Aotearoa](https://www.dmt.co.nz)
- 6-7 ATSNZ Disability Expo – Auckland, Due Drop Events Centre, Check website for more details [ATSNZ 2024 \(atsnzexpo.nz\)](https://www.atsnzexpo.nz)
- 6-9 The 8th Asia Pacific Occupational Therapy Congress (APOTC) Sapporo, Japan. [8th APOTC.2024 Sapporo, Japan. The 8th Asia-Pacific Occupational Therapy Association \(c-linkage.co.jp\)](https://www.c-linkage.co.jp)

- 8 Occupational Therapy Course - develop skills in delivering robust occupational therapy assessments and reports for occupational therapists working with adults in acute, rehab or community settings in physical and mental health. The Trusts Arena, Auckland. 8:30am – 4:30pm. Limited spaces. Email Michael Parker for more details [midp181@gmail.com](mailto:midp181@gmail.com)
- 20-21 ATSNZ Disability Expo – Christchurch Air Force Museum of New Zealand, Check website for more details [ATSNZ 2024 \(atsnzexpo.nz\)](https://www.atsnzexpo.nz)
- 20-24 Perceive, Recall Plan & Preform System of Task Analysis [Assessment](https://www.chameleonscourses.co.nz) Course (5 days Wed-Sun). Information and registration: <https://chameleonscourses.co.nz> Contact email: [chameleonscourses@gmail.com](mailto:chameleonscourses@gmail.com)
- 26 Managing Chronic Stress – Taking back control before it controls me. Online course 9am –12pm. Check website for more details [Managing Chronic Stress \(grow.co.nz\)](https://www.otaus.com.au)
- 26-29 Perceive, Recall Plan & Preform System of Task Analysis [Intervention](https://www.chameleonscourses.co.nz) Course (4 days Tues-Fri). Information and registration visit: <https://chameleonscourses.co.nz> Contact email: [chameleonscourses@gmail.com](mailto:chameleonscourses@gmail.com)
- 28-29 OT Mental Health Forum 2024 - Melbourne Convention and Exhibition Centre. Check the website for more information. [Occupational Therapy Australia - Events \(otaus.com.au\)](https://www.otaus.com.au)

## December 2024

- 6-9 Taiwan Occupational Therapy Association 2024. Annual Meeting and International Conference. [2024 TOTA Annual Meeting and International Conference. Call for papers-0229.pdf \(oturoc.org.tw\)](https://www.oturoc.org.tw)
- 13-14 AOTA Specialty conference: Children and Youth Seattle WA [AOTA Specialty Conference: Children & Youth | AOTA](https://www.aota.org)

## April 2025

- 3-5 AOTA Annual Conference and Exhibition Philadelphia, Pennsylvania - [2025 AOTA Annual Conference and Expo | AOTA](https://www.aota.org)

## May 2025

- 19-20 AOTA Specialty Conference: Womens Health [AOTA Specialty Conference: Women's Health | AOTA](https://www.aota.org)

## June 2025

- 25-27 31st National Conference and Exhibition 2025 Collaborate and Connect – Adelaide Convention Centre, Adelaide, Australia [OTAUS2025 \(otausevents.com.au\)](https://www.otausevents.com.au)



## ATSNZ Disability Expo

**Auckland | 6-7 November**  
Due Drop Event Centre,  
Manukau, Auckland

**Christchurch | 20-21 November**  
AirForce Museum of New Zealand,  
Wigram, Christchurch



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