



Bieler modell: reflections on the past, present and future

Dr Irene Ilott

Symposium, Winterthur 14 February 2015

» Introduction

- > Theoretical credentials: using theory in practice, education and research for nearly 40 years
- > Approach to analysing the Bieler Modell:
 - + method: reading, listening and thinking
 - + context: recent models highlight cultural dimensions
 - + is the Bieler Modell a conceptual framework?

» Bieler Modell

- > Strengths: does not oversimplify occupational therapy
- > Looking back: valuing the past and creating a legacy
- > Current questions: needs, competing priorities and models
- > Future: revitalizing the Modell for contemporary use

Outline content



Learning in Health & Social Care, 2007, 6, 1, 59-60.

Book Reviews

The Kawa Model: Culturally Relevant Occupational Therapy

Michael K. Iwama (Ed.)
Elsevier Ltd, 2006, 241 pp
ISBN: 443102341
Price: £29.99

I enjoyed reading this thought-provoking book. Iwama describes the Kawa model, a process model developed in Japan that uses the metaphor of a river (*kawa* is Japanese for river) to elicit the meanings of life from recipients of occupational therapy. The model is presented in such a way that it challenges the dominance of theoretical models orientation in

with Japanese practitioners struggling to apply Western conceptual models. The final part (Chapters 7-9) contains the components, principles of use and the six-step process of the model, which starts with appreciating the client in their context and ends with evaluation. This is why I refer to it as a process, rather than a conceptual model. Vignettes illustrate the model in clinical practice and education in Canada, Japan, England and Australia. Unfortunately, there was not any discussion about possible limitations or risks of using such a powerful symbol as a river, as a metaphor for life. Each chapter is self-contained, including references which allows the reader to dip in and out of the text.

Journal of Evaluation in Clinical Practice

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Testing the Consolidated Framework for Implementation Research on health care innovations from South Yorkshire

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Keywords

conceptual framework, implementation, innovation, knowledge translation

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Abstract

Rationale, aims and objectives There is an international imperative to implement research into clinical practice to improve health care. Understanding the dynamics of change requires knowledge from theoretical and empirical studies. This paper presents a novel approach to testing a new meta theoretical framework: the Consolidated Framework for Implementation Research.

Journal of Evaluation in Clinical Practice, 2013 Oct;19(5):915-24.

Bridging the gap between knowledge and practice
Your starter for 10: No.2

Naming and framing the problem: using theories, models and conceptual frameworks

Irene Ilott, Kate Gerrish, Sara Laker, Kate Bray

<http://clahrc-sy.nihr.ac.uk/>

Theory credentials

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Using the Knowledge to Action Framework in practice: a citation analysis and systematic review

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This opinion piece introduces a framework for understanding and valuing occupational therapy as a complex intervention. The nature of complexity, particularly non-linearity and unpredictability, is summarised. The factors that characterise occupational therapy as a complex intervention are then presented. These include the visible actions that constitute the occupational therapy process; the centrality of activities and occupation in the therapist's thinking and actions; the shifts of perspectives in occupational therapy intervention; the client-centred nature of practice; and the importance of the therapist's thinking skills. All these factors elucidate why we should be proud of the complexity of occupational therapy and why a simple definition is unattainable.

Valuing Occupational Therapy as a Complex Intervention

Jennifer Creek, Irene Ilott, Sarah Cook and Charlotte Munday

Defining occupational therapy is difficult

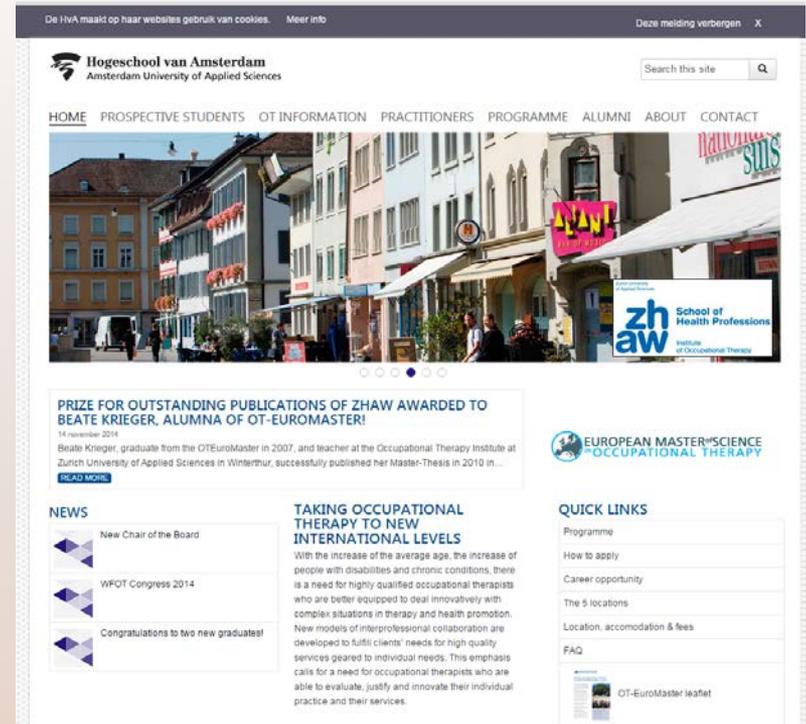
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British Journal of Occupational Therapy.
2005, 68, 6, 281-284.

Ilott I (1996) The lostness of loss: a reappraisal of loss. British Journal of Occupational Therapy, 59, 6, 273-276.

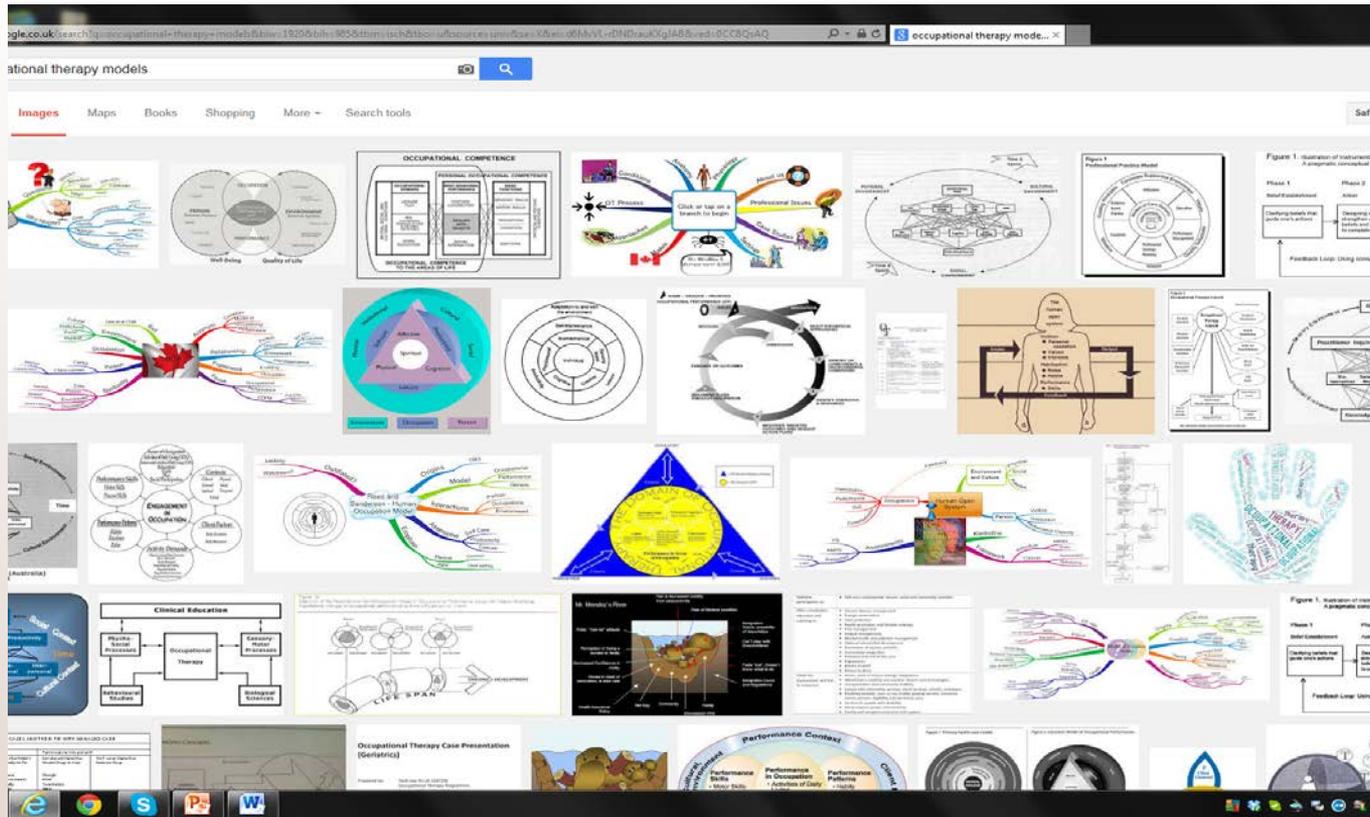


- » Reviewing the literature and on-line resources
- » Consulting faculty and students of the OT-EuroMaster
- » Questions: have you heard of the Bieler Modell? Do you use it? What do think of it?



Approach: reading, listening, learning and thinking





Is there current discourse about occupational therapy models?

Yes, to a certain extent but with interesting differences

Courtesy of Google

<https://www.google.co.uk/search?q=occupational+therapy+models&biw=1920&bih=985&tbm=isch&tbo=u&source=univ&sa=X&ei=d6MvVL-rDNDrauKXgJAB&ved=0CC8QsAQ>



“We felt that our profession suffers from the dominance of North American theory, which has often been adopted by occupational therapists in other English-speaking countries without a thorough critical appraisal, and has been translated into other languages in a similarly uncritical way” (Creek 2010, p12).

ENOTHE terminology project

<http://www.enothe.eu/index.php?page=tch/terminology>



European Network of Occupational Therapy in Higher Education

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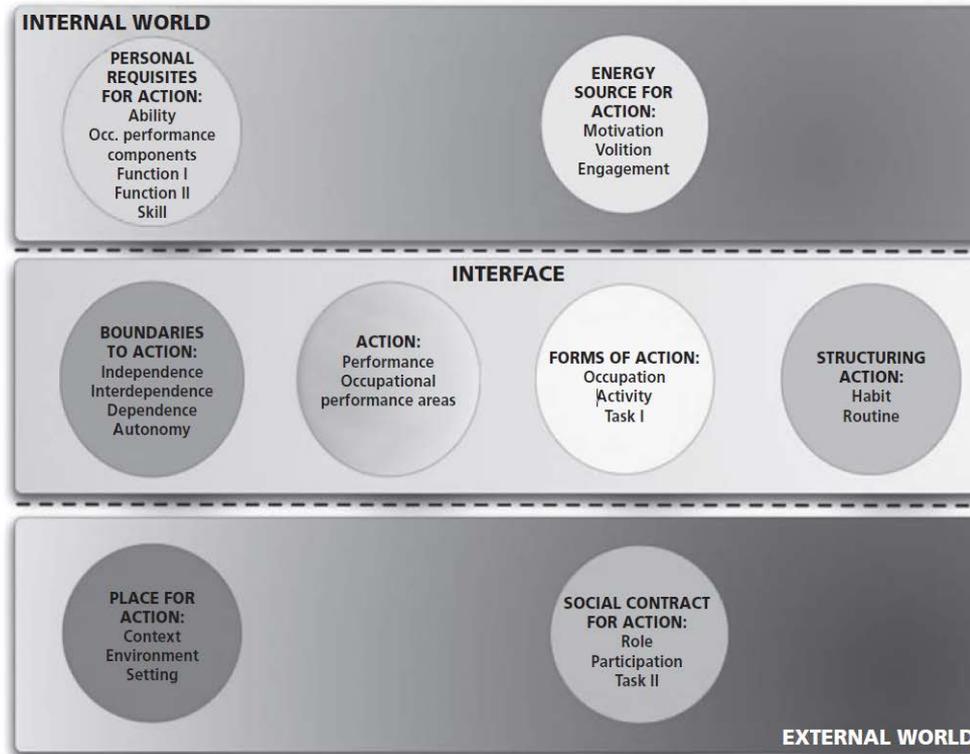


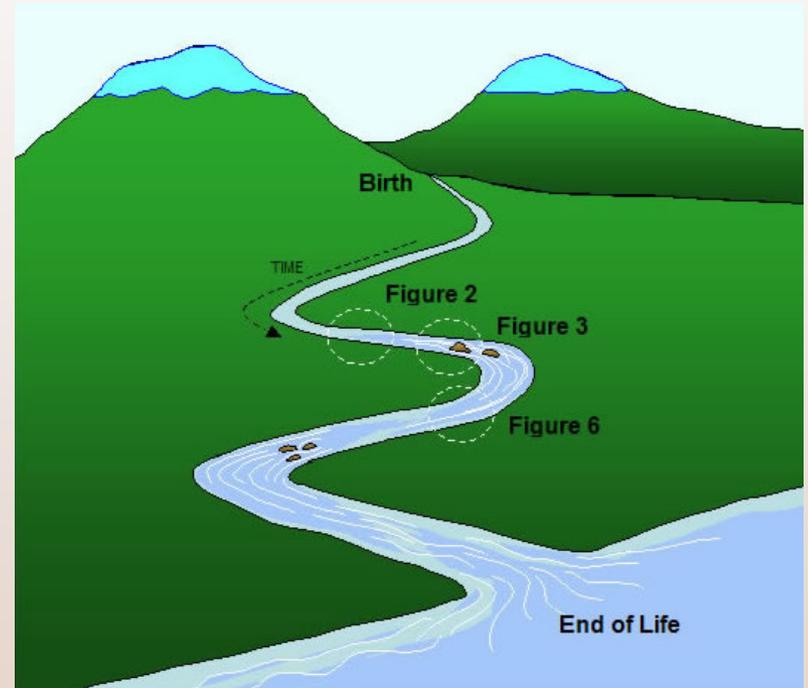
Figure 2. The European conceptual framework for occupational therapy (The English version of this figure is reproduced here with the permission of Jessica Kingsley Publishers).

European conceptual framework for occupational therapy

Brea M et al (2012) Understanding the European conceptual framework for occupational therapy: for what it is worth. *WFOT Bulletin*, 65, 12-19.



- » The *kawa* (*kawa* is Japanese for 'river') model of occupational therapy has recently emerged in response to the needs for culturally sensitive conceptual models of practice that adequately address clients' diverse cultures and belief systems (Carmody et al, 2007, p221).



KAWA model (Iwama 2006)

<https://www.facebook.com/KawaModel>



Research Article

A Call to Wellness – Whitiwhitia i te ora: Exploring Māori and Occupational Therapy Perspectives on Health

Jane Hopkirk^{1,*} and Linda H Wilson²

Article first published online: 20 AUG 2014

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Keywords:

culture; indigenous health; occupational therapy; shared concepts

Abstract

The World Health Organization records that indigenous peoples throughout the world experience poor health. The concept of health was explored from a Māori world view and compared with occupational therapy perspectives. The aim was to understand and value indigenous knowledge and promote culturally safe responsive practice.

Māori methodologies were employed to protect the Māori knowledge shared in the study. This involved applying seven principles, including respect for people, be cautious, and look, listen, and speak. Perspectives on health and wellbeing were collected in 2008–2009 from indigenous occupational therapists, other occupational therapists and indigenous health practitioners using interviews and a questionnaire.

The findings are presented as a conceptual framework, depicting a whare, a Māori meeting house to show relationships between culture and health. Key concepts held by occupational therapists and Māori were spirituality, holistic views, client responsive practice, and environmental contexts. Areas of difference were the focus on occupations, the interdependence of indigenous relationships, and the place of the extended family in supporting wellness.

A strength was the respect for Māori methodologies and limitations were the number of participants (*N* = 23) and the small proportion of Māori therapists in Aotearoa/New Zealand.

Recommendations: Attention to culture is vital for appropriate, safe, and responsive practice. The conceptual framework provides a tool to inform, guide, and evaluate practice understandings. It acknowledges the importance of the individual within their extended family, their natural environment, and the historical, social, and political realities of living as Māori. Further research should explore the use of the framework and interaction between occupational therapy practice and specific indigenous cultures. Copyright © 2014 John Wiley & Sons, Ltd.

“The image used to build the conceptual framework is a representation of the Māori whare situating the framework where traditions and the Māori worldview is paramount”

<http://onlinelibrary.wiley.com/doi/10.1002/oti.1373/abstract>



Terms

» Theory

- > Thoughtful practice (Nixon & Creek, 2003)

» Model

- > Conceptual practice model (e.g MOHO, Kawa)
- > Process model (OTIPM)

» Conceptual framework

Some key features

- » Specific, hypothesis testing; body of knowledge
- » Narrow scope, prescriptive and specific
- » Descriptive, relevant concepts and how they relate to each other

Tools to structure thinking and action



- » Probably the first European conceptual framework for occupational therapy
- » One of only two European conceptual frameworks (as far as I know)
- » Offers a comprehensive and understandable overview of the complexity of our profession – it does not oversimplify theory and practice (Yerxa 1988)
- » Contains some novel parts e.g. Activity Theory
- » Accessible via a multi-lingual website

Strengths of the Bieler Modell



» Building a legacy

- » Confirm it's special place in history as the first European model of occupational therapy
- » Trace and compare the theoretical development with other models, occupational science and the International Classification of Functioning, Disability and Health (ICF): did Biel happen in advance or parallel with these 'paradigm shifts'?
- » Oral history: to gather the recollections and understand the rationale of the pioneers
- » Promote as the first European model in English language journals / books / websites / conferences

Looking back



» Do we still need conceptual frameworks, and if so, what should they be like?

- > Has the time for models passed? *Are purchasers, practitioners and patients more interested in evidence of the clinical and cost effectiveness?*
- > Recent models:
 - + have a strong cultural dimension e.g. Kawa (2006) and the Maori whare (2014)
 - + Integrate theory, evidence and action (e.g. Hitch et al 2014)
- > Do we need models that focus on the family, community and societal levels (e.g. Bruggen 2014, Taff et al 2014) as well as the individual?

Current dilemmas



» What about the theory-practice gaps?

- > Do theories/conceptual frameworks/models really underpin and inform practice? *Equivocal findings from self-report, cross-sectional studies e.g. MOHO (Wook et al, 2008)*
- > Is the Bieler Modeller used in education and practice in Switzerland? *Yes, in some educational programmes, but much not in practice, according to the few people I spoke with*
- > Investigate usage, need and ideas for development by doing a citation search/analysis, a replication survey and a consultation e.g. Delphi study

Current dilemmas



» **A 10-20 year programme of research and development (R&D) to refresh the Modell**

1. Update and critique the evidence base underpinning the Modell
2. Review to reflect societal needs; health and welfare policies e.g. Health 2020
3. Revise to reflect contemporary practice and occupational science
 - i. Work at community and societal levels e.g. public health, disaster management and reconstruction, healthy ageing
 - ii. Need for outcomes and cost effectiveness

Future possibilities



» R&D programme to test the Modell

4. Scope other models to consider distinctive points, potential for blending/combining, using current instruments and areas for development
5. Agree a programme of research and development, with priorities, sources of funding and on-going dissemination to raise the profile of the Modell
6. Develop and/or test psychometrically robust instruments to measure / implement the Modell
7. Identify hypotheses about health, well-being and effectiveness to test the Modell
8. Research to build the evidence base: remembering theory/intervention fidelity and reporting standards at <http://www.equator-network.org/>

Future possibilities



A commitment to occupational justice supports occupational therapists in contributing to social reform ...

The broad issues of poverty and the unemployment of migrants and disabled people cannot be resolved by individual solutions ...

The focus moves from addressing the needs of individuals to the occupational needs, rights and obligations of all citizens (van Bruggen 2014, p42).

Future practice?

Van Bruggen (2014) Turning challenges into opportunities: how occupational therapy is contributing to social, health and educational reform. WFOT Bulletin, 70, November, 41-46.

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