

10.5 The ICF and speech pathology

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Introduction

The Communication Disability in Ageing Research Unit (CDARU)¹ has been using the ICF and its predecessors in the education of speech pathologists and audiologists, in clinical practice with older people with hearing impairment and aphasia, and most predominantly as a research tool. The CDARU is based within the Department of Speech Pathology and Audiology at The University of Queensland and the directors are Dr Louise Hickson, an audiologist, and A/Prof Linda Worrall, a speech pathologist. The CDARU have used both the conceptual framework and the classification scheme, and both of these are now discussed under the headings of teaching, clinical applications and research uses.

Use of the ICF in teaching

The conceptual framework of the ICF is introduced to speech pathology and audiology students early in their first year. It is used to frame discussions about communication disability, particularly in relation to speech pathology and audiology assessments and treatments. The framework is used in more detail in a series of aphasia management lectures and in a module about ageing and aged care. A/Prof Linda Worrall and other staff from the CDARU coordinate these modules. They use the framework to provide a structure for lectures and an overview of clinical practice in this area, and students are also examined on the interpretation of the ICF for people with aphasia and other age-related disorders.

In audiology, the ICF is used extensively in teaching as a framework for rehabilitative audiology. The effects of hearing impairment on the lives of people with hearing impairment are described using the ICF terminology, and students are encouraged to consider rehabilitation options for clients in light of their impact on Body Functions and Structures, Activities and Participation. Details about the ICF are provided initially in didactic lectures, and students are subsequently required to apply the ICF in a series of modules about rehabilitation for complex cases, e.g. an older person living in an aged care facility, a person experiencing major negative psychosocial consequences of hearing impairment.

¹ CDARU's web site is at: <<http://www.shrs.uq.edu.au/cdaru>>

Use of the ICF in clinical practice

Staff in the CDARU run student clinics for groups of people with aphasia (and other acquired neurogenic communication disorders) at The University of Queensland, and the Geriatric Assessment and Rehabilitation Unit of the Royal Brisbane Hospital. In an effort to guide students (and many clients) to think more broadly than the impairment level, the Participating in Choice (PIC) approach was developed (Worrall & Davidson 2000). This approach was an extension to the Activity-based Functional Communication Therapy Planner (Worrall 1999). The PIC approach to clinical management begins with an unstructured interview with the client about his or her communication needs. The main question is 'What do you hope to achieve by coming to speech therapy?' The client's goals are then classified according to the ICF components. This process assists the student to choose an assessment and treatment approach that is not only relevant to the client, but also uses an approach suitable to the goal. For example, if developing further social relationships is a goal, then social model approaches may be the first choice for this type of goal rather than impairment-based approaches; that is, the client may be introduced to support organisations or group sessions before syntax retraining occurs.

In audiology rehabilitation practice, students are required to use an audiology tool that is similar to the PIC in many ways. With the Client Oriented Scale of Improvement (Dillon et al. 1997), the clinician works with the client to develop a set of prioritised goals for the rehabilitation process. Clients are asked what they would like to achieve and these goals become the focus of the intervention that follows. Outcomes of the rehabilitation process are assessed in relation to these goals. Client's goals should be as specific as possible (e.g. to understand the guest speaker at the social club meeting) and may relate to Body Structure and Functions, Activities and Participation.

Use of the ICF in research in communication disability

A number of publications of the CDARU team have used the ICF as a conceptual framework or have investigated the validity of the classification scheme. Two of the books that have been written (Worrall & Frattali 2000; Worrall & Hickson, in press) use the ICF framework to structure information and explain the use of the ICF to speech pathologists and audiologists.

Dr Louise Hickson and A/Prof Linda Worrall have also obtained a number of large research grants to evaluate interventions based on the ICF. Examples include a project funded by Blue Care to examine the effectiveness of the Participation Enablement Program (PEP) for older people in aged care facilities, and a current project funded by the National Health and Medical Research Council to examine the effects of the Active Communication Education (ACE) program for older hearing impaired clients. Outcomes are measured at each level of the ICF in both of these projects.

The ICF has also been widely used as a framework for postgraduate work. Dr Madeline Cruice used the ICIDH-2 in her doctoral studies to examine the

relationship between communication disability at the Impairment, Activity Limitation and Participation restriction levels to overall quality of life. Bronwyn Davidson and Brigette Larkins also used the ICF in their doctoral studies, which involved examining the everyday communicative activities of people with aphasia and people with a traumatic brain injury through participant observation. Patrick Stark's masters research project examined the impact of hearing aid fitting on both the person with hearing impairment and his or her significant other, using the ICF framework. Robyn McCooley used the ICF as a rationale for developing the Inpatient Functional Communication Interview as part of her Masters studies. The results of several students' participant observations of everyday communication activities in people with aphasia, traumatic brain injury and hospital in-patients were then used to examine the validity of the chapter on communication in the Activities and Participation component of the ICF (see Worrall et al. 2002).

Two other PhD students in the CDARU are using the ICF framework. Tami Howe is using the Environmental Factors hierarchy to examine communication accessibility for people with aphasia, and Nerina Donaldson is examining the issue of third-party disability in spouses of older people with hearing impairments. The team has also been collaborating with Dr Travis Threats who was the American Speech-Language Hearing Association's liaison for the revision of the ICIDH-2 but is now involved in developing the American clinical manual for the ICF.

Selected key publications of the CDARU involving the ICF or its predecessors are listed for further reference. A full list of all ICF-related publications is available from the authors.

Selected key publications:

Worrall LE & Hickson LMH (in press). *Communication disability in ageing: prevention to intervention*. San Diego, CA: Delmar Press.

Worrall L, McCooley R, Davidson B, Larkins B & Hickson L 2002. The validity of functional assessments of communication and the Activity/Participation components of the ICIDH-2: do they reflect what really happens in real-life? *Journal of Communication Disorders* 35(2):107–37.

Hickson L & Worrall L 2001. Older people with hearing impairment: application of the new World Health Organization International Classification of Functioning and Disability. *Asia Pacific Journal of Speech Language and Hearing* 6(2):129–33.

Worrall L 2001. The social approach: another new fashion in speech-language pathology? *Advances in Speech-Language Pathology* 3(1):51–54.

Worrall L & Frattali C (eds) 2000. *Neurogenic communication disorders: a functional approach*. NY: Thieme Medical Publishers.

Azzopardi S, Baker R & Hickson L 1997. Hearing impairment, disability and handicap in older people from non-English speaking backgrounds. *Australian Journal of Audiology* 19(1):23–33

Stumer J, Hickson L & Worrall L 1996 Hearing impairment, disability and handicap in elderly people living in residential care and in the community. *Disability and Rehabilitation* 18(2):76–82.