The ICF:

A framework for investigating living well with hearing loss

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Outline

• Describe the International Classification of Functioning (WHO, 2001)

• Discuss the application of ICF within a clientcentered approach to AR

 Show how the ICF can be used with a client to facilitate living well with hearing loss

Medical approach

In medical (biological) models of health the goal is to cure

Curative approaches to health were applied to AR (aided audiogram, amplification in general)

Medical approach

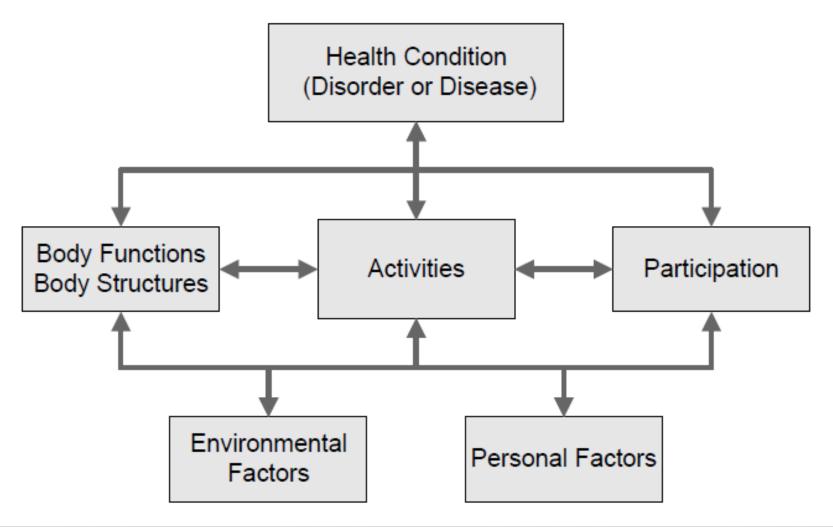
Medical/curative models of health do not apply to rehabilitative sciences

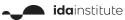
The goal of AR programs is to overcome the deleterious <u>effects of</u> hearing loss (to help the person adapt to – live with- their disability)

International Classification of Impairments, Disabilities and Handicap – ICIDH (WHO, 1980)

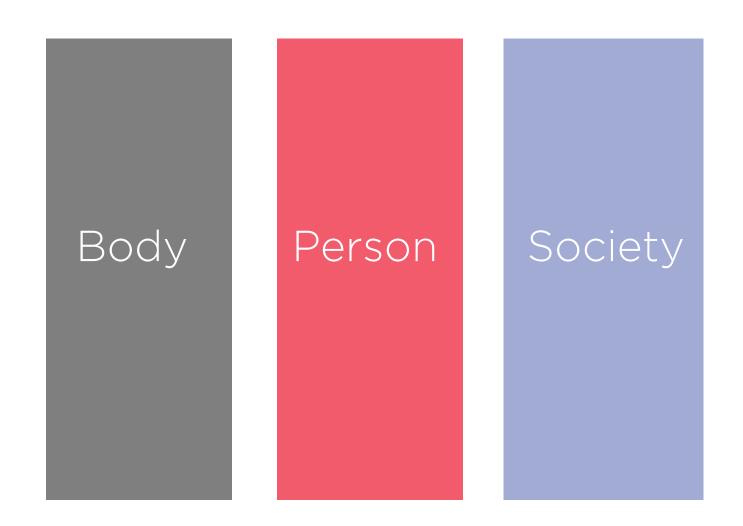


International Classification of Functioning, Disability and Health (ICF: WHO, 2001)

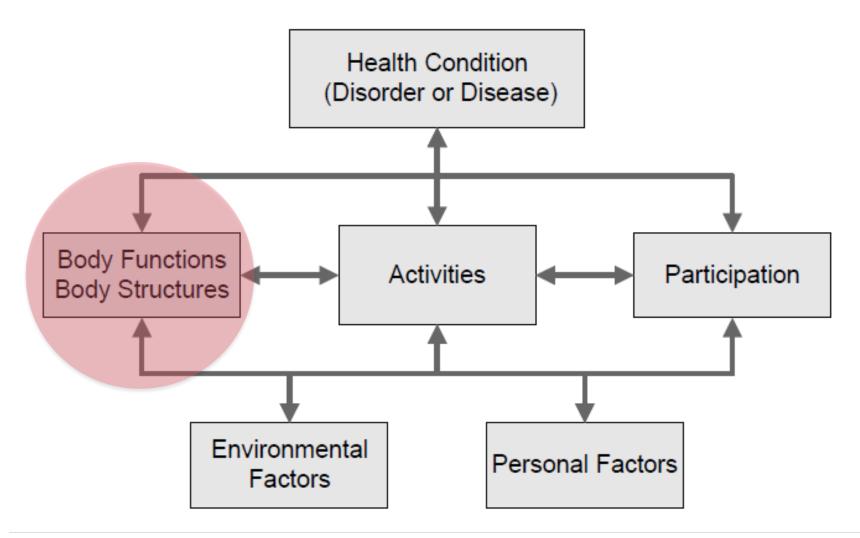




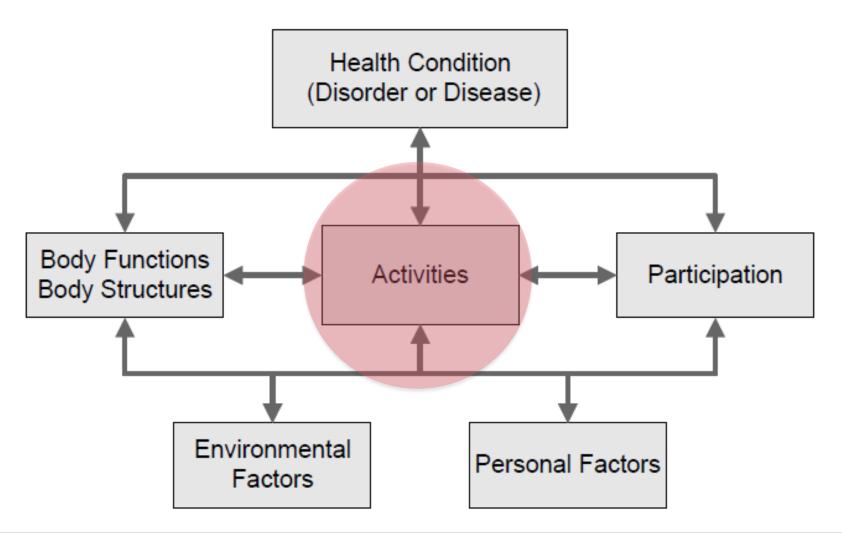
ICF: A bio-psycho-social approach to health

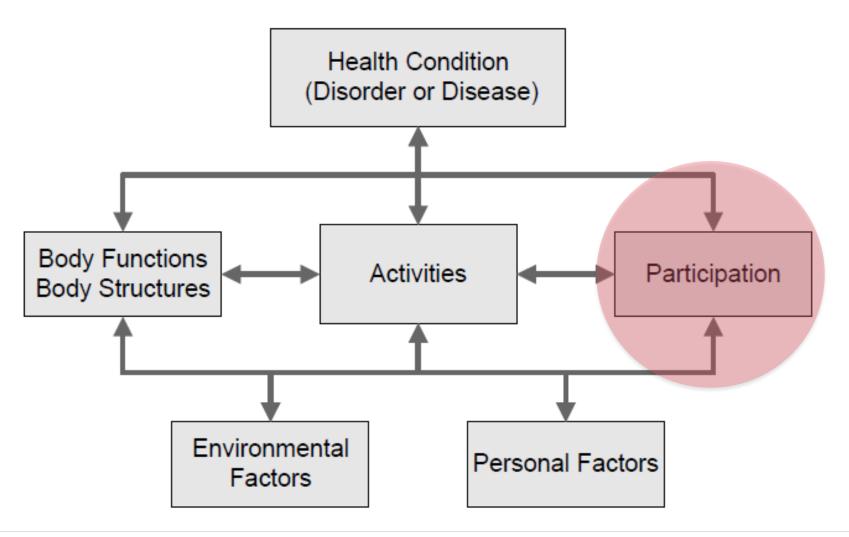


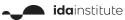




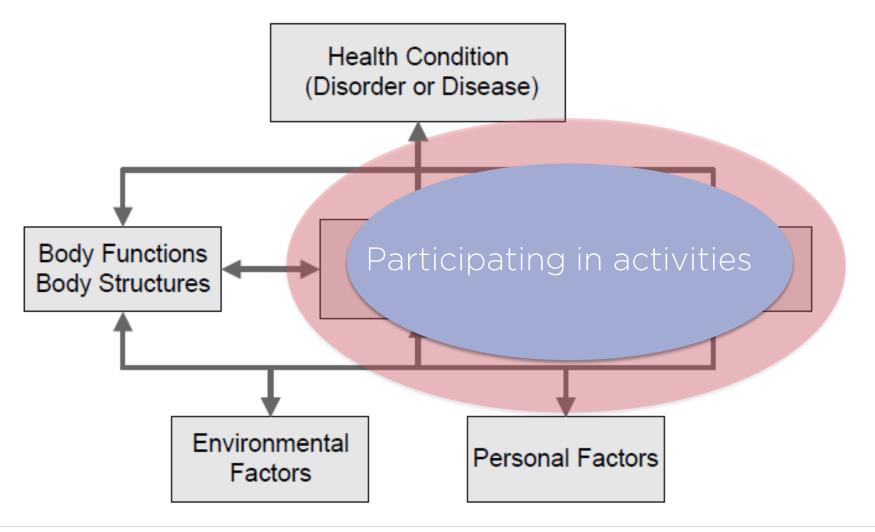




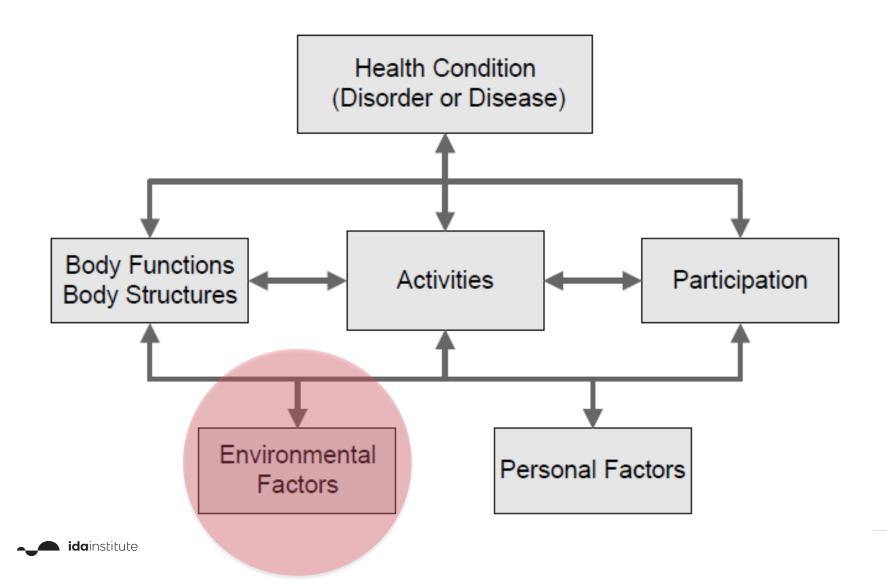


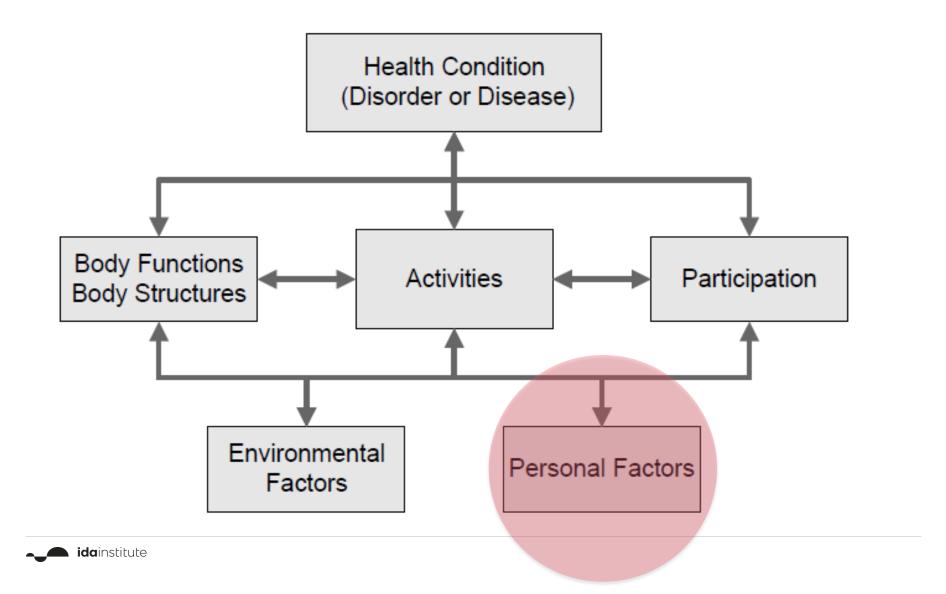


International Classification of Functioning, Disability and Health (ICF: WHO, 2001)

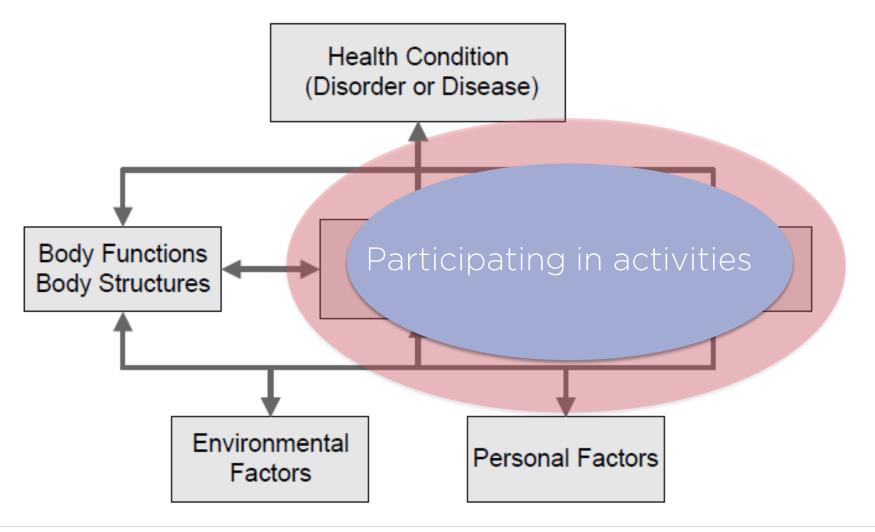








International Classification of Functioning, Disability and Health (ICF: WHO, 2001)





Implications of ICF to Audiological Rehabilitation

Implications

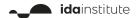
• It places the focus of AR on helping people <u>participate in activities</u> rather than on focusing on impairments and disabilities (much more positive/optimistic approach)

• It makes it possible to contemplate treatment programs that do not focus on the impairment

The goals of AR (living well) are very concrete/tangible:

- <u>Participation</u> in real-life, every day activities that judged important (relevant) <u>by the persons</u> who participate in the intervention program
- It provides specific guidelines that can be used to evaluate outcome of intervention

- It recognizes that there is a very <u>personal</u> (<u>subjective</u>) <u>dimension</u> to what constitutes activity limitations / participation restrictions *or living well* (this can be accessed by the client's narrative)
- Living well may be defined differently by people with similar hearing loss



Each activity is unique

- Impairment
- Activity
- Personal factors (of all the persons involved in the activity)
- Environmental factors (physical and social)

Only the persons involved in the activity are able to describe and define what would constitute a <u>satisfactory outcome</u> as a result of taking part in an intervention program.

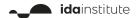
 It clearly specifies that persons who do not have a hearing impairment may be candidates for AR intervention.

That is, the participation of an individual -or individuals- with hearing impairment in an activity may result in activity limitations and/or participation restrictions for persons with normal hearing involved in that activity.



Given that each activity is unique:

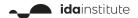
- The solution to the participation restriction is also unique
- The solution must be adapted to the persons
 Involved and to the context in which the activity takes place.



• For each activity, only the persons involved in that activity can accurately describe the participation limitations (the problems) that are manifested and the impact of that limitation/restriction. (It is the client who is the 'expert').

• The persons involved in the activity must be full participants in <u>identifying solutions</u> that would be feasible, applicable and acceptable to them.

(**NEGOTIATION:** client – partner - professional)



Only the persons involved in the activity are able to describe and define what would constitute a <u>satisfactory outcome</u> as a result of taking part in an intervention program.

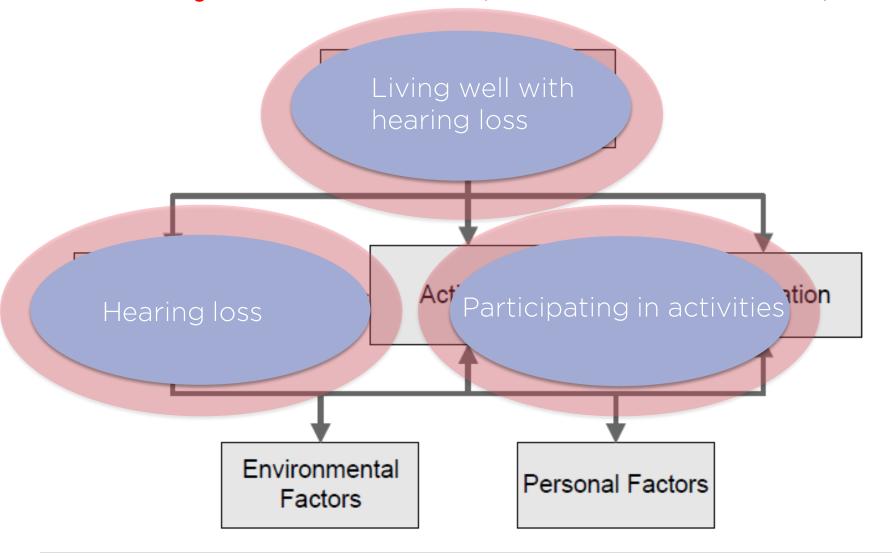
• Only the persons involved in the activity are able to determine if (and to what extent) the goal of the intervention program has been attained.



Living well is related to participating in activities than are deemed important

- •A person with HL will live well when he/she can participate in activities that are important for her/him
- The person with HL is the only one who can describe what activities are associated with living well
- So, the person with HL must play an active role in defining, implementing and evaluating whether they are living well with their HL

International Classification of Functioning, Disability and Health (ICF: WHO, 2001)







Thank you!

