The ICF-CY as Framework for International Collaboration to Improve Services for Children with Communication Disorders

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The ICF-CY as Framework for International Collaboration to Improve Services for Children with Communicative Disorders

Brenda Louw & Juan Bornman

ASHA Convention 2016
Philadelphia, PA
Thursday November 17
Technical Research Session 6:30-7:00 PM
(5524)
Disclosure Statement

• The information presented in this session was jointly funded by the Carnegie African Diaspora Fellowship (ADF) Program and the University of Pretoria (Research Office), South Africa.
• Brenda Louw is Topic Co-chair of Global Issues and Practices received an ASHA Convention 2016 registration fee waiver
• Both authors are employed by different universities
• The authors have no relevant non-financial relationship in the material presented, reviewed, or evaluated in this presentation
Overview of Content

ICF-CY (WHO, 2007) framework
Statement problem
Study Context
FOCUS-34 ©
Method
Results
Conclusions
ICF-CY (WHO, 2007)

Part 1: Functioning and Disability

Health Condition (Disease or disorder)

Body Function & Structure (Impairment)

Activity (Limitation)

Participation (Restriction)

Environmental Factors

Personal Factors

Part 2: Contextual Factors

Why Use the ICF-CY? (WHO, 2007)


“The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing” (ASHA, 2007, p4).

http://www.asha.org/policy/SP2016-00343/
Provides a biopsychosocial view on health

Provides holistic consideration of children with communication disorders and helps us to understand the child’s ability to participate more broadly in social interaction, in different contexts (e.g. family, school)

Enables development of respectful relationships with children - hearing their voices!

Allows for changing and altering barriers within the child’s environment

Ultimate goal of treatment: improve child’s ability to communicate in natural settings
Rationale of our research

• Paucity of validated and reliable measures for children with communication disorders in all South African languages - except English

• ICF-CY (WHO, 2007) scant clinical application in both US and SA despite multitude of advantages

• International collaboration topic sought

• Aim:
  – Phase 1-Translate assessment tools developed within the ICF-CY(WHO, 2007) framework into Afrikaans
  – Phase 2- Determine Social Validity and Clinical Applicability
Our rationale linked to ASHA’s Strategic Pathway: Transforming Clinical Practice

**SO4: Enhance Service Delivery across the Continuum of Care to Increase Value and Access to Services**

Transforming clinical practice so that clinicians make effective clinical decisions that enhance patient’s outcomes using ICF-CY

**SO8: Increase Members’ Cultural Competence**

Enhanced ability to help clients, students, and patients achieve their desired clinical outcomes
Continued…

- Apply ICF-CY framework in assessment and intervention with children who have a communication disorder.

- Provide an outcomes measure translated into Afrikaans
Study Context: South Africa

- Rainbow nation:
  - multi-lingual, multi-cultural
  - Audiology and SLP professions established in SA in 1950’s

- 11 official languages & dialects spoken by 53 million South Africans

- Afrikaans is the 3rd most common first language
Assessment Tool Selected for Translation

F    Focus on the
O    Outcomes of
C    Communication
U    Under
S    Six ©

• **Authors:** Thomas-Stonell, Oddson, Robertson, Walker & Rosenbaum, 2015 ©
• A new Version of the FOCUS © with 34 items: FOCUS -34 ©
FOCUS-34 ©

Valid, reliable, responsive treatment outcome measure that captures ‘communicative participation’ changes following speech and language treatment.

- Shortened and modified version of the 50 item FOCUS ©.
- FOCUS-34 © has identical psychometric properties to the FOCUS and is criterion referenced.
- It takes a verbal ‘snapshot’ of the child’s skills at Time 1 and Time 2.
- The difference in the scores measures change.
- ICF-CY components covered: Activities (38%), Participation (53%) and Personal factors (9%)

- Outcome measure for preschool children (1.5 – 6 yrs.) attending speech-language therapy.
- Can be used with children who have a variety of communication disorders.
- Is primarily a parent measure as it measures children’s use of communication at home and in the community.
- A Clinician Form is available if the parents cannot complete the FOCUS.
- Clinicians need to consult with the primary caregiver or ECE teacher in order to complete

(Thomas-Stonell in Washington et al., 2015)
Method

2 Phase Model:

• **Phase 1**: Translation of FOCUS© and FOCUS-34© to Afrikaans

• **Phase 2**: Social Validation and Clinical Applicability of FOCUS-34©
PHASE 1
Translation

Original English version
(Parent Form and Clinician Form)

Forward translation from source language (English) into target language using 3-person committee

Consensus meeting, resulting in first Afrikaans version

Back translation from target language (Afrikaans) into source language by SLP not involved

Acceptance of second Afrikaans version following minor corrections and approval by FOCUS-34 authors
Figure 1: Flow chart of translation, clinical applicability and social validation of the Focus-34 in Afrikaans
Participants:

• Phase 1: Translation
  – 3 person committee (2 SLPs + 1 OT)
  – 1 SLP (not involved in committee)

• Phase 2: Social validation and clinical applicability
  – Parent focus group (n = 7)
  – SLP focus group (n=5)
Focus Groups: Social Validation and Clinical Applicability

- Qualitative design

- Set of guiding questions a priori formulated were directed specifically to FOCUS-34®

- Parent Instruction Sheet; Parent Form; Clinician Instruction Sheet and Clinician Form

- Member checking during focus groups
Data analysis

• Verbatim transcription of participants’ comments
• Comments coded according to:
  – specific statements and questions of the FOCUS-34© forms
  – thematic content analysis of discussions
Results: Focus Groups with Parents

Afrikaans FOCUS-34 © Parent Instruction Sheet:

Parents reached consensus that the Afrikaans translation of the Parent Instruction Sheet was clear and appropriate for South African Afrikaans-speaking parents of children with communication disorders.
Focus on the Outcomes of Communication Under Six

Naam van Kind

Datum Voltooi: Jaar _____ Maand _____ Dag _____

Geboortedatum: Jaar _____ Maand _____ Dag _____

Kronologiese Ouderdom: Jaar _____ Maand _____

Naam van persoon wat vorm voltooi

FOCUS Voltooiing #

Naam van Spraakterapeut

FOCUS®-34

TOTALE

TELLING

Administratiewe Instruksies
Die FOCUS® is 'n uitkomsmeting wat 'n "oorsig" van jou kind se vaardighede neem soos dit vandag is. Sommige items sal nie nou van toepassing op jou kind wees nie. Indien wel, selekter asseblief "Glad nie soos my kind nie". U kind kan sommige van hierdie vaardighede begin aanleer tydens terapi en keuse van die opsie sal ons toelaat om al die veranderinge wat u kind maak, te meet. Maak asseblief seker dat u al die vrae beantwoord.

Baie dankie.

Definisies:
"Praat", "vertel", "spraka" en "woorde" verwys na verbale spraak. (bv. "My kind praat baie"). "Kommunikeer", "gesprekke", "deel neem" en "vra" kan in enige vorm van kommunikasie wees (PECS, AAK, gebare). (bv. "My kind kan onafhanklik kommunikeer met ander kinders"). Let asseblief op dat daar geen uitsondering is:
Deel 1,# 13: "My kind wag vir sy/haar beurt om te praat", waar "praat" verwys na alle vorms van kommunikasie.
Results: Focus Group Parents
Continued…

Afrikaans FOCUS-34 ©: Parent Form

5 themes emerged:

1. Questioning of the meaning of certain concepts included in the questions.
2. Cultural differences between Afrikaans and English-speaking children and families
3. Use of the terms “talk” and “communicate” when applying the FOCUS-34 to children with complex communication needs (e.g., children who need and/or use AAC).
4. Emotional responses of parents to meetings on and assessments of their children.
5. Role of Receptive Abilities in communication participation.

Parents reached a consensus that the Afrikaans FOCUS-34 would be useful in capturing changes in a child’s development during intervention and in measuring treatment outcomes.
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<th>No.</th>
<th>Statement</th>
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<tbody>
<tr>
<td>1</td>
<td>My kind is gemaklik tydens kommunikasie.</td>
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<td>My kind praat gedurende spel.</td>
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<td>My kind is gewillig om met ander te praat.</td>
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<td>4</td>
<td>My kind het selfvertroue in kommunikasie met volwassenes wat my kind nie goed ken nie.</td>
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<td>My kind kan onafhanklik kommunikeer.</td>
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<td>6</td>
<td>My kind praat baie.</td>
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<td>My kind kan woorde saamvoeg.</td>
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<td>8</td>
<td>My kind kan onafhanklik met ander kinders kommunikeer.</td>
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<td>9</td>
<td>My kind se spraak is duidelik.</td>
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<td>10</td>
<td>My kind word die eerste keer wanneer sy/hy praat met ander kinders, verstaan.</td>
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<td>11</td>
<td>My kind praat in vol sinne.</td>
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<td>12</td>
<td>My kind gebruik kommunikasie om probleme op te los.</td>
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<td>My kind wag vir sy/haar beurt om te praat.</td>
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<td>14</td>
<td>My kind dra haar/sy idees oor met woorde.</td>
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<td>15</td>
<td>My kind gebruik korrekte grammatika wanneer hy/sy praat.</td>
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<td>16</td>
<td>My kind gebruik nuwe woorde.</td>
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<td>17</td>
<td>My kind gebruik woorde om vir dinge te vra.</td>
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<td>18</td>
<td>My kind word die eerste keer wanneer hy/sy praat met volwassenes wat my kind nie goed ken nie, verstaan.</td>
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<td>19</td>
<td>My kind kan volwassenes wat my kind nie goed ken nie, vertel van gebeure wat in die verlede plaasgevind het.</td>
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**Telling**

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Examples of Parents Comments

Theme:
- Meaning of concepts:
  Q 1 My child is comfortable when communicating.

- Cultural differences between English and Afrikaans Children:
  Q 4 My child is confident communicating with adults who do not know my child well.

E.g. Comments:
- What is “comfortable” – physical, or emotionally? Maybe change word order in Afrikaans to make more sense

- Who are others? If they are strangers Afrikaans children would be shyer than English children and it would be a cultural issue, but if it was familiar others (e.g., grandparents, aunts, uncles) they would be OK
Examples of Parents comments

Theme:
- Use of the terms “talk” and “communicate” when applying the FOCUS-34 to children with communication needs (e.g., children who need and/or use AAC)

Q 32 My child is reluctant to talk
- Emotional responses of parents to meetings on and assessments of their children

Comments:
- My child does not use speech to communicate, so he doesn’t talk, but sometimes he is reluctant to communicate and sometimes not. For me it makes sense if we substitute “talk” with “communicate.”
- I hate parent meetings-you leave with everything that your child cannot do instead of them emphasizing what your child can do and the journey you have already travelled
Results: Focus Group with SLPs

Afrikaans FOCUS-34 © Clinician Instruction Sheet:

• SLPs agreed that the Clinician Information Sheet was
  – Clear
  – appropriate
  for South African Afrikaans-speaking clinicians.
• Similar to parent responses
• Suggestions for editorial changes were made (e.g., a consensus based suggestion was proposed for a more accurate translation of the term “snap shot” to describe the aim of the FOCUS-34).
Results: Focus Group with SLPs
Continued…

Afrikaans FOCUS-34 © : Clinician Form

4 themes emerged:

1. Questioning of the meaning of certain concepts included in the questions.
2. Cultural differences between Afrikaans and English-speaking children and families.
3. Expand the content of the items (e.g. items on play)
4. Editorial changes

- Overall the SLPs indicated that they would use the Afrikaans FOCUS-34 as they viewed it to be a useful addition to their assessment batteries. It provides a practical manner in which to involve parents in assessment and would be useful as an outcomes measure.

Theme 1 & 2 overlapped with those identified in the parents’ data.
Observed Differences between approach of Parents and SLPs...

**Parents**

- Attitude: more emotional responses - lived experience, speaking from the heart
- Listened to one another, were supportive, and showed empathy
- Wanted more items to indicate small improvement for children with severe disabilities

**SLPs**

- Attitude: own knowledge on the forefront; try to convince others of point; competitive
- Less cohesion of group
- More critical regarding editorial aspects of translation
- Wanted more items (e.g. items on play)
In summary:

- Including both SLPs and Parents in the clinical applicability and social validation phase was beneficial as it led to a multiple stakeholder view; the two groups’ complemented one another and parents’ voices were heard.

- Through the use of the ICF-CY (WHO, 2007) as a vehicle for international collaboration, a new treatment outcome assessment measure in Afrikaans was made available to clinicians in South Africa to measure functional life changes of children due to intervention.

- Using the FOCUS-34 © to measure treatment outcomes is one way of improving services in an evidence-based manner and to inform clinical decision making.

- The current research consolidated the international collaboration and implications for future research include the translation of the FOCUS-34 © into other South African languages such as isiZulu (Nguni-language group) and Sesotho (the Sotho language group).
Discussion
Thank you!

Dankie! Siyabonga!
Afrikaans FOCUS-34

- Go to: http://research.hollandbloorview.ca/Outcomemeasures/FOCUS

- On right side under "Learn More" click FOCUS Outcome Measure and Manuals

http://research.hollandbloorview.ca/outcomemeasures/focus/translations

- Note: The FOCUS © FOCUS and FOCUS-34 © are copyrighted and licensed and available for free download from Flintbox. A link is provided on the FOCUS webpage.
Selected References

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