

CONSTITUCIÓN DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD

- “La salud es un estado de completo bienestar físico, mental y social, y no solamente la ausencia de afecciones o enfermedades.”

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OBJETIVOS DE LA CIF

- CIF es una clasificación diseñada con múltiples propósitos para servir a varias disciplinas y diferentes sectores. Los principales objetivos de la clasificación pueden resumirse de la siguiente manera:

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OBJETIVOS DE LA CIF -2

- Proporcionar una base científica para entender y estudiar la salud y los estados relacionados con la salud, las consecuencias y los determinantes;
- Establecer un lenguaje común para describir la salud y los estados funcionales asociados con la salud, con el fin de mejorar la comunicación entre distintos usuarios, como profesionales de la salud, investigadores, proveedores de políticas y el público, incluyendo personas con discapacidad;

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OBJETIVOS DE LA CIF - 3

- Permitir la comparación de datos entre países, entre disciplinas relacionadas con la atención médica, entre los servicios, y en diferentes momentos a lo largo del tiempo;
- Proporcionar un esquema de codificación sistematizado para ser aplicado en los sistemas de información de la salud.

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Aplicaciones de la CIF

- Como herramienta estadística – en la recopilación y registro de datos (ej. en encuestas y estudios de población o en sistemas de información);
- Como herramienta de investigación – para medir resultados, calidad de vida o factores contextuales;

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Aplicaciones de la CIF - 2

- Como herramienta clínica – en la valoración de necesidades, para asociar tratamientos con condiciones específicas de salud, en la valoración vocacional, en la rehabilitación y en la evaluación de resultados;
- Como herramienta de política social – en la planificación de sistemas de seguridad social, sistemas de compensación, y para la implantación y diseño de políticas;

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Aplicaciones de la CIF - 3

- Como herramienta educativa – para diseño del “currículum”, y para aumentar la concienciación de la sociedad y para poner en marcha actividades sociales.

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La CIF organiza la información en dos partes: (1) Funcionamiento y Discapacidad, y (2) Factores Contextuales:

Componentes del funcionamiento y la discapacidad

- a) El componente del Cuerpo consta de dos clasificaciones, una para las funciones de los sistemas corporales, y otra para las estructuras del cuerpo. Los capítulos de ambas clasificaciones están organizados siguiendo los sistemas corporales.
- b) El componente de las Actividades y Participación cubre el rango completo de dominios que denotan aspectos del funcionamiento tanto desde una perspectiva individual como social.

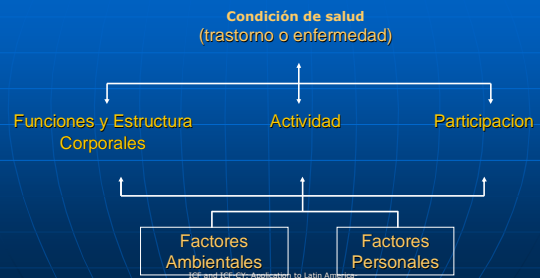
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2. Factores contextuales

- a) Una lista de Factores Ambientales forma parte de los factores contextuales. Los Factores Ambientales ejercen un impacto en todos los componentes del funcionamiento y la discapacidad y están organizados partiendo del entorno más inmediato al individuo y llegando hasta el entorno general.
- b) Los Factores Personales son un componente de los factores contextuales pero no están clasificados en la CIF debido a la gran variabilidad social y cultural asociada con ellos.

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Las interacciones entre los componentes de la CIF



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FUNCIONES CORPORALES

- Capítulo 1 Funciones mentales
- Capítulo 2 Funciones sensoriales y dolor
- Capítulo 3 Funciones de la voz y el habla
- Capítulo 4 Funciones de los sistemas cardiovascular, hematológico, inmunológico y respiratorio
- Capítulo 5 Funciones de los sistemas digestivo, metabólico y endocrino
- Capítulo 6 Funciones genitourinarias y reproductoras
- Capítulo 7 Funciones neuromusculoesqueléticas y relacionadas con el movimiento
- Capítulo 8 Funciones de la piel y estructuras relacionadas

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ACTIVIDADES Y PARTICIPACIÓN

- Capítulo 1 Aprendizaje y aplicación del conocimiento
- Capítulo 2 Tareas y demandas generales
- Capítulo 3 Comunicación
- Capítulo 4 Movilidad
- Capítulo 5 Autocuidado
- Capítulo 6 Vida doméstica
- Capítulo 7 Interacciones y relaciones interpersonales
- Capítulo 8 Áreas principales de la vida
- Capítulo 9 Vida comunitaria, social y cívica

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FACTORES AMBIENTALES

- Capítulo 1 Productos y tecnología
- Capítulo 2 Entorno natural y cambios en el entorno derivados de la actividad humana
- Capítulo 3 Apoyo y relaciones
- Capítulo 4 Actitudes
- Capítulo 5 Servicios, sistemas y políticas

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Los Factores Personales (no se clasifican en la CIF)

- el sexo
- la raza
- la edad
- otros estados de salud
- el estilo de vida
- los hábitos,
- los estilos de afrontamiento
- los antecedentes sociales
- la educación
- la profesión
- las experiencias actuales y pasadas (sucesos de la vida pasada y sucesos actuales)
- los patrones de comportamiento y estilo de personalidad
- los aspectos psicológicos y otras características.

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Funciones Corporales -ejemplos

b3101 Calidad de la voz -- Funciones de producción de características de la voz incluyendo el tono, la resonancia y otros aspectos.

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b1644 Introspección - Funciones mentales que permiten el conocimiento y comprensión de uno mismo y de la propia conducta.

b1646 Resolución de problemas - Funciones mentales para identificar, analizar e integrar información, incongruente o conflictiva, para lograr una solución

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Actividades y Participación - ejemplos

d310 Comunicación-recepción de mensajes hablados - Comprender significados literales implícitos de los mensajes en lenguaje oral, como distinguir si una frase tiene un significado literal o es una expresión figurada.

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d3150 Comunicación-recepción de gestos corporales -Comprender el significado expresado por los gestos faciales, movimientos o signos hechos con las manos, posturas corporales y otras formas de lenguaje corporal.

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d3500 Iniciar una conversación - Iniciar un diálogo o intercambio de ideas, como presentarse, saludar del modo habitual, e introducir un tema de conversación o preguntar algo.

d3501 Mantener una conversación - Continuar y dar forma a un diálogo o intercambio de ideas, añadiendo puntos de vista, introduciendo un nuevo tema o retomando alguno que había sido previamente mencionado, y también respetando los turnos al hablar o al comunicarse en lenguaje de signos.

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d730 Relacionarse con extraños -Establecer contactos y vínculos temporales con desconocidos con propósitos específicos, como cuando se pregunta una dirección o se compra algo.

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d9101 Asociaciones formales - Participar en grupos profesionales u otros grupos sociales exclusivos, como asociaciones de abogados, médicos, o académicos

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Factores Ambientales - ejemplos

e125 Productos y tecnología para la comunicación - Equipamiento, productos y tecnología utilizados por las personas para transmitir y recibir información, incluyendo aquellos adaptados o diseñados específicamente, situados en, sobre o cerca de la persona que vaya a utilizarlos.

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e310 Familiares cercanos -- Individuos emparentados por el nacimiento, el matrimonio o cualquier relación reconocida por la cultura como familia cercana, como esposos, pareja, padres, hermanos, hijos, padres de acogida, padres adoptivos y abuelos.

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- e330 Personas en cargos de autoridad- Individuos que tienen responsabilidades relacionadas con la toma de decisiones que influirán en otros y que ejercen una influencia o poder socialmente definido en función del papel social, económico, cultural o religioso que desempeñan en la sociedad, como es el caso de profesores, empresarios, supervisores, líderes religiosos, gestores, tutores o administradores.

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Cuantifican utilizando la misma escala

- **xxx.0** NO hay problema (ninguno, ausente...) 0-4%
- **xxx.1** Problema LIGERO (poco, escaso...) 5-24%
- **xxx.2** Problema MODERADO (medio, regular...) 25-49%
- **xxx.3** Problema SEVERO (mucho, extremo...) 50-95%
- **xxx.4** Problema COMPLETO (total....) 96-100%
- **xxx.8** sin especificar
- **xxx.9** no aplicable

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Activity/Participation – 1st Qualifier

- Performance-How well do the persons do on this task in their actual lives?

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Activity/Participation – 2nd Qualifier

- Capacity without assistance-How do the persons do on a task or skill in a structured setting such as a clinical or research setting with no overt help given with task, such as do in an assessment?

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Activity/Participation – 3rd Qualifier

- Capacity with assistance-How do the persons do on this task in a clinical or research setting with reasonable assistance provided, such as giving cues in therapy

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d310 Comunicación-recepción de mensajes hablados - Comprender significados literales implícitos de los mensajes en lenguaje oral, como distinguir si una frase tiene un significado literal o es una expresión figurada.

ej. d310.432 - Problema completo, problema severo, problema moderado

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Primer calificador- Factores Ambientales

- A continuación aparecen las escalas positivas y negativas que indican la medida en la que un factor ambiental actúa como barrera o facilitador. La utilización de un único punto decimal indica una barrera mientras que utilizando el signo + indica un facilitador tal como aparece abajo:

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Primer calificador- Factores Ambientales - 2

xxx.0 NO hay barrera
xxx.1 Barrera LEVE
xxx.2 Barrera MODERADA
xxx.3 Barrera SEVERA
xxx.4 Barrera COMPLETA
xxx.8 sin especificar
xxx.9 no aplicable

xxx.0 NO hay facilitador
xxx.+1 Facilitador LEVE
xxx.+2 Facilitador MODERADO
xxx.+3 Facilitador SUSTANCIAL
xxx.+4 Facilitador COMPLETO
xxx.+8 sin especificar
xxx.+9 no aplicable

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- e330 Personas en cargos de autoridad -Individuos que tienen responsabilidades relacionadas con la toma de decisiones que influirán en otros y que ejercen una influencia o poder socialmente definido en función del papel social, económico, cultural o religioso que desempeñan en la sociedad, como es el caso de profesores, empresarios, supervisores, líderes religiosos, gestores, tutores o administradores.

- Ej. e330. 3 (Barrera severa)
o
e330.+3 (Facilitador sustancial)

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History and future use of ICF in Latin America -- Reference

- P. Soliz and L. Torres -- ICF implementation in Latin America. Poster presented at 2008 Meeting of WHO Collaborating Centres for the Family of International Classifications in Delhi, India

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Soliz and Torres poster summary

- In 2003, three day meeting in Mexico discussed diffusion and training of ICF and its beginning use in implementation
 - Countries participating
 - Argentina, Chile, Columbia, Cuba, Mexico, Nicaragua, Peru, Venezuela

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Soliz and Torres poster summary - 2

- In 2008, another three day meeting in Mexico discussed progress on goals, strength and weakness in ICF use, and future directions
 - Countries participating
 - Argentina, Brazil, Cuba, Chile, Mexico, Venezuela

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Soliz and Torres poster summary – 3

- Nicaragua, Mexico, Chile, Uruguay, Ecuador, Columbia, and Panama have incorporated ICF framework in government disability surveys

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Soliz and Torres poster summary – 4 Conclusions, next steps

- More Latin American countries need to participate
- Better and standardized training of instructors needed
- Need more ICF books, CD's, other ICF related material distributed to persons
- Next meeting in 2009 in Brazil- Meeting of the Latin American and Caribbean Network of the ICF

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Framework versus the classification system

- Framework is a way of thinking about the functioning and lives of the people we serve
- Classification system is broad summary way to record the functioning and lives of the people we serve
 - Not designed to capture detail of functioning
 - Designed primary for computerized data health systems
- Must first fully understand the framework before can meaningfully use the classification system

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Assessment using the ICF framework

- Identify the most important Body Structure factors; Body Function factors; Activity/Participation factors; Environmental factors; Personal Factors
 - As they relate to the person's quality of life
- Challenge- Finding reliable and valid measures of these, especially Activity/Participation, Environmental Factors, and Personal Factors

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Intervention using the ICF framework

- Challenge- Using evidence based practice interventions to target the ideal combination of all components of the ICF framework
 - As they relate to the person's quality of life
- Person/family centered intervention a ethical requirement of using the ICF framework

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DIRECTRICES ÉTICAS PARA EL USO DE LA CIF -Apéndice 6

Uso clínico de la CIF

Siempre que sea posible, el clínico debe explicar al individuo o al representante del individuo la finalidad de la utilización de la CIF e invitar a que se den preguntas en torno a la conveniencia de utilizar la CIF para clasificar los niveles de funcionamiento de la persona.

Siempre que sea posible, la persona cuyos niveles de funcionamiento están siendo clasificados (u organizaciones de apoyo de la persona) debe tener la oportunidad de participar, y en concreto de cambiar o reafirmar la conveniencia de la categoría que está siendo utilizada y de la valoración asignada.

Debido a que el déficit que se clasifica es resultado tanto de una condición de salud de la persona como del contexto físico y social en el que la persona vive, la CIF debe ser utilizada de un modo global.

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Environmental Factors- South America

- Wide range of income and living standards across different countries in South America and within each country
- Wide range of languages with Portuguese and Spanish dominant but also indigenous populations with various degrees of assimilation with majority and/or dominant culture
- Wide variation of Spanish and Portuguese spoken in different countries

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Attitudes toward communication disorders

- Divergent attitudes
 - Cultures where child with communication disorder and their siblings shunned by others and children with any communication disorder not admitted to private schools
 - Cultures where communication disorder is viewed as a normal variant of range of skills such as some people better at sports than others
 - Cultures where communication disorders seen as curse from the gods
 - Cultures where communication disorders seen as a disability which can be treated and persons able to maximize their abilities.

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Disparities in the professions of speech-language pathology and audiology

- Some countries have many university communication disorders programs; others very few
- Some countries have numerous employment opportunities for speech-language pathologists and audiologists and others very limited possibilities

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Providing services using the ICF framework

- Not dependent upon only availability of traditional speech-language and hearing services provided by professionals
- In fact, specific health professions are not listed or rarely used as examples in the ICF
- ICF is client/family centered

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Expanded role of communication disorders professional

- Use of ICF to demonstrate importance of communication in all aspects of functioning
 - Success in education
 - Facilitates other health professionals work with this population
 - Ability to communicate medical needs, including mental health
 - Ability to stay connected with others, shown to be crucial factor in influencing health in general
 - Influence on self-concept and image, a mental health issue and medical issue
 - Decreased communication is decreased functional health

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Communication disorders and society-Giving to them

- ICF use for social justice would state that all persons with communication disorders have the human right to pursue all activities within their abilities
- International bodies recognize that disability does not negate persons' inherent worth
- It is **not** up to people with disabilities to become less disabled, but up to society to help them live more functional and satisfying lives

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Communication Disorders and Society-They giving back

- Society has no "spare" people. Child who is severe stutterer may be brilliant in physics and able to contribute to the understanding of our world, but will not be able to realize this societal contribution if not allowed to go to school or is belittled at school by classmates and teachers.
- Child who has trouble learning to read because of phonological processing difficulties may turn out to be award winning artist whose works move persons to action

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They giving back – adult examples

- Adult who has had a stroke and aphasia may still be able to talk to grandchild who is severely depressed and help him or her feel she has a reason to live
- Adult with severe dysarthria can still teach another person how to build a house or fix a broken car

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Our role- revisited

- Cannot always provide sufficient and necessary direct therapy
- Can work with families, churches, and others to work on Environmental Factors
- Can train volunteers, friends, and family members how to provide some services
- With decreased resources, must focus goals on those with most impact on quality of life
- Even with full traditional services, must constantly think of what other ways can affect a change in your clients' lives

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What ICF cannot do

- Cannot make one into a nurturing caring professional
- Cannot make one provide the best evidence based practice intervention
- Cannot pick for clinician which aspects of functioning to assess and which ones to target in intervention
- Cannot tell clinician if therapy is being effective

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What ICF can possibly do

- Help educational and health care systems understand the importance of functional health status
- Help the clinician think broadly about the functioning of their clients
- Demonstrate, via a numerical classification system, the utility and even effectiveness of intervention
- Promote that communication disorders are functional health disorders, including better epidemiology of communication disorders and government and private backed resources to help persons with communication disorders.

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