Material to support the implementation of ICF in clinical practice

ICF Facilitators course
Final Assignment (June 15, 2023)

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INPRO
INTERPROFESSIONALISM IN ACTION

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Introduction to the material

- Aim:
  - The ICF can be used in various ways across many fields of application. It provides a common language across clinical disciplines and with patients or clients. (World Health Organization, 2013)
  - This material illustrates the clinical use of the ICF in the assessment and goal setting phases for the person concerned.
- Target group:
  - Lecturers/educators who teach any social- or health care professional or student of any degree programme
- Prerequisite:
  - A basic understanding of the ICF.
- This material supplements the Finnish ICF training continuum and Erasmus+ INPRO project ICF Advanced material.
  - Finnish ICF training: 2-days ICF basics workshop based on the ICF Research Branch material (16 hours)
  - INPRO-project “ICF-based material for person-centred and interprofessional implementation” [link]
- Usage of the material: The ICF educator selects the slides that are appropriate for his/her training purposes
  - The tools are selected based on the Finnish practice, but each ICF educator can add slides on from their own country.
  - The material is presented in English but can be translated into each own language.

Learning objectives

- To help teach how to use the ICF person-centred way in clinical practice
- To recognize ICF as a tool of assessment of functioning and goal setting
- To describe tools for applying ICF into the practices
  - in assessment
  - in goal setting

Content

- Background (slides 4-7)
- Role of the ICF in assessing client-centred needs and functioning (slides 8-29)
- Role of the ICF in interprofessional goal setting with the person and (a family) (slides 30-55)
- References

Process and content selection

A problem-solving process where the client is at the centre

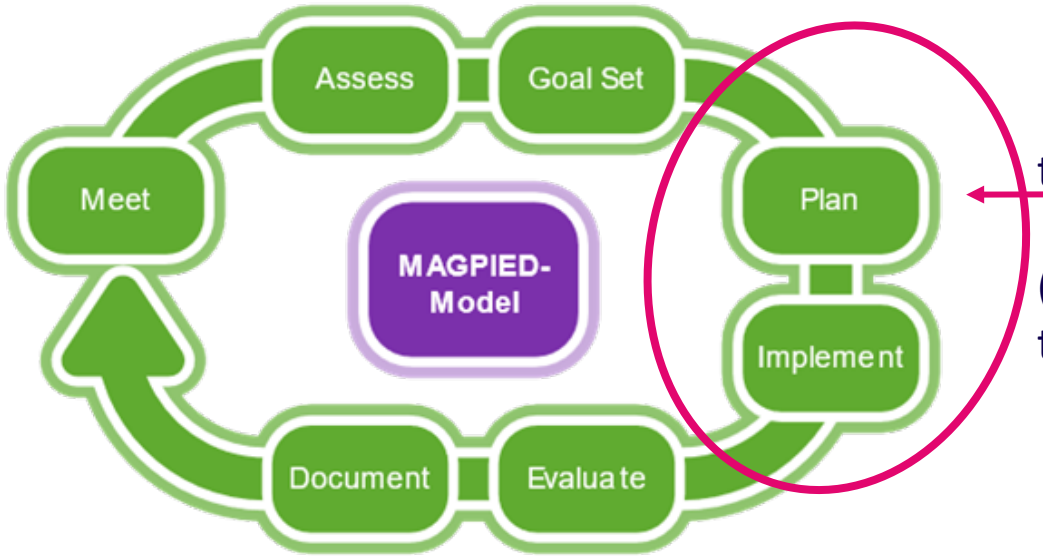
MAGPIED rehabilitation cycle (described in INPRO) modified from Wade (2005) and Health Queensland (2017) models

ICF framework

- Basic knowledge
- Implementation material and examples

Communication and co-operation

- Professional(s) with person (i.e. client, patient)
- Professional with professional

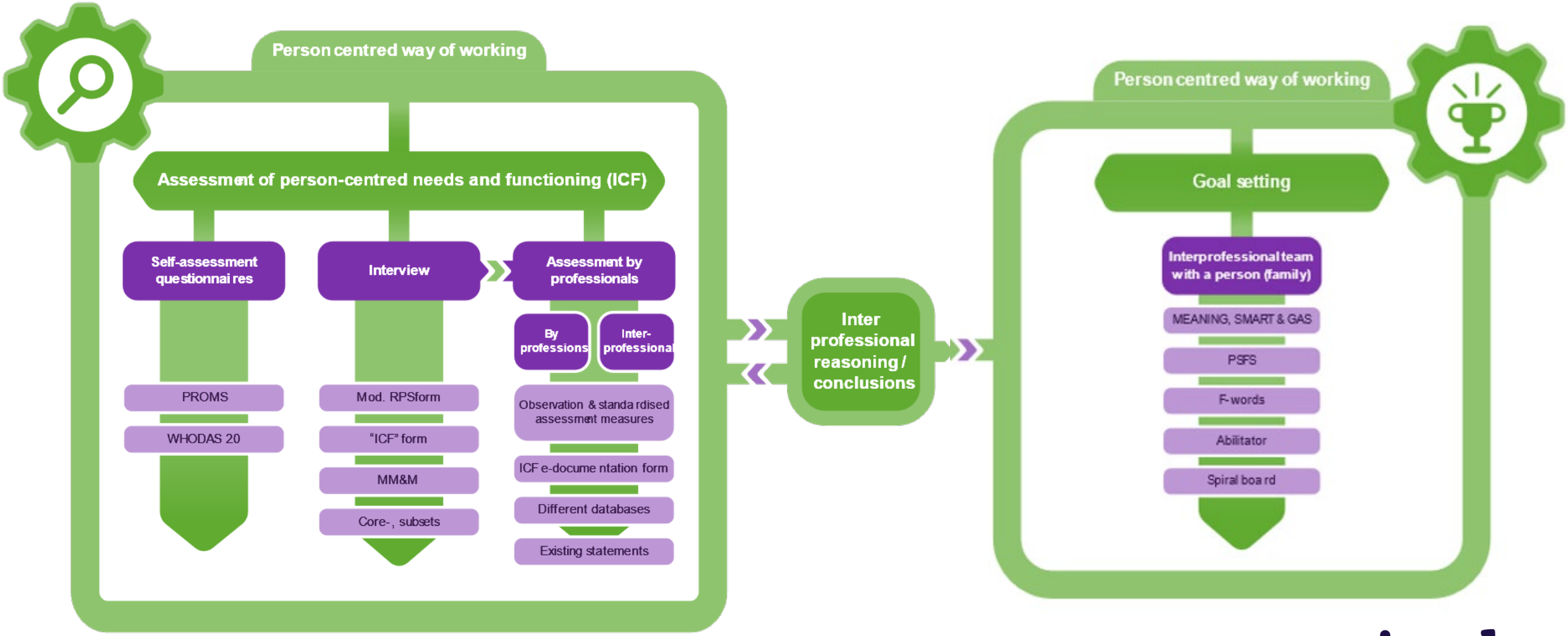


the material focuses on

(see slide 5: heading of the aspects)

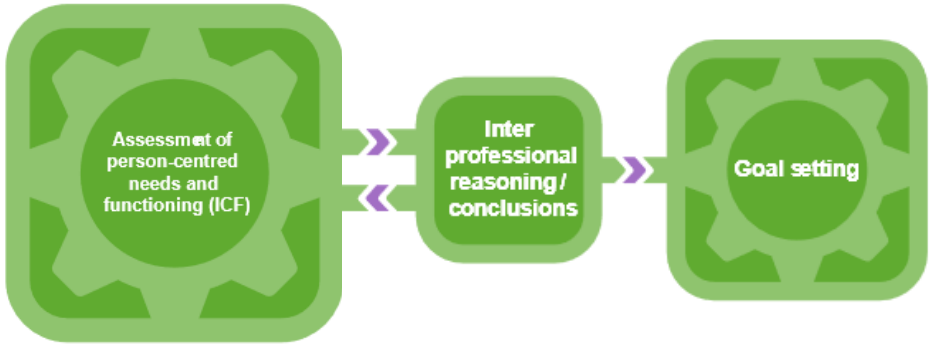
smoother everyday life in aspects that are meaningful to the person

Heading of the aspects



Person-centered approach

- Person-centred approach in health- and social care focuses on
  - putting people and their families at the centre of decisions, and
  - seeing them as experts, working alongside health and social care professionals to get the best outcome in whatever care setting they are in. (Taylor 2022)
- To make person-centred care a reality, it needs to be embedded into your processes.
- One of the key processes where person-centred care needs to be embedded is in care / rehabilitation planning
  - person-centred functioning assessment, interprofessional reasoning and goal setting



Person-centredness - Participation

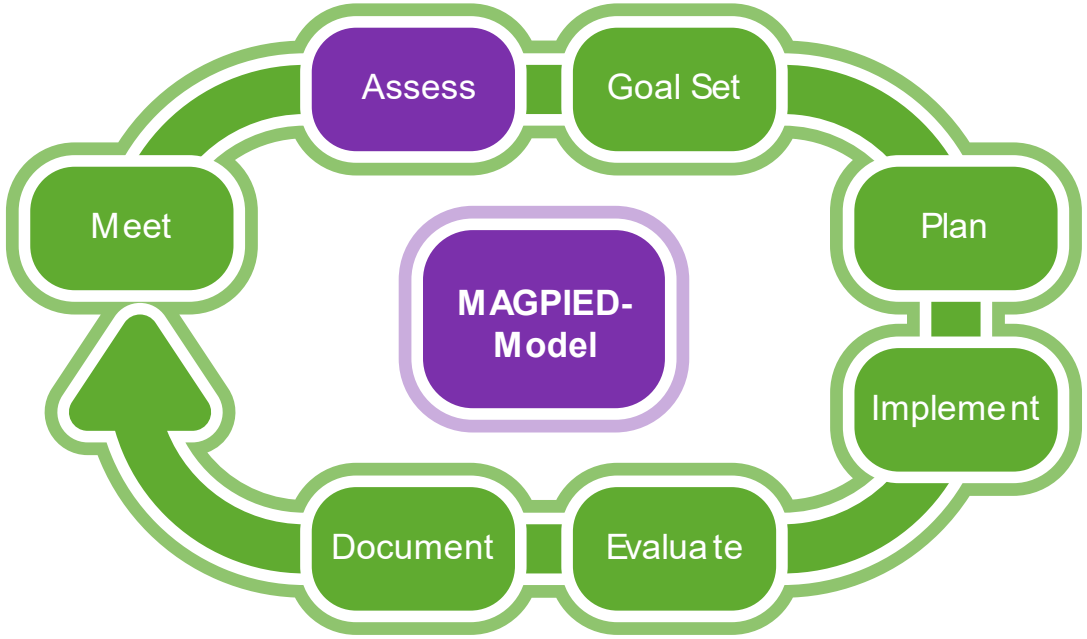
- The ICF concept of Participation (“involvement in life situations”) cannot be recorded without encapsulating person’s own view of her/his involvement.
- The ICF ethical guidelines advocate involvement of the person in recording any aspect of functioning.
- There is a lack of self-report instruments that are generic to many conditions and measure participation and the impact of the environment.
- Use the ICF to create a profile, for example by using
  - Self-assessment questionnaires (patient-reported outcome measures, PROMS)
  - Interviewing methods (e.g. Modified Rehabilitation problem solving (RPS) form).

(Madden et al 2013, Rauch et al. 2008)

Assess

MAGPIED rehabilitation cycle (described in INPRO) modified from Wade (2005) and Health Queensland (2017)

The first step in the goal setting process in any rehabilitation management is the assessment of functioning.



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Self-assessment methods

Interview

Assessment of functioning

Person-perspective

- Information from primary sources (person experiencing disabilities)
  - an interview
  - through a questionnaire
  - through other forms of self-reporting
- Information from professionals or proxies (parents, partners etc.)
  - Observation
  - Questionnaires
  - Measurement tools and procedures for information collection
- Information from secondary data sources
  - e.g. pre-existing documentation or statistics.

"It is important to consider the issue of who is best qualified and positioned to record and classify functioning and disability information."

WHO. A Practical Manual of using the International Classification of Functioning, Disability and Health (ICF) 2013.

ICF-based assessment of functioning

"An ICF-based patient profile focuses on the way in which the person functions at a given time. "

- The time needed to collect ICF information is dependent on the professional expertise, the knowledge available, and the complexity of the assessment tools used.
- e.g using the WHODAS 2.0 or other ICF-based instruments, is easier than when using non ICF-based tools.

A Practical Manual of using the International Classification of Functioning, Disability and Health (ICF) 2013, 59; 61.

Self-assessment questionnaires

PROM (patient-reported outcome measure)

Self-assessment methods

- Generic based on ICF for adults , e.g.

WHODAS 2.0	WHO Disability Assessment Schedule https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule	is presented in material

- Professional based, e.g.

COMP	Canadian Occupational Performance Measure (occupational therapy) https://www.thecopm.ca/

- Disease specific, e.g.

ODI	Oswestry Disability Index (low back pain) https://www.sralab.org/rehabilitation-measures/oswestry-disability-index

WHODAS 2.0

Self-assessment methods

Description

- The questionnaire's domains are based upon the conceptual framework of the WHO's International Classification of Functioning, Disability and Health (ICF).
- It a generic, disease-independent patient report outcome (PRO) instrument.
- The WHODAS is available in 3 different survey forms:
  - administered and completed by the interviewer
  - administered and completed by the patient
  - administered and completed by a third party (e.g. relative, spouse) on behalf of the patient.
- It is also flexible due to its different available forms. Depending on the version, it can be easily implemented in clinical research as well as in patient care.
- It is available in at least 47 languages (https://apps.who.int/iris/handle/10665/43974).

More information from WHO webpage

https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule

(Üstün et al. 2020)

WHODAS 2.0

Self-assessment methods

36- and 12- item versions

- Full version with 36 questions assess the global health status of patients across 6 health domains, independent of disease. Allows to compute overall and 6 domain-specific functioning scores.
  - They include:
    - Cognition – understanding, and communication: 6 questions.
    - Mobility – movement and locomotion: 5 questions
    - Self-care – personal hygiene, dressing, eating and coping alone: 4 questions
    - Social interaction – interacting with other people: 5 questions
    - Life activities – domestic duties, leisure, work and studies: 8 questions
    - Social participation – community activities, participation in society: 8 questions.
- a short form with 12 questions is useful for brief assessments of overall functioning in surveys
  - covers all 6 health domains and contains 2 questions per domain.
  - Explains 81% of the variance of the 36-item version.

(Üstün et al. 2020)

WHODAS 2.0

Self-assessment methods

Evaluation

- The WHODAS 2.0 evaluation considers the occupational status of the patient.
  - For patients without a paid occupation, only 32 of the 36 questions are considered.
- There is a simple and a complex scoring for the full and short version of the WHODAS 2.0
- Simple scoring: Each answer is assigned its predefined score:

  0 – “None”

  1 – “Mild”

  2 – “Moderate

  3 – “Severe”

  4 – “Extremee”
- The scores are summed, and the total sum reflects the patient’s health status.
- Complex “item-response-theory” (IRT) scoring (an Excel template and syntax for SPSS is available)
  - The 6 domain scores are summed and converted into a summary score, which has a scale from 0 to 100 (0 = no restriction, 100 = greatest possible restriction).
  - There is normative data from several studies that can be used to classify patients into population percentiles using their summary scores.

(Üstün et al. 2020)

Interview on the needs of individual

- Different ICF based materials can be used during interviewing
- Here are some examples, which will be described in more detail later

Rehabilitation problem solving (RPS) form	https://www.rehabnet.ch/rps-form-weltweit.html
(or ICF Assessment Sheet)	https://www.icf-casestudies.org/introduction/introduction-to-icf-based-documentation-tools-and-rehab-cycle-2/the-icf-assessment-sheet
"ICF" interprofessional collaboration form	https://www.slideshare.net/ssnyman2/icf-assessment-form
Monitoring Manual and Menu (MM&M)	http://hdl.handle.net/2123/13544
ICF core sets	https://www.icf-research-branch.org/icf-core-sets-projects2

Inter-professional

Rehabilitation problem solving (RPS)

The assessment and conclusions can be compiled on the RPS form, which is presented in the following slide

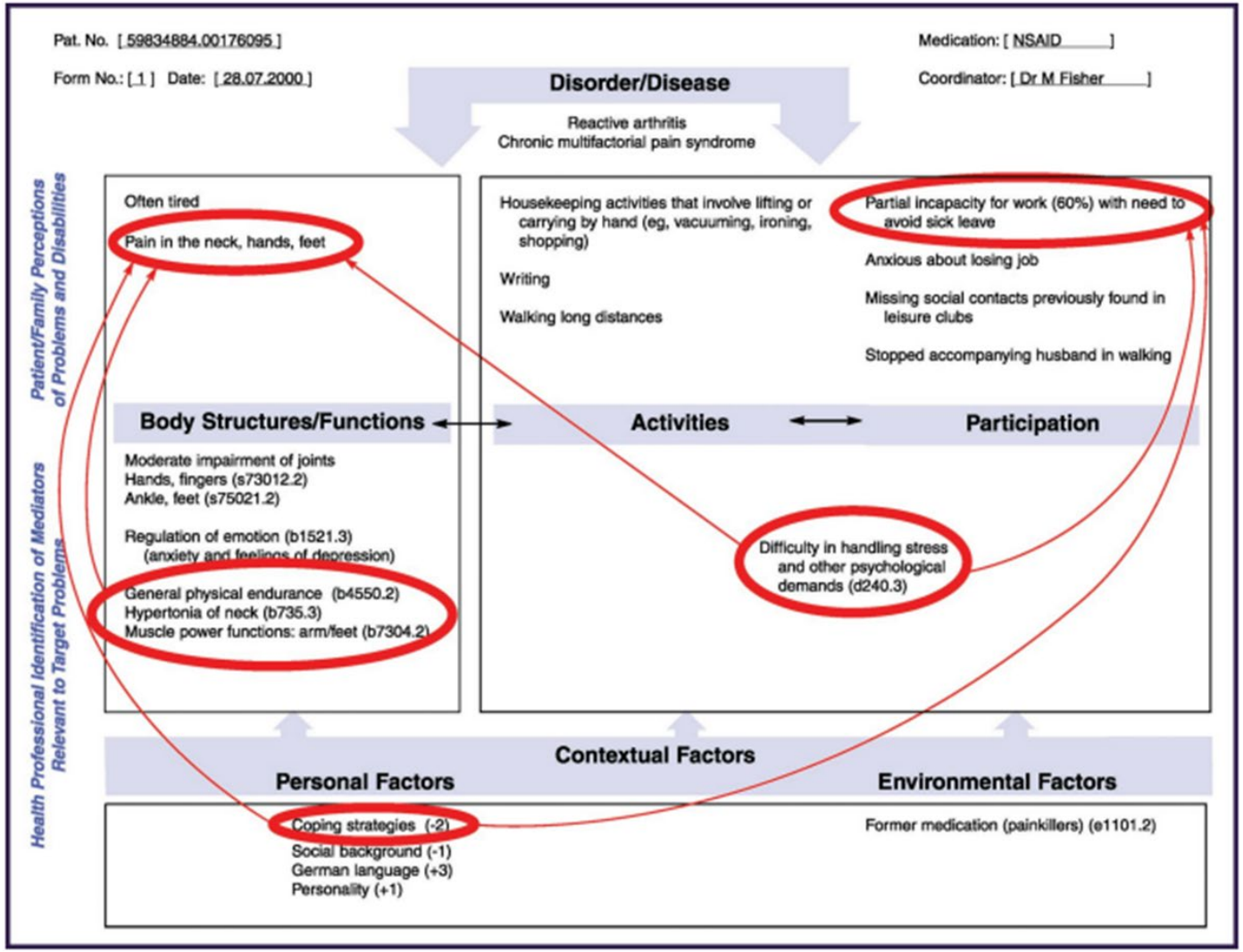
- The identification of a person's needs, in his or her own words, is the first step in rehabilitation management.
  - Interviews conducted by the rehabilitation team.
  - Self-assessment questionnaires to comprehensively assess the person's experiences.
- The problem analysis that took place was a compilation of the person's needs.
  - Each professional examines the person keeping in mind the concerns expressed by the person on the RPS form.
- Through this process, the rehabilitation team tried to relate these problems to impairments, activity limitations,
- participation restrictions, or personal and environmental factors.
- All team members were requested to generate hypotheses about cause and effects.

(Steiner et al. 2002, ICF Research Branch 2018)

Inter-professional

Rehabilitation problem solving (RPS) form

- The RPS-Form consists of a single data sheet that is based on the ICF.



(Steiner et al. 2002, 1103)

Modified RPS

Inter-professional

Case examples can be found from following references

- Moran 2020, figure 3, page 5
- Kraus De Camargo et al. 2019, pages 72, 143, 145, 148, 151 and 156

Reference Dr Werner Steiner 2002; Simon and Kraus de Camargo 2019, 72

Modified RPS-form (Rehabilitation Problem-Solving)

Date / Place		Participants in the meeting	
Name			
Main Goal			

		Health condition		
		Strenghts	Impairments	Strenghts	Limitation / Restrictions
Person's (family's) perspective					
		Body functions and structures		Activities and participation	
(Inter)Professional perspective					
		Environmental factors		Personal factors	
		Facilitators	Barriers	Facilitators	Barriers
Person's (family's) perspective					

Modified by INPRO

Co-funded by the Erasmus+ Programme of the European Union

Inter-professional

“ICF” Interprofessional Collaboration Form

- The interprofessional Person-Centered Assessment and Referral/Discharge –form, can be called Interprofessional Collaboration Form too can be used when gathering person centred information, like RPS form.
- There are not any specific questions
- There is “the actions needed / taken” box too, for the professional’s notes
  - Could be used e.g. for describing the measurements
- The form is based on ICF, including all the components of the classification, especially the questions 9-12.
- This form can be used goal setting purposes too – question 13.

(Snyman 2016)

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Inter-professional

Interprofessional Collaboration Form ("ICF") Modified from Snyman 2016 in INPRO project

INTERPROFESSIONAL PERSON-CENTRED ASSESSMENT AND REFERRAL/DISCHARGE REPORT

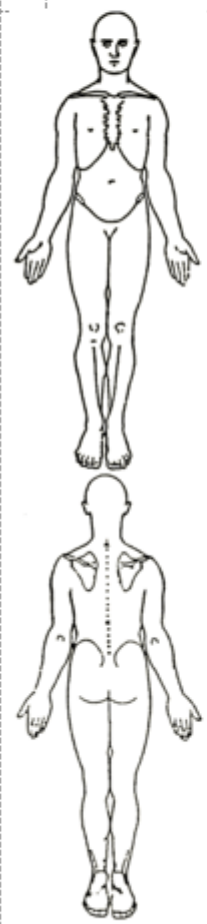
1.	Facility:		
2.	Name /	Gender:	
	Folder no:	Date of birth (age):	
	Address:	Occupation:	
	Tel:		

3.	Current health problems / health conditions / health status (including method of injury, onset, progression, previous treatment, medication)						
4.	Medical history (e.g. chronic diseases, previous episodes, previous injuries)						
5.	Social history (e.g. social determinants of health, grants)						
6.	Outcome level:	5: Productive activity	4: Community reintegration	3: Residential integration	2: Physiological maintenance	1: Physiological stability	0: Physiological instability
	Initial assessment Date:						
	Discharge / Referral Date:						
7.	Special investigations (HIV, TB, X-rays, etc.)						
8.	Reason for referral (if applicable)						

9. **IMPAIRMENT: CHANGES IN BODY FUNCTIONS AND STRUCTURES**

Guidance: Use the diagrams below to indicate relevant body impairment and use the space to describe impairment and the actions taken or needed.

CHANGES IN THE FOLLOWING BODY FUNCTIONS?	CHANGES IN THE FOLLOWING BODY STRUCTURES?
Mental functions Sensory functions and pain Voice and speech functions Functions of the cardiovascular, haematological, immunological and respiratory systems Functions of the digestive, metabolic and endocrine systems Genitourinary and reproductive functions Neuromusculoskeletal and movement-related functions Functions of the skin and related structures	Structures of the nervous system The eye, ear and related structures Structures involved in voice and speech Structures of the cardiovascular, immunological and respiratory systems Structures related to the digestive, metabolic and endocrine systems Structures related to the genitourinary and reproductive systems Structures related to movement Skin and related structures



Describe changes in body functions and structures	Actions Needed/Taken

Primary source: Kraus de Camargo et al. (2019), appendix 4. p.162–166.
Used with permission by Stefanus Snyman.

(Snyman 2016)

10. FUNCTIONING
Describe the relevant life areas according to how the person performs during an assessment and/or how the person performs in his/her usual environments (e.g. home, school, community, work).

Domain	Performance (strengths & restrictions)	Actions Needed/Taken:
Learning and applying knowledge (listening, learning, focusing attention, thinking, making decisions)		
General tasks & demands (undertaking single/multiple tasks, carrying out daily routine, handling stress)		
Communication (receiving and producing spoken, non-verbal, formal sign language, written, devices)		
Mobility (changing and maintaining body position, carrying, objects, walking, moving using transport)		
Self-care (washing oneself, caring for body parts, toileting, dressing, eating, drinking, looking after health)		
Domestic life (acquisition of necessities, place to live, goods, preparing meals, household tasks, assisting others)		
Interpersonal interactions and relationships (formal, family, intimate relationships)		
Major life areas (education, work and employment, economic life)		
Community, social & civic life (community life, recreation, leisure, religion, spirituality, human rights, political)		

11. ENVIRONMENTAL FACTORS
Physical, social and attitudinal factors, external to the individual, that make it easier to function well (facilitators), or if present, are barriers to the way the person lives and conducts his/her life.

Domain	Facilitator (+) Barrier (-)	Actions Needed/Taken
Products & technology (for consumption (food, medication), for use in daily living, mobility, transport, education, communication, employment, culture, etc.)		
Physical environment (neighbourhood, housing, sanitation, roads, light, noise, air quality, etc.)		
Support, relationships and attitudes (from immediate/extended family, friends, employer, health professionals, etc.)		
Services, systems and policies (health, housing, transportation, social security, labour, etc.)		

12. Personal factors (positive and negative) influencing health
Background of individual's life and living, which comprise features of the individual that are not part of a health condition or health states. These factors may include gender, race, age, other health conditions, fitness, lifestyle, habits, upbringing, coping styles, ideas, fears, expectations, social background, education, profession, past and current experience (past life events and concurrent events), overall behaviour pattern and character style, individual psychological assets and other characteristics, all or any of which may play a role in disability at any level.

13. PERSON-CENTRED GOAL SETTING AND SHARED DECISION-MAKING

	Priority list / unresolved issues	Actions taken/needed

14	Name of Health Professional(s)	Signature	Professional number	Date and time:

Inter-professional

(Snyman 2016)

Inter-professional

ICF core sets

- The ICF codes are not specific for distinct diagnoses or conditions.
  - However, it is possible to select several codes that might require more attention when dealing with a certain diagnoses.
- An ICF Core set is a selection of essential categories from the full ICF that are considered most relevant for describing the functioning of a person with a specific condition or in a specific healthcare context
- Over 35 condition-specific ICF core sets have been developed by means of a three-phase, multi-method scientific process.
  - For every ICF Core Set there are comprehensive and brief versions
  - A list of all ICF core sets is available on the ICF Research Branch website
  - https://www.icf-research-branch.org/icf-core-sets-projects2
- The ICF Rehabilitation Set contains 30 categories, i.e. the 7 categories of the Generic Set and 23 categories that were found to be relevant solely in the clinical population.
  - https://www.icf-research-branch.org/images/ICF%20Core%20Sets%20Download/icf_rehabilitation_set.pdf

(Madden et al. 2013, p. 1093, Selb et al. 2015; ICF Research Branch 2017)

Inter-professional

Monitoring Manual & Menu (MM&M)

- Community Based Rehabilitation (CBR) Monitoring Manual & Menu is a practical toolkit, which was based the global standards.
- Principles which guided the work were the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the CBR Guidelines, and the International Classification of Functioning, Disability and Health (ICF).
- The menu contains thematically grouped data and information items, from which users can select the ones that suit their needs.
  - Person – personal profile and history, functioning and disability, environmental factors and outcomes
  - Organisation
  - Activities
  - Workforce
- The person's functioning and disability information is recorded by using the ICF framework – numeric scales are suggested, and descriptive information can be supplemented.
- The functioning and disability & environmental factors information is presented here. (see next slides)

(Madden et al. 2015)

How to record the Body functions and structures in MM&M

Inter-professional

- Knowing about body functions of person helps build up a complete picture of disability
- The information about body structures can be collected, if the organization finds it valuable

Body functions—extent of impairment

Domain of body function	0 – No impairment 1 – Some impairment (mild to moderate) 2 – Severe impairment (including 'complete' specified) 9 – Not applicable	0 – No impairment 1 – Mild impairment 2 – Moderate impairment 3 – Severe impairment 4 – Complete impairment 8 – Not specified 9 – Not applicable

(Madden et al. 2014)

How to record the Activities and Participation in MM&M

Inter-professional

Activities and Participation: domains and recording scales

Domain of life (Activity, Participation)	Options for recording			
	Difficulty with activity 0 No difficulty in this life area 1 Mild difficulty 2 Moderate difficulty 3 Severe difficulty 4 Complete difficulty 8 Not specified 9 Not applicable	**Need for assistance with activity** 0 Does not need help/supervision 1 Sometimes needs help/supervision 2 Always needs help/supervision 3 Unable to do this life area, even with assistance 8 Not specified 9 Not applicable	**Participation restriction** 0 Full participation 1 Mild participation restriction 2 Moderate participation restriction 3 Severe participation restriction 4 Complete participation restriction 8 Not specified 9 Not applicable	**Satisfaction with participation** 0 High satisfaction with participation 1 Moderate satisfaction 2 Neither satisfied nor dissatisfied 3 Moderate dissatisfaction 4 Extreme dissatisfaction 5 Complete restriction and dissatisfaction 8 Not specified 9 Not applicable

- There are different scales for recording the Activities and Participation.
- The professional / organization can decide what is their choice.
- **Satisfaction** is the person's rating of their satisfaction with participation in a domain of life, in relation to their current goals. It summarises the concepts of choice, opportunity and importance.

(Madden et al. 2014)

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How to record the Environmental factors in MM&M

Inter-professional

- Environmental factors can impact a person's functioning and disability significantly.
- Understanding relevant environmental factors is important in service provision.

be changed in order to improve a person's functioning e.g. improvements to physical environments; changes to school policies and practices; work with communities to help improve attitudes to disability; overcoming difficulties using a service (e.g. why a person is not attending).

Environmental factors: facilitators or barriers

The following environmental factors influence the person's functioning either: • as facilitators • as barriers	Facilitators	Barriers
	+0 – Not a facilitator	0 – Not a barrier
	+1 – Mild facilitator	1 – Mild barrier
	+2 – Moderate facilitator	2 – Moderate barrier
	+3 – Substantial facilitator	3 – Severe barrier
	+4 – Complete facilitator	4 – Complete barrier
	+8 – Facilitator not specified	8 – Barrier not specified
	9 – Not applicable	9 – Not applicable

(Madden et al. 2014)

Assessment by professionals

Assessment of functioning

Professional perspective

- To choose the most relevant areas to assess
  - To identify the person's concerns and the support needed
  - To describe or compare functioning (over time)
- All components of disability (impairments, activity limitations, participation restrictions) should be considered, as well as the environmental and personal factors that affect them
  - the interactions among all components are of key interest
- All domains (chapters) of Activities and Participation are required to describe functioning in diverse populations
  - A subset of these domains cannot predict the whole picture of activities and participation.
- Deciding how and what to record also entails deciding “when” to record.

(Madden et al. 2013, p. 1093)

Assessment by professionals

Assessment by professionals

Observation & standardised assessment measures

- To plan
  - the use of both quantitative assessment measures and qualitative observation together;
  - the level of granularity or detail needed for the purpose;
  - assessment instrument design and the construction of measures and scales (and adherence to standards of validity, reliability, sensitivity); and
  - methods for testing and administering questions (including to ensure applicability to age groups, adequacy of proxy reporting, aligning method of administration with the purpose of measurement).
- “Linking rules”
- Use of thresholds in measurement instruments for the purpose of identifying disability.
  - thresholds at points on a continuum, relevant to the purpose at hand.

(Madden et al. 2013, p. 1094)

Assessment by professionals

Assessment by professionals

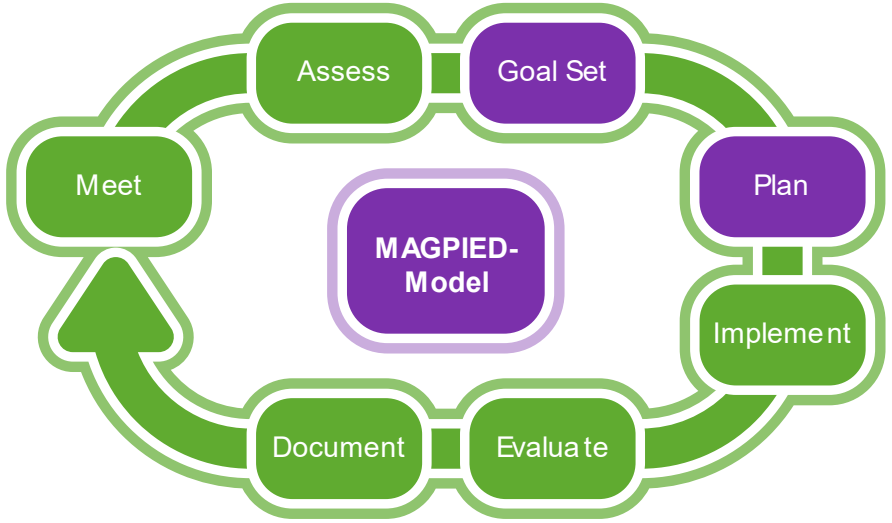
Standardised outcome measures

- Searching for standardised assessment methods in your profession
- For example
  - Rehabilitation Measures Database ≡ Shirley Ryan Abilitylab https://www.sralab.org/rehabilitation-measures
  - Outcome measures - Physiopedia https://www.physio-pedia.com/Outcome_Measures
  - Assessments and Outcome Measures - RCOT https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/assessments-and-outcome-measures
- Different languages
  - The Functioning Measure Database, TOIMIA (fin) https://www.terveysportti.fi/apps/dtk/tmi?toc=802599
  - Formulärsammanställning (swe) https://www.fbanken.se/

Goal setting

Rehabilitation cycle (described in INPRO) based on Wade (2005) and Health Queensland (2017)

The ICF offers a more holistic model of health, which utilises goal setting, and requires the evaluation of outcomes and communication among colleagues



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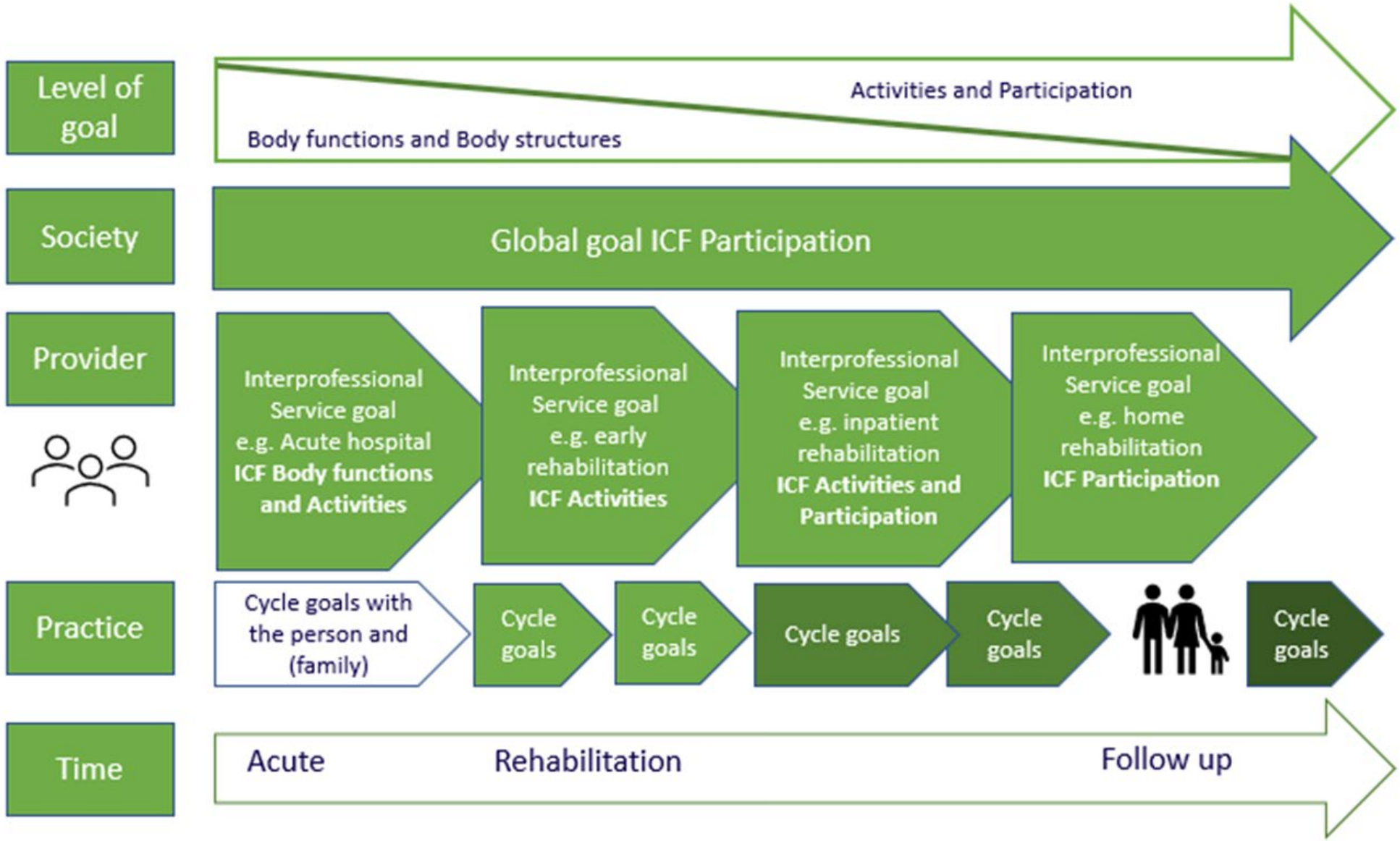
Goal setting

- There are different approaches and purposes in rehabilitation goal setting; the process itself and the specific goals.
- Meaning principle or shared decision making can be used to enhance the person's involvement into the rehabilitation, whereas the ICF can be used during the process and defineing a specific goal/s and good goal for the rehabilitation.
- ICF provides meaningful information, conceptual framework and tools for identification and description of person's needs for the goal(s).
- ICF can be combined with the other approaches too, like GAS goals or goal setting as a shared decision making.

Levac & Siegert 2015, Rauch & Scheel-Sailer 2015, Siegert & Levack 2015

Rehabilitation process and goal setting



(Modified from Rauch et al. 2008, 355)

Rehabilitation goal definition

”A desired future state to be achieved by a person with a disablity as a result of rehabilitation activities. Rehabilitation goals are actively selected, intentionally created, have purpose and are shared by the people participating in the activities and interventions designed to address the consequence of aquired disability” (Levac & Siegert 2015).

”The global goals are target on achivement of optimal participation in the society in relation to optimal functioning” (Rauch et al 2008).

Goal setting

How to find a good goal?

- ICF can help identify and describe person's problems in functioning which can support the identification of treatment "needs" and desired outcomes. Well planned implementation of ICF data collection in clinical or other applied settings will maximize the benefit to be obtained from such data.
- The different components of the ICF can be seen as a core for goal setting at different stages of treatment or rehabilitation (see the picture on the previous slide).
- The person / client involvement is essential for goal setting – person centeredness.

A Practical Manual of using the International Classification of Functioning, Disability and Health (ICF) 2013, 74;

Rauch 2008

Recommended characteristics of a goal

Time specific or time limited

Motivating

Specific

Relevant to the client

Realistic / achievable

Broken down into long and short term goals

Written in language understood by the client

Challenging or difficult

Positively framed

(Levac & Siegert 2015, 9)

Goal setting

MEANING

- The MEANING principle in goal setting process reminds professional to think of actions and activities. The acronym consists of seven activities:
  - **(M) Meaning**: Meaningful overall goals identified.
  - **(E) Engage**: Engage to establish trust and communication to discuss what is meaningful
  - **(A) Anchor**: Anchor / verbalize sub-goals for client as a tool for making sense of therapy
  - **(N) Negotiate**: Negotiate levels of progress towards attainment (eg. GAS)
  - **(I) Intention-implementation gap**: Specific steps are needed to bridge the intention-implementation gab
  - **(N) New goals**: View the goal setting as part of the therapeutic process versus simply a means to an end
  - **(G) Goals as behavior change**: Recognize the goals an active intervention that impacts on people's actions, mood or motivation.

(McPherson et al. 2015)

GAS

Goal setting

Goal Attainment Scale

- GAS is a person-centered approach for goal setting and it focuses on the person's own priorities.
- The goal(s), maximum 4, should be clearly defined and agreed with the person and a family, so that everyone has a realistic expectations and goals would be worth of striving for.
- The GAS rating scale will be defined from -2 to +2, where the 0 is an expected outcome. (See picture on the next slide)
- When applying the GAS in clinical setting, the SMART goal description can be used when defining the expected level 0.
- Advantages of GAS:
  - Persons will engage more on rehabilitation, when the goals are important to them
  - The GAS supports the communication and collaboration within the interprofessional team, because it provides a common language for discussion the goal selection and goal attainment.
  - The GAS supports the information sharing and negotiation of realistic goals with persons and their family.

(Asford & Turner-Stokes 2015)

Goal setting

GAS & ICF example

ICF category (and a code) can be easily add to the GAS goal.

GAS GOALS	Hand and arm use d445	Walking d450
-2 (At baseline)	Unable to use hand at all	Unable to take any steps even with maximal assistance fo two people
-1 (Partially achieved)	Requires help to get hand around cup, unable to hold cup upright	Takes 1-2 steps with assistance
0 (As expected)	Uses hand to grasp and stabilize cup while pouring a drink	Walks short distances indoors with walking aid and standby supervision
+1 (A little more)	Uses hand to lift cup to mouth and drink	Independently walking indoors with or without a walking aid
+2 (A lot more)	Uses hand normally	Walks independently indoors and outdoors, with or without a walking aid
Result		

(Asford & Turner-Stokes 2015, 126.)

Goal setting

SMART goals

Recommended in rehabilitation – advantages of SMART goals

- The specific goals are far more likely to be attained than the imprecise ones.
- Goals should be measurable.
- Acronym SMART commonly interpret (on the left) and i.e. alternative terms:

(S) Specific	Significant, Simple, Self-managed, Shared
(M) Measurable	Monitored, Meaningful, Motivational, Manageable
(A) Attainable	Achievable, Acceptable, Action oriented, Appropriate
(R) Relevant	Reasonable, Rewarding, Result oriented
(T) Timely	Tangible, towards what you want, Transparent

- SMART goals can be used together with GAS approach.

(McPherson et al 2015).

Goal setting

ICF tools and approaches for support goal setting

There are many tools in ICF for supporting the goal setting, for seeking the meaningful goals, in rehabilitation.

Here are a few examples:

- Patient specific functional scale (PSFS)
- ICF e-health application
- Spiral-board game
- Abilitator self-report method
- F-words

Patient-Specific Functional Scale

Originally the Patient-Specific Functional Scale

- The original scale was developed for orthopaedic patient, for quantifying the person's activity limitation and measure functional outcome for patients.
- In the original questionnaire the scale 0 to 10 is defined 0 = unable to perform a taks 10 = no problem at all/ excellent. See the questionnaire on the next slide.

Modified Patient-Specific Functional Scale

- The modified version of the Patient-Specific Scale can be used with any condition. There are minor changes made in the text / the question professional ask to the patient, so it is not a condition specific. In addition, the scale has been reversed, to make it easier to link the results to the ICF qualifiers.
- See the questionnaire on the next slide.

(Stratford et al 1995)

The Patient Specific Functional Scale (PSFS)

The original

The Patient-Specific Functional Scale

This useful questionnaire can be used to quantify activity limitation and measure functional outcome for patients with any orthopaedic condition.

Clinician to read and fill in below: Complete at the end of the history and prior to physical examination.

Initial Assessment:

I am going to ask you to identify up to three important activities that you are unable to do or are having difficulty with as a result of your _____ problem. Today, are there any activities that you are unable to do or having difficulty with because of your _____ problem? (Clinician: show scale to patient and have the patient rate each activity).

Follow-up Assessments:

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list at a time). Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to one number):

0 1 2 3 4 5 6 7 8 9 10

Unable to perform activity

Able to perform activity at the same level as before injury or problem

(Date and Score)

Activity	Initial					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

Total score = sum of the activity scores/number of activities
Minimum detectable change (90%CI) for average score = 2 points
Minimum detectable change (90%CI) for single activity score = 3 points

PSFS developed by: Stratford, P., Gill, C., Westaway, M., & Binkley, J. (1995). Assessing disability and change on individual patients: a report of a patient specific measure. Physiotherapy Canada, 47, 258-263.

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(Stratford et al 1995)

The Patient Specific Functional Scale

Modified Patient-Specific Functional Scale

(Modified from Stratford, Gill, Westaway & Binkley 1995)

This questionnaire can be used to quantify the person's activity limitation and participation restrictions and measure functional outcome for patients with any condition.

The professional asks the person:

"Name up to three important activities that you are unable to do, or you are having difficulties in your daily living." Show scale to person and have the person rate the activity." 0= no problem at all/ excellent, 10= unable to perform a task.

1. _____ 0 1 2 3 4 5 6 7 8 9 10
2. _____ 0 1 2 3 4 5 6 7 8 9 10
3. _____ 0 1 2 3 4 5 6 7 8 9 10

Modified Patient-specific activity scoring scheme (Point to one number):

0 1 2 3 4 5 6 7 8 9 10 (0= no problem at all/ excellent, 10= unable to perform a task)

(Stratford et al 1995)

Goal setting

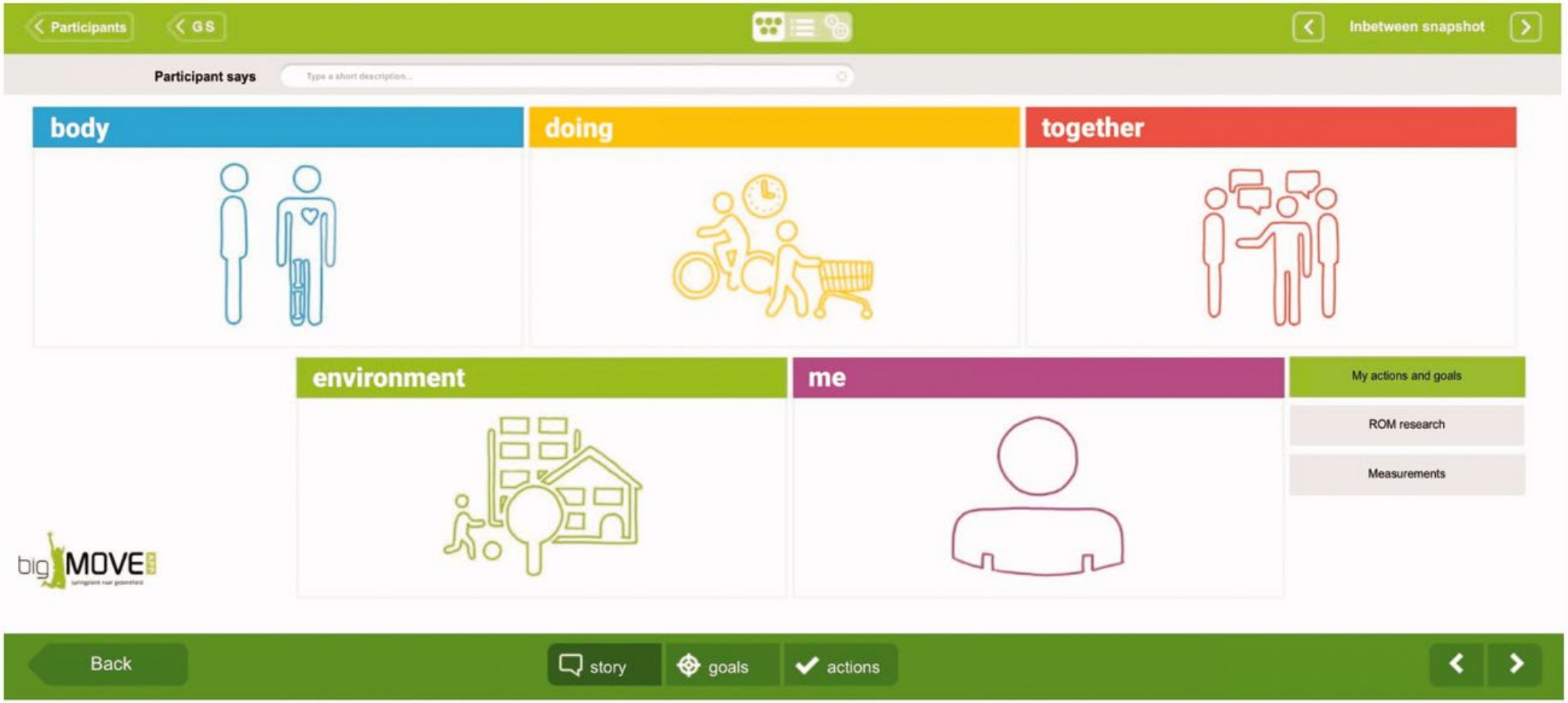
The e-health application (ICF based)

- Developed in Netherlands 2011 by a Dutch IT company, ICF experts, health professionals, and end-users collaboratively.
- By using the e-health application a person him/her self can record both individual assessment of functioning and set personal goals.
  - The assessment can address all aspects of functioning, perceived as positive, neutral of negative. In addition, the application provides the opportunity to record individual goals and related actions. Goals regarding functioning are chosen by the user.
- A strength of the application is that it records the perspective of a person on their functioning, with the ability to address all categories of the ICF including personal factors.
  - Lay terms and icons are used in application to support the person centeredness
  - It combines ICF and capability approach (CA).

(Van der Veen et al. 2022)

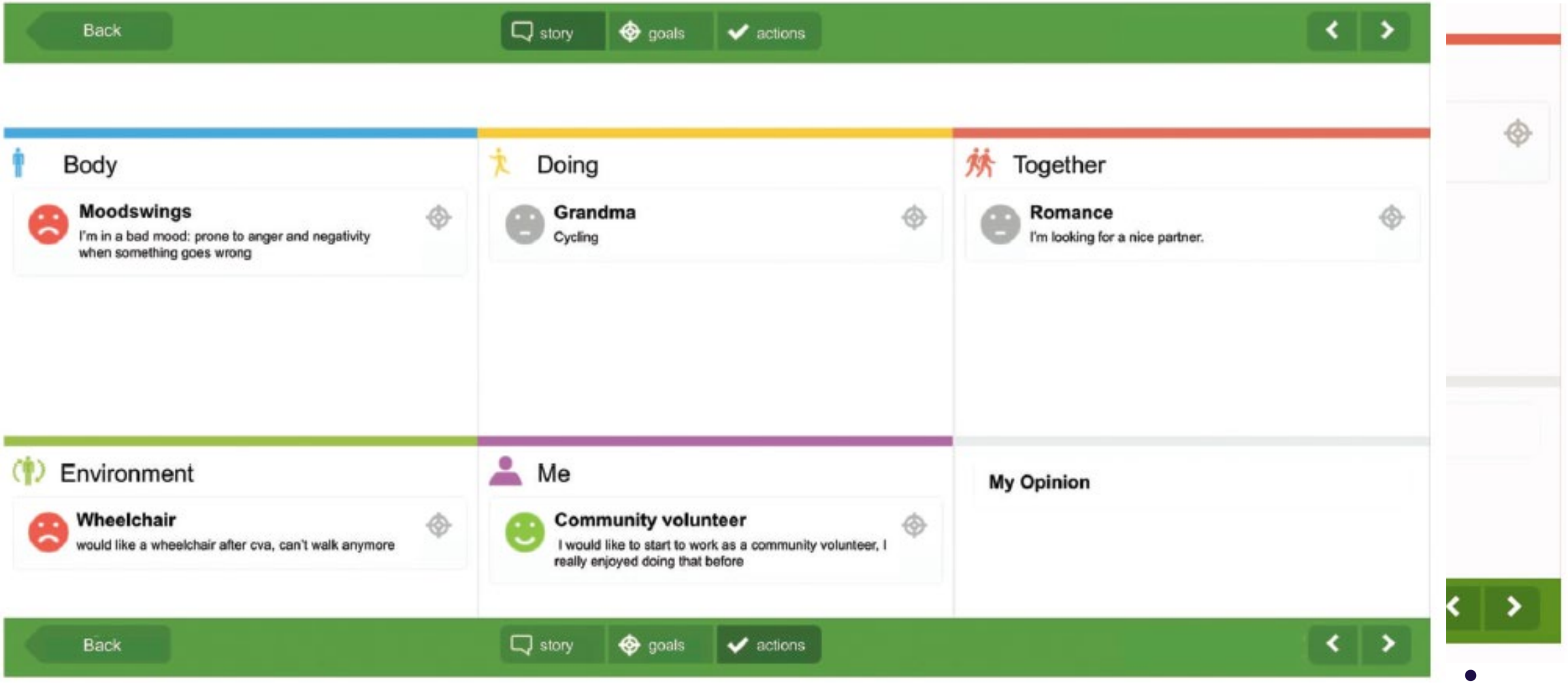
Goal setting

The e-health application



(Van der Veen et al. 2022)

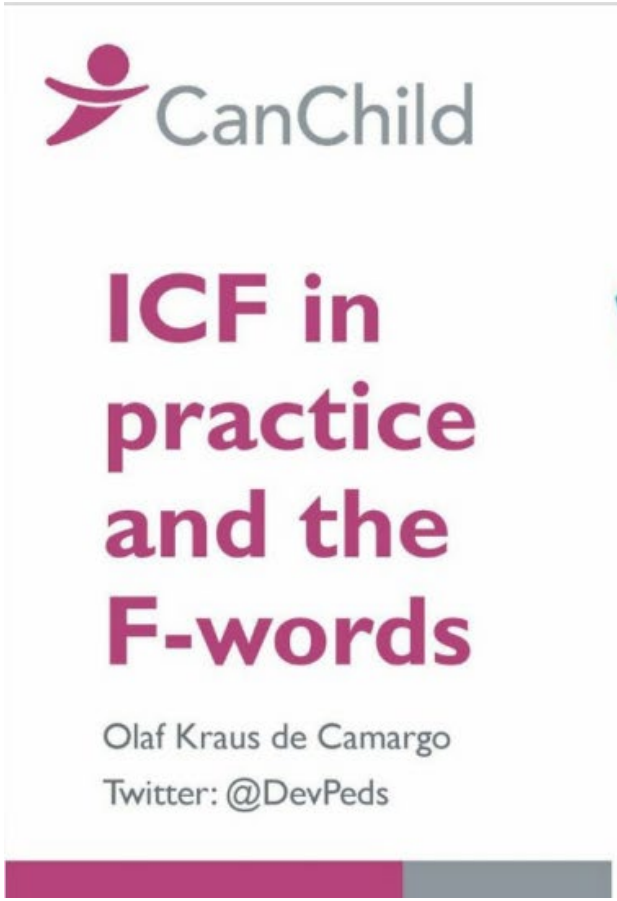
The e-health application

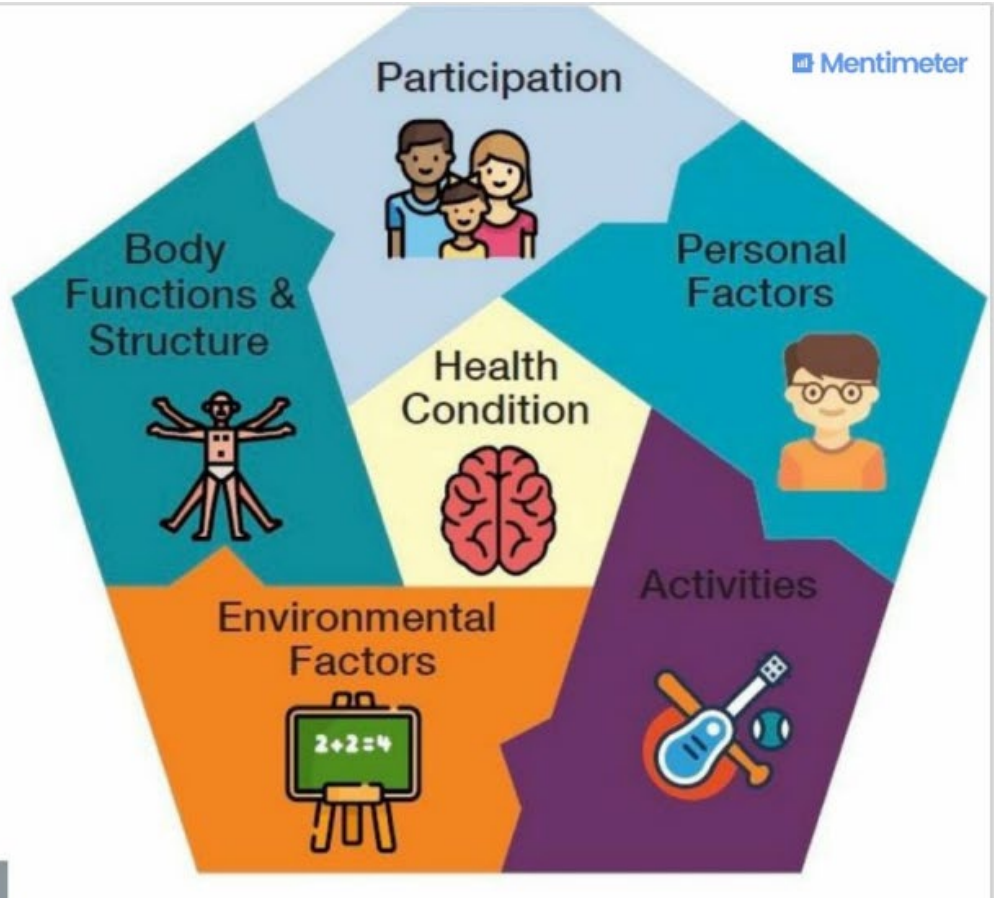


(Van der Veen et al. 2022)

F-words

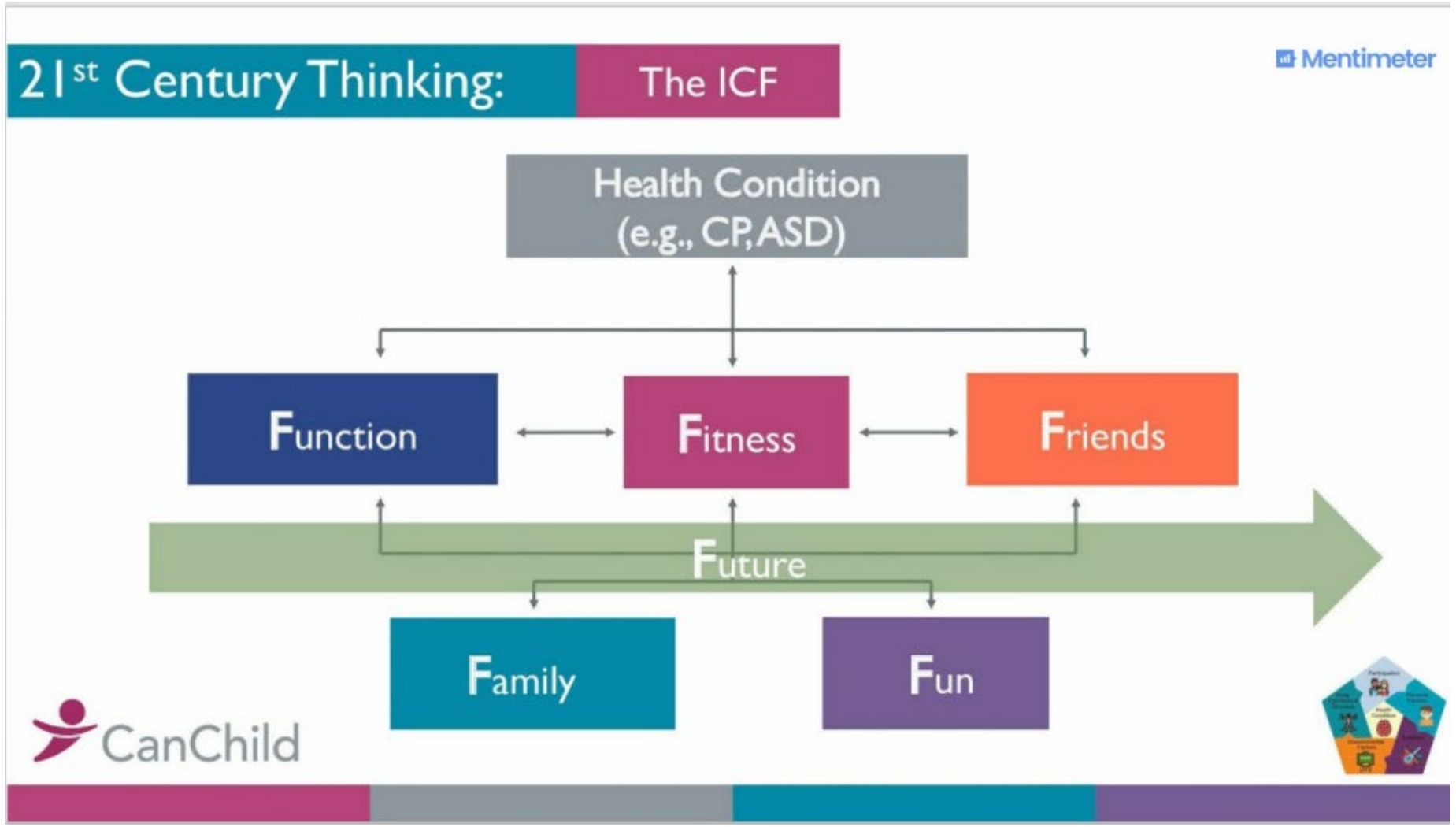
- F-words Tools (Collage, Goal Sheet and Profile) in order to personalize interventions for a child and a family.
- Based on the ICF
- Developed by Rosenbaum & Gorter (2012).
- F-Words Translations over 30 languages https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability/f-words-translations





https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability/f-words-tools

Introducing the F-words Framework



https://vimeo.com/311801790?embedded=true&source=video_title&owner=11951284

The F-words Goal Sheet was created as a one-page document to highlight what each F-word means to the child and family. The idea is that the profile can be used as an introductory document for the initial meetings with new service providers.

Goal setting

Goal setting

Spiral board game

- Spiral is a board game first developed by Finnish rehabilitation counsellor Kirsi Niittymäki in order to increase client-centeredness in rehabilitation goal-setting among psychiatric patients.
- This practical tool is available for health care professionals working with either psychiatric adult clients or young neuropsychiatric clients. https://hankkeet.kuntoutussaatio.fi/spiral/english/
  - Spiral for persons undergoing mental health rehabilitation
  - Spiral for young persons with autism spectrum disorders
  - Spiral for adults with language related difficulties (aphasia)
  - Spiral for children with language related difficulties
  - Spiral for families with language related difficulties

- Rules, game board and berry markers are the same for each target group.

Each target group has own question cards and reply forms.

Materials can be printed in colors on strong paper.

- Spiral board game appears to facilitate goal setting in mental health and neuropsychiatric rehabilitation.

Kuntoutussäätiö

Goal setting

Spiral board game based on ICF

- The game consists of a game board and 24 question cards based on ICF domains.
  - During the game each participant reads a question card aloud and then decides if the area is problematic to them or not.
  - The answers are written down to a personal assessment form according to a scale from ”no problems at all” to ”severe problems”.
  - The rehabilitation goals are formulated based on the answers given by the participant during the game.
- Example: List of questions and corresponding ICF-codes for persons undergoing mental health rehabilitation

SPIRAL-questions for persons undergoing mental health rehabilitation	ICF-code	ICF- classification of health-related domains
1. Daily routines • How well are you able to carry out daily routines? *For instance cooking food, washing oneself.*	d230	Carrying out daily routine
2. Ability to relax • Do you have ways of relaxing that work for you?	d240	Handling stress and other psychological demands
3. Conversation between two persons • Are you able to start and sustain conversations with a friend?	d3503	Conversing with one person
4. Conversation in a group • Is it easy for you to converse in a group? *For instance expressing your own opinion, speaking when it is your turn, listening to others.*	d3504	Conversing with many people
5. Moving around in different locations • Do you have difficulties in moving around outside your home on your own? *For instance unfamiliar places, new routes, open spaces.*	d460	Moving around in different locations
6. Physical exercise • Do you care for your health by exercising regularly?	d598	Self-care, other specified
7.Eating • Do you eat regularly? • Do you eat varied meals?	d550	Eating
8. Social flexibility • Is it easy for you to make friends? • Are you quick to quarrel with others?	d720	Complex interpersonal interactions

Spiral

Kuntoutussäätiö

Spiral - Question cards

Goal setting

1. Daily routines	2. Ability to relax	3. Conversation between two persons	4. Conversation in a group
How well are you able to carry out daily routines? *For instance cooking food, washing oneself*	Do you have ways of relaxing that work for you?	Are you able to start and sustain conversations with a friend?	Is it easy for you to converse in a group? *For instance expressing your own opinion, speaking when it is your turn, listening to others*

Spiral

Assess whether you have difficulties with the topics mentioned in the question card and write a dash in the appropriate point on each scale. Also indicate, by ticking the appropriate section, whether you want to achieve personal change on the topic in question.

Date: _____

Name:

Replay form

	As regards this topic I ... ☹ 😐 ☺	I want a change to this: yes	no
1. Daily routines		☐	☐
2. Ability to relax		☐	☐
3. Conversation between two persons		☐	☐
4. Conversation in a group		☐	☐

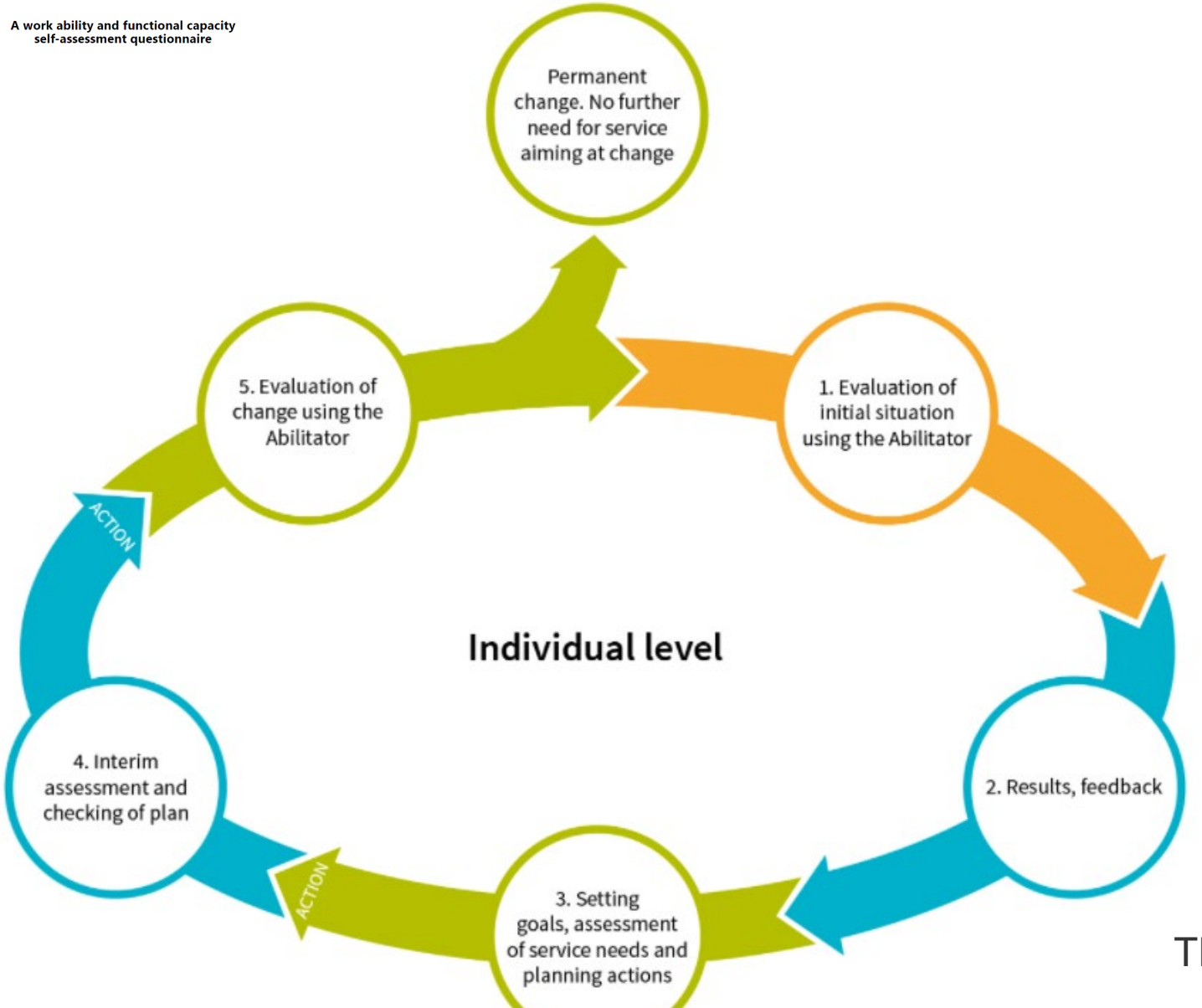
This game allows you to evaluate yourself and your actions in various situations while taking a nice stroll in the woods.
The idea is to pick up fruits of the forest along the way and to discuss whatever topics come up with the other players.

Kuntoutussäätiö

abilitator
A work ability and functional capacity self-assessment questionnaire

The process of the Abilitator

Goal setting



Checklist:
the Abilitator can be used in client work

- For analysing current work ability and functioning
- As a tool in guidance work
- For setting goals for change
- For monitoring changes in work ability and functioning
- For monitoring the effects of work on the individual level

The Abilitator handbook

Finnish Institute of Occupational Health

Abilator (Kykyviisari)

Goal setting

A method enabling self-assessment of work ability and functioning.

- The Abilitator provides an indicative evaluation of the respondent's perceived work ability and functioning, social inclusion and well-being. If the measurement is later repeated, the method enables the analysis of changes in work ability and functioning.
- It is in the form of a questionnaire, which can be completed either on paper or online.
- The Abilitator is free of charge.
  - *https://sivusto.kykyviisari.fi/en/about-the-abilitator/what-is-the-abilitator/*
  - *Please note that the online Abilitator web-service is only available for organizations based in Finland.*
- In addition to Finnish, both the paper and online versions of the Abilitator are also available in Swedish, English, Somali, Arabic, Sorani, Russian and Dutch.
- It is linked to the ICF by THL network

abilitator
A work ability and functional capacity self-assessment questionnaire

The Abilitator method is developed in the Social Inclusion and Change in Work Ability and Functioning (Solmu) co-ordination project of the Finnish Institute of Occupational Health, which is funded by the European Social Fund (1.10.2014–30.9.2020).

Finnish Institute of Occupational Health

Goal setting

The Abilitator® contains the following sections:

1. PERSONAL DETAILS (e.g. age, gender)
2. WELL-BEING (e.g. general functioning, perceived work ability)
3. INCLUSION (social functioning and social interaction)
4. MIND (mental functioning)
5. EVERYDAY LIFE (coping with everyday activities)
6. SKILLS (e.g. cognitive functioning, competence)
7. BODY (physical functioning)
8. BACKGROUND INFORMATION (e.g. educational background)
9. WORK AND THE FUTURE (e.g. employment situation, desired changes)

The Abilitator takes only 10–20 minutes to fill in. Once the respondent has filled in the questionnaire, they receive personal feedback on their responses.

abilitator
A work ability and functional capacity self-assessment questionnaire

Finnish Institute of Occupational Health

Process will continue…

A standard problem-solving process where the client is at the centre

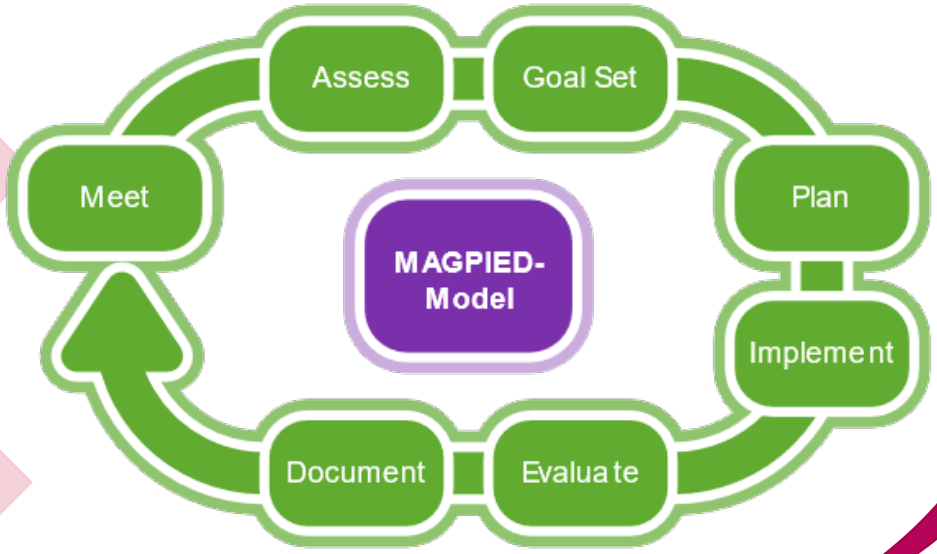
Rehabilitation cycle (described in INPRO) based on Wade (2005) and Health Queensland (2017)

ICF framework

- Basic knowledge
- Implementation material and examples

Communication and co-operation

- Professional(s) with person (i.e. client, patient)
- Professional with professional



smoother everyday life in aspects that are meaningful to the person

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