

Using the ICF Check-List in the functional assessment of individuals living with deafblindness

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INTRODUCTION

Individuals who live with a combination of hearing and vision difficulties benefit from interdisciplinary care; yet, they do not necessarily have access to the appropriate health and social services. This absence of services could be linked to a lack of understanding of how the complexity of deafblindness affects functioning. The development of the World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF) Core Sets describes functioning in the presence of complex health conditions by considering its bio-psycho-social implications. The current cross-sectional multi-centered study is the final of four mandated phases for the development of Core Sets for deafblindness.

AIM: To identify the most frequent functional barriers and facilitators experienced by persons living with deafblindness, as reported during a standardized clinical assessment of functioning.

METHODS

DESIGN: Cross-sectional study.
SETTING: Global multi-centered clinical setting
POPULATION: Twenty-nine individuals living with deafblindness across the six regions of the WHO.
METHODS: We conducted clinical evaluations of the biological and functional experiences of individuals with deafblindness during a semi-structured interviews following the ICF checklist. Questions explored body structures, body functions, activity limitations, participation restrictions, and environmental factors. Participants' responses to each ICF category within the checklist were recorded using the associated ICF qualifiers and analyzed using descriptive statistics.

AUDIO DESCRIPTION



The predominant ICF categories of body structures were related to the eye and ear (s2), resulting in impairment of seeing (b210) and hearing (b230) functions. The ICF categories related to listening (d115), communicating with receiving non-verbal messages (d315), and driving (d475) were reported with severe difficulty. Sixteen environmental categories were recognized as facilitators (e.g., e310 immediate family), four as barriers (e.g., e225 climate), and twelve were identified as both facilitators and barriers (e.g., e330 people in position of authority).

CONCLUSION: The effect of deafblindness on functioning and social participation is highly heterogeneous.

CLINICAL REHABILITATION IMPACT: Professionals need to look beyond the medical aspect of impairment during the evaluation and management of individuals with deafblindness. Holistically, understanding the complexity and heterogeneity of how deafblindness affects day-to-day activity is crucial for an appropriate management plan, referral, and for well-being to be achieved.

RESULTS



CONCLUSION & IMPLICATIONS

Strengths and limitations of this study:

The data include representation from all six regions of the World Health Organization thanks to recognition by international partners of the importance of ICF Core Sets

Combining the perspective of clinical functional assessment with an analysis of responses based on lived experience of deafblindness brings new insights into the complexity of this condition.

Reducing the assessment criteria to the existing codes included in the ICF checklist may bias the outcomes towards predetermined ICF categories and codes.

While remote assessments facilitated participation and accessibility of the interviews for persons with deafblindness, in-person evaluations may provide richer insights into non-verbal components of client-clinician interactions.

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