

Do you speak ICF?

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Abstract ICF is designed to provide a common language for interprofessional collaboration. This aspect points toward training needs for professionals regarding the application of ICF. Furthermore, assuming that the bio-psycho-social model represents a person-oriented approach, the language of ICF should also be used by clients or patients. How can this language come alive?

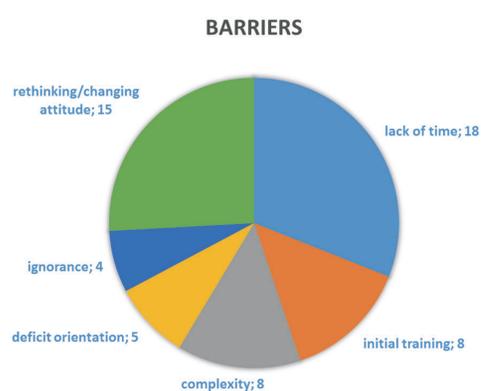
Background

The ICF is being developed for different reasons. One goal is to improve interprofessional collaboration. Another goal is the use of a common language for all disciplines. "Speaking ICF" should make it easier to talk and understand each other. However, developing and speaking a new language is always influenced by cultural contexts. This also applies to professions and their professional language. Since 2001 several efforts have been made to support the implementation of the ICF in Early Childhood Intervention Centers (EICs) in Germany. However, the ICF is still not widely used which makes it necessary to explore possible barriers to the application of this language.

Methods

The pilot study was conducted as an exploratory investigation. A questionnaire with sociodemographic information, closed and open-ended questions was developed. All EICs in Hamburg/Germany (N=14) received this questionnaire. Data collection was conducted in spring 2016. 49 questionnaires from nine different centers were returned, rendering a response rate of 64 % (n=9). Mayring's qualitative content analysis (Mayring, 2010) was used for data analysis. Intercoderreliability for all categories was examined with Krippendorff's alpha. This coefficient was 1 for all categories (except one category with $\alpha=.9$). The results were discussed by experts in a focus group (Flick, 2016). Analysis of this discussion is still ongoing.

Chart 1: barriers regarding the implementation of the ICF



Results

The results of the pilot study conducted within the project "ICF Mapping" indicate barriers and facilitators for the implementation of the ICF (charts 1 & 2). Within this study, a new aspect was uncovered that had not been noticed yet in earlier studies: Using the ICF forces professionals to reconsider their professional habits. One hypothesis refers to a lack of existing interprofessional culture in clinical practice. If there is no dialogue, no common language is needed.

Professional education should incorporate interprofessional collaboration!

One important aspect especially stressed by focus group experts was, that certain **attitudes** for using the bio-psycho-social model of the ICF in clinical practice are needed both in professionals and in parents with children receiving early childhood intervention (Figure 1)

Figure 1: Statements are based on the first results of the focus group

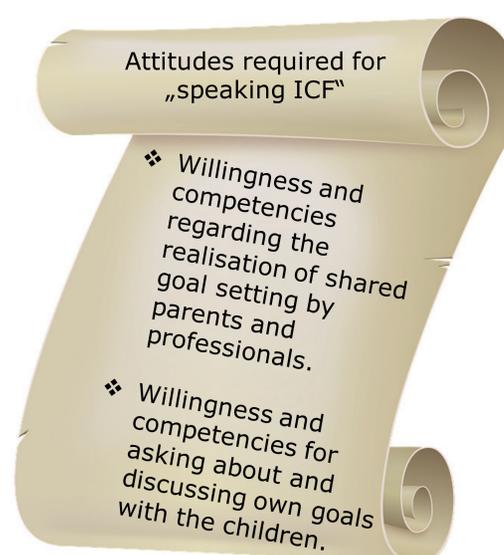
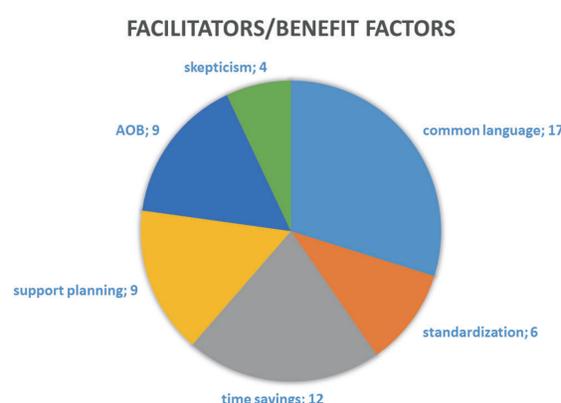


Chart 2: facilitators regarding the implementation of the ICF



Conclusions

Concerning the first results learning to use ICF was not viewed as very attractive by professionals, although positive aspects of the ICF were also stated by those who work with it. Many participants highlighted the importance of using the ICF in interprofessional collaboration. This analysis points to the possible importance of interprofessional culture during the process of implementing a common language such as the ICF.

How could it become more attractive to speak ICF?

Learning a "foreign" language is much easier if it makes sense, is inspiring or even funny to talk to "foreigners".

A vivid language needs a supportive context. There is a strong need for interprofessional education, interdisciplinary methods and working structures fitting to the bio-psycho-social model within the field of early childhood intervention.

Therefore it seems that the implementation of the ICF depends on two **environmental factors** :

1. Attitudes of professionals and parents
2. Supporting context providing methods and materials for interdisciplinary collaboration

Implications

The primary objective of further research is to explore the status of ICF use for all EICs (N= 1000) in Germany and learning/training needs of professionals. Another important goal is the development of recommendations for specific programs that facilitate the implementation of the ICF.

Acknowledgements & Notes

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