USING DSM-5 AND ICF TOOLS TO UNDERSTAND CLIENT CULTURAL AND ENVIRONMENTAL PERSPECTIVES
Using the tools

- I have never heard of this condition!
- What problems are typically associated with this condition?
- I don’t even know what questions to ask!
- Where do I go from here?
- Who else needs to be involved?
Using the tools

• I have never dealt with a _______ adult
• What cultural differences are typically associated with this group?
• What are their needs and expectations?
• What environmental issues impact their daily lives?
• Who else needs to be involved?
A study by Saltychev, Kinnunen and Laimi, conducted in Finland, found that a retrospective analysis of patient records using the ICF-framework showed that the biomedical concept of disability has predominated in our unstandardized VR evaluation methods.

The ICF codes extracted from the patient records in the study showed a strong focus on body structures and functions while only minimally tapping environmental factors.
CRCC CODE OF ETHICS

A – Preamble
C – Advocacy/ Accountability
D – Professional Responsibility
G – Evaluation, Assessment, and Interpretation
H – Responsibilities of Rehabilitation Counselor Educators

All stress respect for diversity and cultural sensitivity
ACA CODE OF ETHICS

E – Evaluation, Assessment, and Interpretation
F – Supervision, Training and Teaching

Both stress respect for diversity and cultural sensitivity
CORE GRADUATE STANDARDS

C.2.1.a. Identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer’s rehabilitation.

C.2.3.a. Provide rehabilitation counseling services in a manner that reflects an understanding of psychosocial influences, cultural beliefs and values, and diversity issues that may affect the rehabilitation process.

C.2.3.c. Articulate an understanding of the role of ethnic/racial and other diversity characteristics such as spirituality and religion, and socio-economic status in groups, family, and society.
Assessment Tools: DSM-5

• Level 1 Cross Cutting Measures
• Level 2 Cross Cutting Measures
• Disorder Specific Severity Measures
• Personality Measures
  • Disability Measures
  • Cultural Formulation Interviews
  • CFI Supplementary Modules

These can all be used in whole or part in similar ways.
DSM-5 INSTRUMENTS:

- CULTURAL FORMULATION INTERVIEWS (CFI)
- CFI SUPPLEMENTAL MODULES
- WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE (WHODAS 2.0)
ICF Instruments

• World Health Organization Disability Assessment Schedule (WHODAS 2.0)

• ICF Checklist

• ICF Core Sets
DSM-5 ASSESSMENT TOOLS - CULTURAL FORMULATION INTERVIEWS
Cultural Formulation Interviews

• 16 questions formulated to assess the impact of culture on key aspects of the individual’s clinical presentation and care
Cultural Formulation Interviews

4 domains:
- Cultural definition of the problem
- Cultural perceptions of Cause, Context, and Support
- Cultural factors affecting Self-Coping
- Cultural factors affecting Current Help Seeking
Cultural Formulation Interview (CFI)

In the CFI, culture refers primarily to the values, orientations, and assumptions that individuals derive from membership in diverse social groups (e.g., ethnic groups, the military, faith communities), which may conform or differ from medical explanations.
Cultural Formulation Interviews

• This is essentially a self-report
• Best used in conjunction with other demographic information to provide a good contextual evaluation
Cultural Formulation Interviews

• 12 Supplementary Modules:
  
  • The first eight supplementary modules explore the domains of the core CFI in greater depth.
  
  • The next three modules focus on populations with specific needs, such as children and adolescents, older adults, and immigrants and refugees.
• 12 Supplementary Modules:
The last module explores the experiences and views of individuals who perform caregiving functions, in order to clarify the nature and cultural context of caregiving and how they affect social support in the immediate environment of the individual receiving care.
Cultural formulation Interview

Go to the American Psychiatric Association site To review basic and supplemental modules

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)
International Classification of Functioning, Disability and Health (ICF)

Introduction to the classification systems developed by WHO

The International Classification of Functioning, Disability and Health, known more commonly as ICF, provides a standard language and framework for the description of health and health-related states.

It is a classification of health and health-related domains -- domains that help us to describe changes in body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance).
International Classification of Functioning, Disability and Health (ICF)

Introduction to the classification systems developed by WHO

These domains are classified from body, individual and societal perspectives by means of two lists:

- a list of body functions and structure, and
- a list of domains of activity and participation.

In ICF, the term **functioning** refers to all body functions, activities and participation, while **disability** is similarly an umbrella term for impairments, activity limitations and participation restrictions.

ICF also lists environmental factors that interact with all these components.
International Classification of Functioning, Disability and Health (ICF)

Two major conceptual models of disability have been proposed.

• The **medical model** views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.
Two major conceptual models of disability have been proposed.

• The **social model** of disability, on the other hand, sees disability as a socially-created problem and not at all an attribute of an individual. On the social model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.
International Classification of Functioning, Disability and Health (ICF)

On their own, neither model is adequate, although both are partially valid. Disability is a complex phenomena that is both a problem at the level of a person's body, and a complex and primarily social phenomena.
International Classification of Functioning, Disability and Health (ICF)

Disability is always an interaction between features of the person and features of the overall context in which the person lives, but some aspects of disability are almost entirely internal to the person, while another aspect is almost entirely external.
International Classification of Functioning, Disability and Health (ICF)

A more useful model of disability might be called the Biopsychosocial Model.

The ICF is based on this model, an integration of medical and social. ICF provides, by this synthesis, a coherent view of different perspectives of health: biological, individual and social.
WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0
(WHODAS 2.0)
WHODAS 2.0

Incorporated into the DSM-5 as a replacement for the Global Assessment of Functioning (GAF)
WHODAS 2.0

Uses

As part of the initial evaluation

• As a structured interview guide
• To frame specific referral questions for additional evaluations
WHODAS 2.0

Uses
As part of the initial evaluation
  • Suggestions for goals and objectives in the Rehabilitation Plan
  • Regular use to monitor effects of services or changes in symptoms
**WHODAS 2.0**

WHODAS 2.0 captures the level of functioning in six domains of life:

<table>
<thead>
<tr>
<th>Domain 1: Cognition</th>
<th>understanding and communicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2: Mobility</td>
<td>moving and getting around</td>
</tr>
<tr>
<td>Domain 3: Self-Care</td>
<td>attending to one’s hygiene, dressing, eating and staying alone</td>
</tr>
<tr>
<td>Domain 4: Getting Along</td>
<td>interacting with other people</td>
</tr>
<tr>
<td>Domain 5: Life Activities</td>
<td>domestic responsibilities, leisure, work and school</td>
</tr>
<tr>
<td>Domain 6: Participation</td>
<td>joining in community activities, participating in society</td>
</tr>
</tbody>
</table>
WHODAS 2.0
As part of the initial evaluation

To frame specific referral questions for additional evaluations

Understanding and communicating

- **D1.1** Concentrating on doing something for ten minutes?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **D1.2** Remembering to do important things?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **D1.3** Analyzing and finding solutions to problems in day-to-day life?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **D1.4** Learning a new task, for example, learning how to get to a new place?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **D1.5** Generally understanding what people say?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **D1.6** Starting and maintaining a conversation?
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

Does Mr. Jones have the ability to understand one-step or multi-step instructions?
WHODAS 2.0
As part of the initial evaluation

To frame standards to determine progress or completion of an objective

<table>
<thead>
<tr>
<th>Understanding and communicating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D1.1</strong> Concentrating on doing something for ten minutes?</td>
</tr>
<tr>
<td><strong>D1.2</strong> Remembering to do important things?</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>D1.4</strong> Learning a new task, for example, learning how to get to a new place?</td>
</tr>
<tr>
<td><strong>D1.5</strong> Generally understanding what people say?</td>
</tr>
<tr>
<td><strong>D1.6</strong> Starting and maintaining a conversation?</td>
</tr>
</tbody>
</table>

Mr. Jones will demonstrate the ability to follow 3-step instruction sets with 90% accuracy.
Regular use to monitor effects of services or changes in symptoms

• Re-administer the WHODAS 2.0 on a regular basis – monthly, quarterly, at end of terms, etc.

• Determine if the score on specific items changes in a positive direction
Regular use to monitor effects of services or changes in symptoms

• Since these are primarily self-reports, remember to weigh them in conjunction with other, objective data – treatment record, school/training grades or progress reports, etc.
ICF Instruments - WHODAS 2.0

World Health Organization Disability Assessment Schedule (WHODAS 2.0) provided in DSM-5 Section III (pp. 745-748) is the best current alternative for measuring disability:

• Adults age 18 years and older
• Areas of functioning in the past 30 days
• Self administered or interview administered
ICF Instruments - WHODAS 2.0

WHODAS 2.0 is unique in that it covers ICF domains fully and applies to all diseases, including physical, mental and substance-use disorders. It also assesses disability in a culturally sensitive way across a standard rating scale.
ICF Instruments - WHODAS 2.0

36-Item Version

• Allows to compute overall and 6 domain specific functioning scores
• Available as interviewer-, self- and proxy-administered forms
ICF Instruments - WHODAS 2.0

12-Item Version

- Useful for brief assessments of overall functioning
- Allows computation of only overall functioning scores
### Domain 1 - Cognition

<table>
<thead>
<tr>
<th>Item</th>
<th>Raw Item Score</th>
<th>Raw Domain Score</th>
<th>Average Domain Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding and communicating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D1.1 Concentrating on doing something for ten minutes?</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>D1.2 Remembering to do important things?</td>
<td>None</td>
<td>Mild</td>
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<td>None</td>
<td>Mild</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
ICF Instruments - WHODAS 2.0

WHODAS 2.0 Scoring –

Simple:
- Hand scoring by adding up the numbers –
- Get a total score which indicates the degree of functional limitations

Complex:
- Done by computer
- Accounts for multiple level of difficulty for each questions
- Differentially weighs each item and level of severity
WHODAS 2.0 according to WHO

http://www.who.int/classifications/icf/whodasii/en/

In the DSM-5 Manual:
Adult - Pages 738 - 739
Child - Pages 740 - 741
ICF INSTRUMENTS -
• ICF CHECKLIST
• ICF CORE SETS
## ICF Domains

### Body Functions
- **Chapter 1:** Mental functions
- **Chapter 2:** Sensory functions and pain
- **Chapter 3:** Voice and speech functions
- **Chapter 4:** Functions of the cardiovascular, hematological, immunological, and respiratory systems
- **Chapter 5:** Functions of the digestive, metabolic, and endocrine systems
- **Chapter 6:** Genitourinary and reproductive functions
- **Chapter 7:** Neuromusculoskeletal and movement-related functions
- **Chapter 8:** Functions of the skin and related structures

### Activities & Participation
- **Chapter 1:** Learning and applying knowledge
- **Chapter 2:** General tasks and demands
- **Chapter 3:** Communication
- **Chapter 4:** Mobility
- **Chapter 5:** Self-care
- **Chapter 6:** Domestic life
- **Chapter 7:** Interpersonal interactions and relationships
- **Chapter 8:** Major life areas
- **Chapter 9:** Community, social and civic life

### Body Structures
- **Chapter 1:** Structures of the nervous system
- **Chapter 2:** The eye, ear, and related structures
- **Chapter 3:** Structures involved in voice and speech
- **Chapter 4:** Structures of the cardiovascular, immunological and respiratory systems
- **Chapter 5:** Structures related to the digestive, metabolic, and endocrine systems
- **Chapter 6:** Structures related to the genitourinary and reproductive systems
- **Chapter 7:** Structures related to movement
- **Chapter 8:** Skin and related structures

### Environmental Factors
- **Chapter 1:** Products and technology
- **Chapter 2:** Natural environment and human-made changes to the environment
- **Chapter 3:** Support and relationships
- **Chapter 4:** Attitudes
- **Chapter 5:** Services, systems and policies
Using the ICF

• The ICF is comprised of more than 1400 descriptors of human functioning.

• Browsing the ICF would be laborious and time-consuming.
Using the ICF

• Using the **ICF Checklist** provides a quicker way to identify areas for further development.

• Using the **ICF Core Sets** provides a quicker way to identify areas most likely to be impacted by specific conditions or contexts.
International Classification of Functioning, Disability and Health (ICF)

• **Body Functions** are physiological functions of body systems (including psychological functions).

• **Body Structures** are anatomical parts of the body such as organs, limbs and their components.

• **Impairments** are problems in body function or structure such as a significant deviation or loss.
International Classification of Functioning, Disability and Health (ICF)

• **Activity** is the execution of a task or action by an individual.

• **Activity Limitations** are difficulties an individual may have in executing activities.

• **Participation** is involvement in a life situation.

• **Participation Restrictions** are problems an individual may experience in involvement in life situations.
International Classification of Functioning, Disability and Health (ICF)

• **Environmental Factors** make up the physical, social and attitudinal environment in which people live and conduct their lives.
International Classification of Functioning, Disability and Health (ICF)

The Qualifiers

• The list of domains in ICF becomes a classification when qualifiers are used. Qualifiers record the presence and severity of a problem in functioning at the body, person and societal levels.
ICF Instruments – Who focuses on What?

Related Professional Disciplines

Health Condition
Pathology
Clinical Medicine

<table>
<thead>
<tr>
<th>Body Functions and Structures</th>
<th>Activities</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacology</td>
<td>Medical Rehabilitation</td>
<td>Rehabilitation Counseling</td>
</tr>
<tr>
<td>Physical Medicine</td>
<td>Occupational Therapy</td>
<td>Vocational Rehabilitation</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Physical Therapy</td>
<td>Social Work</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>Orthotics</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Neuropsychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports Medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Factors</th>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychology</td>
<td>Construction and Architecture</td>
</tr>
<tr>
<td>Education</td>
<td>Design</td>
</tr>
<tr>
<td></td>
<td>Law</td>
</tr>
<tr>
<td></td>
<td>Politics</td>
</tr>
<tr>
<td></td>
<td>Overarching Perspective</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation Medicine</td>
</tr>
<tr>
<td></td>
<td>Geriatric Medicine</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
</tr>
<tr>
<td></td>
<td>Family/Community Medicine</td>
</tr>
</tbody>
</table>
ICF Instruments

• World Health Organization Disability Assessment Schedule (WHODAS 2.0)

• ICF Checklist

• ICF Core Sets
ICF INSTRUMENTS – ICF CHECKLIST
ICF Instruments – ICF Checklist

This is a checklist of major categories of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization.

The ICF Checklist is a practical tool to elicit and record information on the functioning and disability of an individual. This information can be summarized for case records (for example, in clinical practice or social work).
When completing this checklist, use all information available.

[1] written records
[2] primary respondent
[3] other informants
[4] direct observation
ICF Instruments - ICF CHECKLIST

• Provides some structure to the ICF search

• Quicker than scrolling through the entire ICF (over 1400 available ICF categories)

• Still rather labor-intensive (14 page document)
ICF CHECKLIST

http://www.who.int/classifications/icf/en/
ICF INSTRUMENTS –
ICF CORE SETS
ICF Core Sets

ICF Core Sets facilitate the description of functioning in clinical practice by providing lists of categories that are relevant for specific health conditions and health care contexts.
ICF Core Sets

4 Major Categories & 66 specific sets:

• Musculoskeletal – 18
• Cardiopulmonary -12
• Neurological – 18
• Other - 18
ICF Core Sets

Other includes Brief and Comprehensive Sets for:
• Breast Cancer
• Head and Neck Cancer
• Inflammatory Bowel Disease
• Hand Conditions
• Sleep Disorders
• Vocational Rehabilitation
• Geriatrics
• Hearing Loss
• Vertigo
ICF Core Sets

Browse the ICF Core Sets

http://www.who.int/classifications/icf/en/
IN CONCLUSION
Using the tools

DSM-5 Assessment Tools:

• Primarily address mental health issues
• Can clarify both primary and secondary conditions
• Can provide perspective for cultural and developmental dimensions
Using the tools

ICF tools:
• Provide a much broader range of information
• Cover physical and environmental dimensions as well as psychological dimensions
• Provide commonality of terminology and definitions
• Can focus either on broader dimensions or on specific conditions or contexts
Using the tools

Initial Evaluation/Case Conceptualization

• Cultural Formulation Interview
  (definition of the problem; perceptions of cause, context, and support; factors affecting self-coping; factors affecting current help seeking)

• WHODAS 2.0
  (global domains: Understanding and communicating; Getting around; Self-care; Getting along with people; Life activities—School/Work/Household; Participation in society)

• Core Sets
  (categories that are relevant for specific health conditions and health care contexts)
Using the tools

Initial Evaluation/Case Conceptualization

- Establishing baselines of capacities, behaviors
- Help in establishing goals and objectives
- Help in establishing progress standards
Using the tools

Referrals/ Working with other professionals

• Documentation
• Completeness
• Commonality of terms and definitions
Using the tools

Assessing progress

• Can be re-administered periodically
• Can be used to revise goals
• Can be used to determine completion
FOR FURTHER INFORMATION:

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• Cultural formulation Interview
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http://www.who.int/classifications/icf/whodasii/en/
• ICF CHECKLIST
http://www.who.int/classifications/icf/en/
• ICF Core Sets
http://www.who.int/classifications/icf/en/