

Exactly one year ago, the ICF_Clearinghouse newsletter began its spotlight series. At that time, our featured guest was Dr. Travis T. Threats. On the occasion of our first anniversary, we present to you again, our original in-depth interview with Dr. Threats.

The interview is the same as it appeared in our November edition; however, Dr. Threats is currently the Senior Consultant for APA for work on *Procedural Manual and Guide for the Standardized Application of the ICF: A Manual for Health Professionals* and for that manual, he serves as the ASHA representative liaison.

Travis T. Threats, PhD is a Professor in the Dept. of Communication Sciences and Disorders at Saint Louis University. He can be contacted in St. Louis, Missouri at threatst@slu.edu and tel 314-977-3175. He has a half-dozen recent publications on the ICF and many invited ICF presentations. He is the Editor-in-Chief of Speech Pathology Online, an online refereed journal on the ICF in the field of speech-language pathology. This journal focuses on ICF issues and research, clinical research and innovation, quality of life issues, legal and ethical issues, and evidence based practice research. He teaches four courses which incorporate the ICF: Motor Speech Disorders, Neurogenic Communication Disorders in Adults, Dysphagia, and Cognitive-Communication Disorders. He is the American Speech-Language-Hearing Association's point person on ICF. Dr. Patricia Welch, who with Dr. David Gray of Washington University has the ICF Clearinghouse contract with NCHS, recently conducted a brief interview with Travis Threats, and here are the results.

Welch: When did you first learn about the ICF or its previous versions (ICIDH or ICIDH-2)?

Threats: I was interested in disability epidemiology and took a course in it at Saint Louis University. I found out that the new version of the ICIDH was being developed. I got the hard copy of the Beta-1 draft and reviewed it. It was a potentially great system with good ideas but the components in the communication areas were not correct (e.g. terminology) and not complete (lacking key items such as food consistency important to speech-language pathologists when they provide intervention with dysphagia (a swallowing disorder). Without these corrections and completions, I knew it would not work in actual application to my field. Consequently, I submitted a detailed review with recommendations for changes and respective references to WHO. These have been incorporated into the new version, ICF.

Welch: What do you find helpful about the ICF?

Threats: Speech by its definition does not occur in a vacuum. Therefore, the environment component is extremely critical in my field. Being (or not being) able to speak is one aspect but there is also being (or not being) able to speak to someone. There needs to be someone on the receptive side for actual communication (interaction). In speech, people are important assistive aids. While augmentative communication devices are important, as well, people are the number one factor since they listen and give clarification and feedback.

Welch: What do you consider weaknesses of the ICF?

Threats: During the revision there was a lack of clarification differentiating the A and P components or the "do-do" and "can-do" which prompted concern. This was true for the speech/communication along with other areas of the ICIDH-2 versions. However, this has been addressed in the ICF version with capacity and performance qualifiers.

Welch: How is the ICF being used in your field?

Threats: Importantly, the ICF has been officially adopted by ASHA as the framework for the field in the 2001 scope of practice for speech-language pathology. It is used primarily as a framework for designing therapy programs, a component in research studies, and in the classroom. The next step will be to use the actual ICF codes in practice. But this will take time and widespread adoption in my field and others. Practitioners must familiarize themselves with the ICF codes and require some guidance in using the ICF, such as the clinical manual (referring to manual on using the ICF being developed by the APA). But, remember the ICD book is bigger than the ICF so coding can be done.

Welch: Any final comments to share with the Clearinghouse?

Threats: The ICF should be thought of as a constitution, which sets the rules and gives a framework. It's the ingenuity of individuals to use it and make it really grow and prosper. Remember the ICF is not the final word - there will be an ICF-2 and ICF-3 down the road.