THE DEVELOPMENT OF ICF-RECOVERY TOOLS TO SUPPORT AN EVIDENCE-BASED PSYCHOSOCIAL REHABILITATION

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ABSTRACT

This paper aims to present the 2023 revision of the ICF-Recovery tools. The revision was based on the observations collected from extensive ICF Recovery tools training courses, given throughout Italy at SerD, Mental Health Services and Therapeutic Communities, which involved over 1100 professionals. The professionals in these institutions are experimenting with the ICF Recovery tools in order to define and evaluate their rehabilitation programs and as a communication tool between different operators and services.

INTRODUCTION

Mental illness can be intended both as a strictly psychiatric term or related to the use of substances. It can break into people's lives in a disruptive way or arise in a subtle and progressive way. Today, therapeutic interventions are in most cases effective in alleviating the symptoms, but are often unable to restore the patient's motivation and ability to live in a positive and satisfying way (Carozza, 2014). Indeed, in order to recover a good quality of life, it is not enough to counteract the symptoms. It is necessary to offer something that has a deep, existential meaning; otherwise, the patient may fall into the limbo of chronicity, of progressive functioning loss, of personal deterioration and social isolation. Although this development is similar in mental disorders (intended as a psychiatric competence), substance use disorders and pathological gambling, the main objective of treatments remains the absence or substantial reduction of symptomatic behaviors.

Research data (Witkiewitz et al., 2015; Malivert et. al., 2012) confirm what is found empirically in Healthcare Services: from 60 to 80% of people who get discharged from therapeutic communities return to using substances within six months, or replace substance use with other forms of addiction, including behavioral ones. On the other hand, abstinence is not a sufficient condition for the development of an acceptable level of well-being and quality of life (Kelly et. al., 2018). Even in the psychiatric field it is now widely documented how the alleviation of symptoms and psychic suffering does not automatically result in the ability to "function" positively in daily life (Gigantesco and Giuliani, 2011; Killaspy, 2019; Farooq and Agius, 2019). According to a large study on Italian psychiatric therapeutic communities, 28.5% of discharged patients return to the facility (Italian National Institute of Health, 2003, p. 4). Conversely, it is possible that patients who are not "cured" on a strictly clinical point of view reach acceptable levels of functioning.

For all these reasons, and after recognizing that in rehabilitation practice the distinction between psychiatric problems and addiction fades to the point of almost disappearing, it is necessary to systematically introduce the Recovery approach into rehabilitation treatments. It is necessary to move beyond the diagnostic labels and for everyone to operate with the common goal of well-being and social functioning. This can be achieved through personalized paths built on the basis of a biopsychosocial assessment. This tool also allows the definition and evaluation of the objectives to be achieved in the personalized paths.

The 2021 Anti-Drug Department Report to the Italian Parliament highlights the issue of evaluating the outcomes of treatment pathways, recognizing that "healing" cannot be measured solely on the parameter of abstinence; it must be accompanied by outcome indicators on improvement of the quality of life, which concern the psychosocial implications that accompany the experience of illness (Italian Department for Anti-Drug Policies, 2021, p. 341). In the same document, the Department recognizes this faculty to the ICF (International Classification of Functioning) Addiction tools (Pasqualotto, 2016); these are open access tools, developed thanks to a virtuous synergy between Universities, SerD (Centers for addiction) and therapeutic communities. These tools have recently evolved towards a recovery-oriented type of rehabilitation, focusing on the needs of people with both pathological addictions and those suffering from other mental disorders (Pasqualotto et al. 2020). The authors of this article are part of the research group which worked on developing ICF-Recovery tools. The group followed the Guidelines of the World Health Organization (WHO, 2021) which recommend a person-centered and rights-based psy-

chosocial work in mental health, with the involvement of the patients' communities. It is an innovative and, in some ways, revolutionary approach compared to the biomedical model of treatment of psychopathologies (Read, 2021). In the field of Mental Health, the themes of the biopsychosocial assessment on an ICF basis and the evaluation of the outcomes are present in the documents for the implementation of the Health Budget. The challenge is to define the necessary support systems for the patient, not according to the traditional criterion of severity but in the perspective of improving individual functioning, declined in the different performances required by the activities of daily life - as recommended by the UN (2020).

This paper aims to present the 2023 revision of the ICF-Recovery tools. The revision was based on the observations collected from extensive ICF Recovery tools training courses, given throughout Italy at SerD, Mental Health Services and Therapeutic Communities, which involved over 1100 professionals. The professionals in these institutions are experimenting with the ICF Recovery tools in order to define and evaluate their rehabilitation programs and as a communication tool between different operators and services.

The areas of recovery-oriented psychosocial rehabilitation

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (SAMHSA, 2023). This US institution also identified four major dimensions of recovery (Health, Home, Purpose and Community) which enjoy widespread consensus in the literature.

We suggest four dimensions of recovery that draw from these concepts with some changes: Empowerment, Housing, Work and relationships, and Active Citizenship.

Empowerment

Empowerment is understood above all as a responsible management of one's health. This definition aims to go beyond the delegation to professionals, which is inherent in the compliance model. Recovery through empowerment aims at seeing the patient as a protagonist and as a person in charge of his own selfcare. Empowerment should be promoted through psychoeducational pathways that begin with an understanding of one's own disorders and include the informed use of health treatments, especially pharmacological ones.

According to Pasqualotto and colleagues (2023), it is useful to identify three phases or the purposes of rehabilitation in the empowerment process. The first phase can be defined as "emancipation" from the experience of inadequacy which keeps patients from "feeling able and entitled" to want a fulfilling life for themselves. In the second phase, concomitant to the first, empowerment should be interpreted as "capacity development", to be understood both as the development of individual capabilities and as the multiplication of social opportunities. Only under these conditions can empowerment be expressed as an "exercise of power", that is, assuming responsibility towards oneself and others.

From a purely healthcare perspective, Liberman (2008) identifies three categories of skills that contribute to the progress of patients through the stages of their disease to achieve stability and recovery:

1. to reach an informed and reliable use of drugs and psychosocial treatments;
2. to develop and implement a relapse prevention plan in response to the onset of prodromal symptoms;
3. to avoid relapses of a psychiatric disorder and a substance use disorder for people with dual diagnoses.

Housing

Alongside self-care, SAMSHA believes that having a safe and stable place to live is essential to psychosocial rehabilitation. Not infrequently this dimension assumes strongly psychological connotations, of expansion and, at the same time, of containment of the Self. For these reasons, returning to the family home may not be indicated, especially if previous conditions of conflict had arisen. Therefore, psychosocial rehabilitation should provide support for living by resorting to transitional housing or "residenzialità leggera" (literally translated: light housing). While transitional apartments are structures managed by rehabilitation agencies (public services or private social entities), accommodations of "residenzialità leggera" occur with the finding and maintenance of homes in the private market or in the offer of public housing or even owned by patients. "Residenzialità leggera" can take the form of cohousing, in order to facilitate the deployment of practical skills necessary to manage household activities, as well as to exercise relational skills (Cibin et al., 2018).

Purpose / Work and relationships

Gadamer aptly summed up health as "being with other men and being actively and joyfully engaged in the particular tasks of life" (1994, p. 122). Maintaining both an occupation and social relationships (Purpose and community) are also the last two dimensions of recovery according to the declination of the SAMHSA. An occupation structures daily life, both in concrete and mental reality, delivers a social role by reinforcing identity, self-esteem and a sense of self-efficacy. Last but not least, having an occupation provides the indispensable income for personal autonomy (Cibin et al., 2018).

In psychosocial rehabilitation, an occupation can take various forms: from a formal point of view (it can be intended as a training internship, a job grant etc.), to the commitment required regarding the hours and tasks, to the relationship with the context (it can take place both in companies and non-profit organizations). Whatever its configuration, rehabilitation should take care of both work activities (quality, productivity, pace, etc.) and the social skills necessary for interactions in the workplace. An occupation can also be intended as volunteering and socially useful activities. Given the sense of recognition and well-being that these activities are able to generate, these last two forms of occupation should not be underestimated.

Emancipation from a disease condition also requires healthy relationships and opportunities for social in-

clusion. With regard to this aspect, the rehabilitation processes should consider the need to develop and support the patients' social skills so that they are able to integrate into the life of the local community. At the same time, it is necessary to make sure that the context of integration is welcoming and able to overcome the prejudice towards the disease.

Active citizenship

A rehabilitative element not contemplated by SAMSHA is the process of active citizenship. In the Personal Recovery Framework, Slade identifies «two significant outcome classes in promoting recovery: the acquisition of an appreciable social role capable of reinforcing the person's social identity, and the achievement of individual goals that can contribute to 'personal identity through other channels' (2015, p. 91). If these two classes follow the dimensions mentioned above (having a home, a job, a partner, a family, friends), the interventions to promote active citizenship are still neglected in the therapeutic-rehabilitative pathways. However, they can favor emancipation from the condition of non-freedom and absence of rights that often accompanies the disease (Mezzina, 2015).

The evidence-based therapeutic-rehabilitative project

The development of the ICF-Recovery tools (Pasqualotto t al., 2020) was guided by some important instances: in particular, here it is useful to recall the need to define therapeutic-rehabilitative pathways according to criteria of appropriateness and effectiveness.

In healthcare, an appropriate intervention is defined as «a healthcare intervention (preventive, diagnostic, therapeutic, rehabilitative) related to the patient's (or the community's) needs, provided in the appropriate ways and within the appropriate times, on the basis of recognized standards, with a positive balance between benefits, risks and costs" (as defined by the Department of Planning and Organization of the Italian National Healthcare Service, 2012, p. 8). Cartabellotta (2016) aptly distinguishes two types of appropriateness: professional and organizational (Figure 1)

In the socio-sanitary field, this is an interesting conceptualization because it represents different needs in an integrated way:

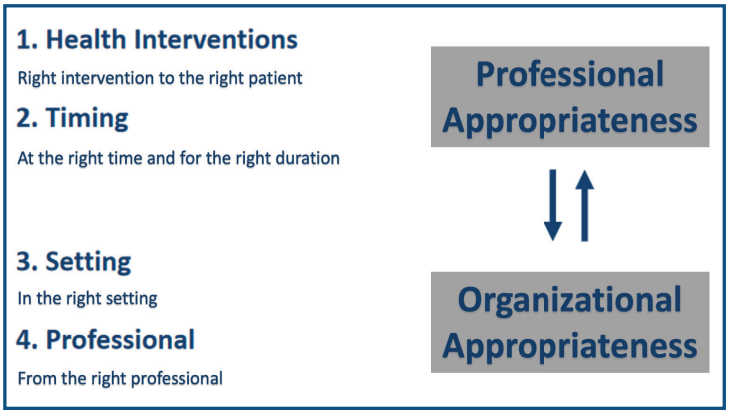

Fig. 1 - *Difference and relation between professional and organizational appropriateness*

1) to put in place useful (effective) interventions with respect to the needs of the person,
2) to respond promptly according to the patient's needs and desires,
3) to respond in the right context,
4) to make the best use of the available resources (Lascioli and Pasqualotto, 2021, p. 127).

The Five Dimensions of Life model

In continuity with the international guidelines briefly referred to in paragraph 1, the automatic processing of the data collected with the ICF-Recovery questionnaires on the ICF Applications portal of the University of Verona produces a graph where five dimensions are distinguished. These five dimensions qualify the existence of each person: self-determination, independent living, active citizenship, relationships and emotional life, work/occupation. In the manual (Pasqualotto et al., 2020) these dimensions have also been defined as "pillars" of life, to emphasize the fact that psychic stability rests on the robust presence of these elements.

Figure 2 shows an example of such processing. It can be noted that the most critical aspect concerns active citizenship and it can be objectively stated that the person has a problem of social inclusion if one also considers the levels of relationships and the dimension of work. The rehabilitation project cannot neglect even self-determination, necessary to consciously emancipate oneself from the disease and build a life plan.

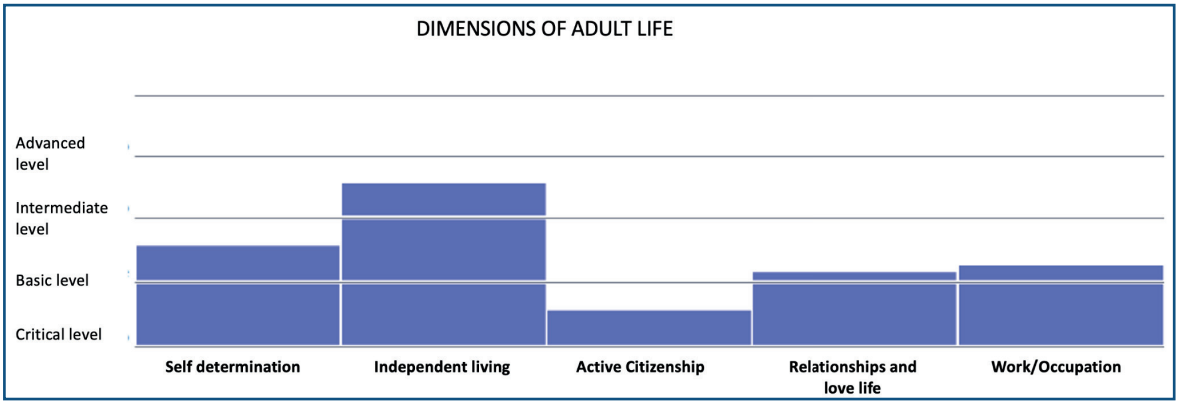

Fig. 2 - *Processing example on one patient.*

Review of the evaluation items

The use of ICF-Recovery tools is increasingly spreading throughout the country, supported by an intense training activity. The more these tools are used, the more they develop, and become more functional for operators involved in therapeutic-rehabilitative paths for mental health and addictions.

The authors of this article are part of a research group which aims to continuously improve the tools continuously and release the improved versions of the tools annually. The method followed is that of consensus among experts (Jones, 1995), with the use of the Delphi technique (Pill, 1971; Rowe et al., 1991). In the 2023 revision, the effort was to make the tools more user-friendly. In particular, compared to the previous version (2022), we highlight the following updates:

1. two new items have been included, useful for identifying any deficiencies in basic sensoriality: d110 (looking), d115 (listening). These data are important in planning occupational rehabilitation programs.
2. The items considered non-fundamental were eliminated, in some cases because they were redundant, in others because they were of little significance for rehabilitation purposes: d210, d355, d450, d455, d730, d810, d950.
3. The activities of some items have been better specified: d220, d350, d460, d650, d660, d850, d855, d910, d920.
4. The chapters of Functions and Structures of the body have been eliminated from the hardcopy version of the complete questionnaire, with the exception of Mental Functions (B1), which remain optional. All items from the previous version remain available in the online version.
5. The pre-set environmental factors in the complete hardcopy version of the questionnaire have been reduced, as some of them were rarely used. However, it is still possible to enter the environmental and personal factors necessary to complete the assessment of the person's functioning, in both the hardcopy and online version.

Overall, the 2023 version of the complete ICF-Recovery questionnaire is lighter and more pragmatic than the previous one. The questionnaire dedicated to family members has been redefined, which is simpler to complete than that aimed at professionals, so that it can be used by all caregivers, including operators.

The revision of the calculation algorithm of the Five Dimensions of Life model

The research group debated at length on the items that contribute to defining the five dimensions of life graph, which had not been reviewed since the publication of the tools in 2020. The most interesting element of the process was the comparison on level assessment, i.e. the identification of which elements were most significant in describing the patient's condition with regard to a specific dimension. The method followed was to attribute a level of importance, within a range from 1 (lowest) to 3 (highest), to each activity. The following table shows the results of this work.

ICF Code	*Level*	*ICF Items Description*
Self Determination		
d175	**2**	problem solving
d177	**3**	decision making
d179	**1**	applying knowledge
d350	**1**	conversation
Independent Living		
d2301	**2**	managing daily routing
d2302	**1**	completing the daily routine
d2303	**2**	managing one's own activity level
d2304	**3**	adapting to changes in daily routine
d2400	**3**	handling responsibilities
d2401	**2**	handling stress
d2402	**2**	handling crisis
d460	**1**	moving around in different locations
d470	**1**	moving around using transportation
d475	**1**	driving
d510	**2**	washing oneself
d540	**2**	dressing
d5700	**1**	looking after one's health
d5701	**2**	managing diet and fitness
d5702	**2**	maintaining one's health
d610	**3**	acquiring a place to live
d620	**3**	acquisition of goods and services

d630	**3**	preparing meals
d640	**3**	doing housework
d650	**2**	caring for household objects
d660	**2**	assisting others with selfcare
d7203	**3**	interacting according to social rules
d860	**3**	basic economic transactions
Active Citizenship		
d7203	**1**	rispettare le regole
d740	**1**	formal relationships
d855	**3**	non remunerative employment
d910	**3**	community life
Relationships and love life		
d350	**1**	conversation
d7202	**2**	regulating behaviors within interactions
d740	**2**	formal relationships
d750	**2**	informal relationships
d760	**1**	family relationships
d770	**3**	intimate relationships
d920	**3**	recreation and leisure
Work/Occupation		
d8450	**2**	seeking employment
d840	**1**	apprenticeship (work preparation)
d850	**3**	remunerative employment
d8451	**3**	maintaining a job
d855	**1**	non-remunerative employment

Tab. 1 - *The items on this list refer to the patient's Performances - as intended in the ICF meaning of the word ((Pasqualotto et al., 2020)*

DISCUSSION

From the beginning of the experimentation, the research group followed the criterion of not duplicating the items on different dimensions, in order to better differentiate the processing. However, by attributing levels to each item, this criterion became less relevant. This is because the same item could be assigned to two dimensions but with different importance. As shown in the table above, the item "respect the rules of the context" (d7203) is present both in the dimension of domestic life (level 3) and in that of active citizenship (level 1).
The reasons that led to the level of attribution to the various activities of daily life are summarized below.

Self-determination

The term "self-determination" refers to the possibility of the subject to operate as the primary causal agent of his or her own life (Sands and Wehmeyer, 1996). The right to self-determination is enumerated among the fundamental rights of every human being and, as such, falls within the principles of the UN Convention on the Rights of Persons with Disabilities (UN, 2006, p. art. 3, paragraph a).
There are many variables that must be taken into consideration for the design of rehabilitation paths aimed at promoting self-determination (Lascioli and Pasqualotto, 2021). In the Life Skills model, the World Health Organization (WHO - Department of Mental Health, 1999) assigns an important role to the skills of decision making (d177), problem solving (d175), critical thinking (d179), and effective communication (d350). Starting from this international construct, the research group assigned the level attribution of the items, giving primary importance to the decision-making process.

Independent living

The concept of "independence" must be distinguished from that of "self-sufficiency" (Pasqualotto, 2014) and refers to the right to be able to experience life according to one's own desires and value perspectives, being able to benefit from all the necessary support to make this possible, even in the presence of personal deficit conditions.

Independent living takes place primarily in the domestic environment and for this reason greater importance has been given to the activities of chapter D6 of the ICF, without underestimating the importance of correct money management (d860), compliance with the rules (d7203), the management of contingencies (d2304) and responsibilities (d2400). In analyzing this dimension, the research group attributed an intermediate level (2) to activities related to daily routines and self-care in all its forms.

Active citizenship

The recognition of the principle of universal active citizenship questions what Goussot (2014, p. 13) defines as "the ideology of diversity", which places "everyone in their own social and environmental space" by virtue of an essentialist conception of diversity, "almost ontological". Rethinking patients as citizens with the same social duties as everyone, pursuant to art. 4 of the Constitution, is the high road to overcoming social exclusion and the stigma that accompanies it. For these reasons, it has been assessed that the best expression of citizenship is represented by voluntary and social utility activities (d855) and by belonging to groups and associations (d910).

Relationships and love life

The experience of mental illness generally involves an alteration of the relational dimension typical of each individual: family relationships are often compromised, relationships favor problematic interlocutors, sentimental relationships are lacking or are characterized by pathological elements. For these reasons, this dimension requires particular attention within the rehabilitation process and becomes an important outcome of that "gain in health" that the Ministry of Health has set as a goal of rehabilitation (2011, p. XXI)

The research group shared that having a social life, sports and leisure activities (d920) and establishing and maintaining romantic relationships (d770) are the primary determinants of this dimension, without neglecting the importance of formal relationships (d730) and informal (d750) and self-regulation of behaviors (d7202).

Work/Occupation

For every person, having an occupation represents «at the same time, income, the possibility of economic and social participation, personal and family fulfillment, independence and investment in the future» (Baratella and Littamè, 2009, p. 149). Even when it is unpaid, as in the case of internships or volunteering, work allows people to access a positive social role (Montobbio and Lepri, 2000), but on condition that it is a useful activity and not a palliative (Leave them and Pasqualotto, 2021). These concepts are represented differently by the ICF items: d840 (frequency of an internship), d8450 (active job search), d850 (carrying out a paid job), d8451 (keep the job), d855 (carrying out an unpaid job).

The algorithm for constructing this pillar of the graph of the dimensions of adult life, understandably, attributes the utmost importance to paid work and job retention, which should represent the objectives of rehabilitation programs in this area.

Analysis of occupation potential

Since the analysis of the five dimensions takes place with respect to the current situation of the individual, a second elaboration has been prepared, defined as "Analysis of occupation potential", which provides an assessment of Capacity, in order to guide the identification of a potential occupation according to criteria of appropriateness (Pasqualotto et al., 2023).

In the example shown in Figure 3, the person can count on motor and communication skills, but is lacking in terms of relationships and self-management. Therefore, a support context and/or tasks within his or her reach must be provided. Furthermore, the patient is also lacking individual characteristics such as training and previous experience, culture and motivation to work.

CONCLUSIONS

In the treatment of addictions and mental suffering, psychosocial rehabilitation should be considered an integral part of the therapeutic process. This would require an investment at least equal to that aimed at symptom treatment. From a clinical point of view there are indications about the appropriateness and efficacy of treatments. Currently it is not the same from a psychosocial point of view, where an approach that sets rehabilitation towards the direction of the patients' objective needs is just beginning. The ICF-Recovery open access tools offer an assessment model which, thanks to a series of algorithms, produce graphic elaborations capable of highlighting intervention priorities, allowing outcomes to be verified over time. In the 2023 revision of the tools, the research group reconsidered these calculations in depth, so that they are more functional to the person's recovery, even when the disease is on the way to chronicity.

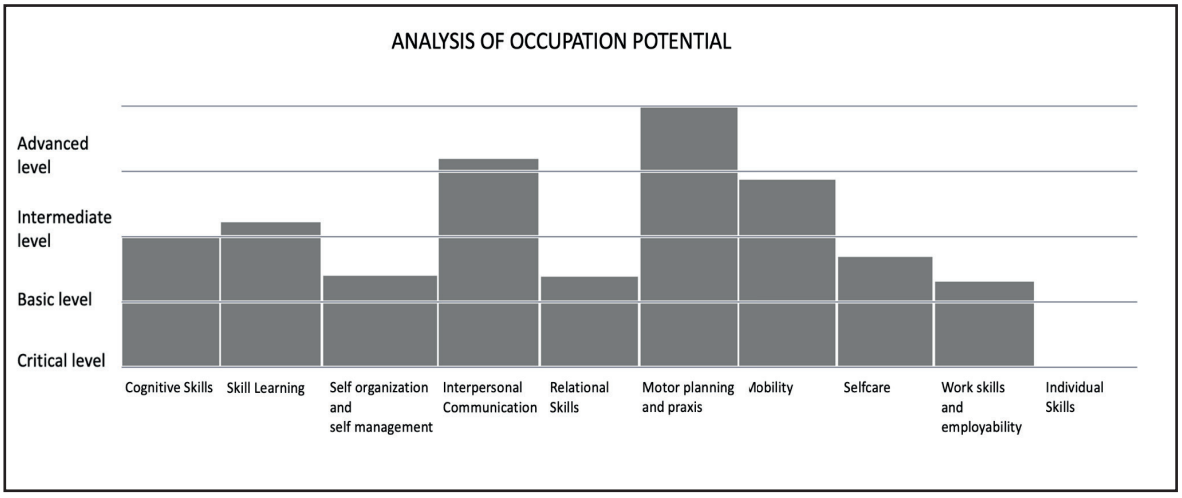

Fig. 3 - *Example of occupation potential.*

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