



Benefits of ICF-based functioning status assessments in ambulatory vocational rehabilitation of psychiatric rehabilitees

Introduction

At Kumppaniksi, we have used ICF-based functioning status assessments since 2006 to support e.g. the vocational rehabilitation of psychiatric rehabilitees. We conduct psychiatric rehabilitation in cooperation with Kainuu Central Hospital rehabilitation unit and psychiatric outpatient clinic and the Social Insurance Institution of Finland.

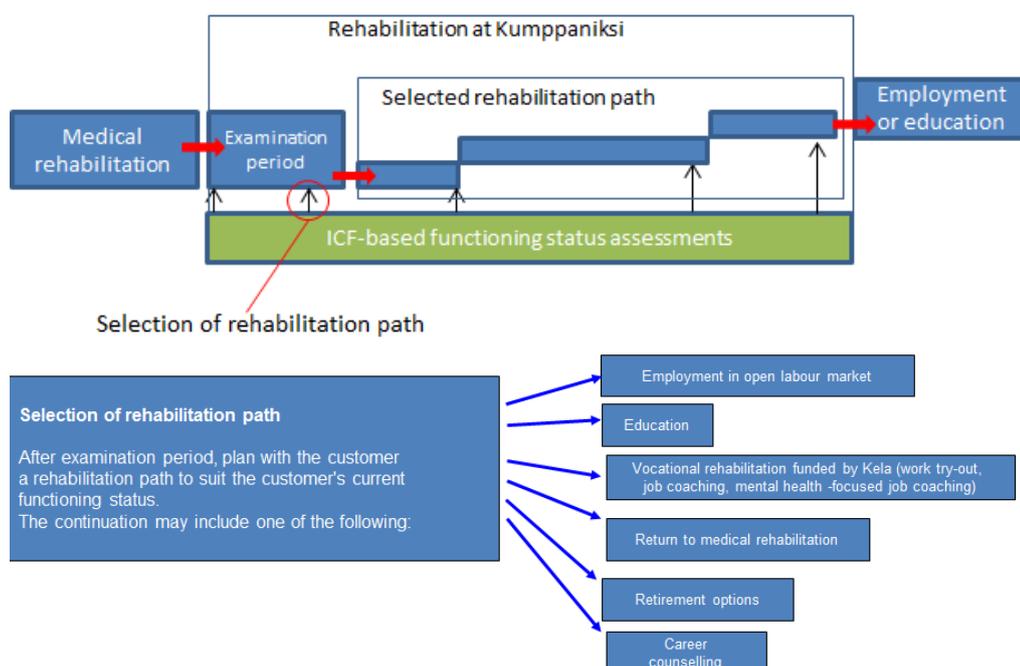
Case presentation

Rehabilitees come to Kumppaniksi mainly after they have first had a medical rehabilitation period with these health care services. Vocational rehabilitation begins with a relatively short examination period (e.g. 3 months); the functioning status of the rehabilitee is assessed at the beginning and at the end of this period.

The objectives of these assessments comprise the following:

- Describe the rehabilitee's functioning status so that the drafting of a realistic rehabilitation plan is made possible,
- Find and describe the strengths of the rehabilitee's functioning status to build the rehabilitation path on them,
- Find and describe the primary impairments in the rehabilitee's functioning status that, at that point of time, require attention in the planning and conducting of rehabilitation activities, and
- Ensure the rehabilitee's motivation and commitment to rehabilitation.

Figure: Vocational rehabilitation of psychiatric rehabilitees



After an examination period, rehabilitation continues under a plan drafted in accordance with the customer's current functioning capability. When the rehabilitation plan is drafted, discussions with the rehabilitee clarify e.g. these points:

- The rehabilitee's functioning capability, its strengths and its development areas (impairments)
- The rehabilitee's goals and expectations relating to the entire rehabilitation process
- Realistic objectives for the following rehabilitation period

Every time changes occur during rehabilitation, the situation is re-mapped, a functioning status assessment is carried out, and the rehabilitation plan is updated.

Changes may include e.g.:

- The rehabilitee wishes to change departments where he or she works. This desire to change may be due to the rehabilitee's desire to try a different field or perhaps to test his or her physical capability in relation to an impairment.
- There is a desire to change the rehabilitee's working hours or participation days.
- The rehabilitee is about to transfer to practical training in an external workplace.
- The rehabilitation period is about to end.

Experiences

Rehabilitation is facilitated because it takes place in phases, the rehabilitee's functioning status is assessed often enough, and the rehabilitation plan is updated respectively. When issues that at various points of time prohibit rehabilitation are made visible through assessments, rehabilitees can focus their personal resources appropriately.

At the beginning of rehabilitation

At the beginning of rehabilitation, rehabilitees may feel reticent about functioning status assessments. This was evidenced customer interviews conducted at Kumppaniksi for a thesis. However, rehabilitees' attitudes toward assessments change essentially during rehabilitation periods and particularly after the feedback discussions that form a part of assessments. This is seen in the following statements by rehabilitees:

"I didn't at first know what an assessment was, I just did it all because I was told to."

"I did not at first understand why this (assessment) is done but then I realised what it means from my own perspective. I started to think, what does this really mean for me."

Understanding rehabilitees' own problems

Functioning status assessments and descriptions, compatible with the ICF data structure, make it possible to bring up, in a clear manner, factors that influence the functioning status but cannot be observed at the rehabilitation site. Once such factors are brought up, the effects of these possible impairments on rehabilitation can be

estimated. That helps rehabilitees understand that rehabilitation involves more than the activities that take place at the workshop (place of rehabilitation).

"This was a different sort of survey because they asked about many things that I had not thought to be connected to work, like the questions about sleep."

"The assessment helped getting to talk about these sleeping problems. It was not possible before to bring up this sort of things."

Motivation

The effectiveness and the fluent progress of rehabilitation are essentially influenced by the rehabilitee's motivation. The rehabilitee's motivation is improved by the fact that in an ICF-compatible functioning status assessment, it is possible to bring up strengths.

"Somehow I'm just beginning to understand what I'm good for and what not."

"I can then learn to see my own strengths myself. I don't notice them otherwise. It was really nice to notice that I have so many things actually rather good."

"It was new to me that I'm not really so awfully bad because there were good points too or how do you call them.... strengths."

Changing goals

Impairments may surface during rehabilitation and prevent the attainment of the original goal and the fulfilment of the original plan. ICF-compatible assessments support bringing up such issues and structuring new rehabilitation paths and new goals. Concrete functioning status descriptions have proved very important in these situations. They help rehabilitees see their situations comprehensively and consider new solutions.

"It (impairment to functioning capability) was unpleasant at first but now that some time has passed it turns out it's good to know. I must accept the facts."

"Thinking about it afterwards, it was good to learn about this impairment to my functioning capability, because it opened new possibilities for me in terms of ways forward."

"They told me in that meeting that I was not suitable for that field. I don't have the nerve for it. I can get stuff done but it's not a field that would be suitable for me. I had a vague idea of that but it was brought up in that feedback discussion. That field just simply is not right for me. It's been necessary to understand these things."

These quotations show situations that assessments and the related feedback discussions have brought up. They also highlight the fact that rehabilitation paths are not linear continuums that always progress according to plans made at the beginning, but rather they include sidetracks that should be observed and their influence on rehabilitation should be taken into account. The fact must be accepted that an impairment, invisible at the beginning of rehabilitation, might change the objective of rehabilitation. When such changes take place, it is important that the rehabilitee accepts the impairment and its effects on his or her plans for the future. The concrete nature of the graphs obtained through VAT assessments helps in this.

Conclusion

Assessments and the associated feedback discussions allow the rehabilitee's own voice to be heard during the rehabilitation process. Feedback discussions help rehabilitees to see the importance of assessments and to understand their own functioning status better, appreciating their strengths and understanding possible limitations. Functioning status assessments support cross-disciplinary cooperation in accordance with the Case Management methodology and enable timely reactions to changes that take place during rehabilitation.

All in all, the Case Management methodology and ICF-based functioning status assessments facilitate the progress of rehabilitation and help prevent interruptions that occur due to unknown reasons. When rehabilitees are informed and have a realistic understanding of their circumstances, they are able to set their goals and carry out their actions accordingly.

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