



THE UNIQUE THERAPEUTIC PROJECT THROUGH A MULTIDIMENSIONAL MODEL: CONSIDERING THE PERSON, DAILY LIFE, AND ENVIRONMENTAL CONTEXT

*O projeto terapêutico singular pelo modelo multidimensional:
considerando a pessoa, o cotidiano e o contexto ambiental*

*El proyecto terapéutico individualizado a través de un modelo
multidimensional: considerando a la persona,
la vida cotidiana y el contexto ambiental*



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Abstract

The Disability and Functioning in Health Classification (DFC) was developed by the World Health Organization to understand aspects of a person's health, even with a diagnosis, and serves as a national and international health paradigm. The objective of this study was to describe the use of this diagram as a model for an Individualized Therapeutic Project and to reflect on it in light of the psychosocial rehabilitation model. The approach was qualitative, utilizing data from the "Functional Health in Mental Health" study to describe the use of a component diagram in the intake, assessment, and organization of the Individualized Therapeutic Project, which enabled the co-production of problem-framing and the co-management of the work process, as well as the application of psychopathological symptoms to everyday life. Finally, the organization of this classification system as a Singular Therapeutic Project helped to promote the development of functional health, as well as the systematization of strategies for professionals involved in psychosocial rehabilitation.

Keywords: ICF, Psychosocial rehabilitation, Singular Therapeutic Project, Mental health

Resumo

A Classificação de Incapacidade e Funcionalidade em Saúde foi desenvolvida pela Organização Mundial da Saúde para conhecer os aspectos da saúde de uma pessoa, mesmo com um diagnóstico, sendo um paradigma de saúde nacional e internacional. O objetivo deste estudo foi descrever o uso do diagrama como um modelo de Projeto Terapêutico Singular e refletir à luz do modelo de reabilitação psicossocial. A abordagem foi qualitativa, utilizando dados da pesquisa Saúde Funcional na saúde mental, descrevendo o uso de um diagrama dos componentes no processo de acolhimento, avaliação e organização do Projeto Terapêutico Singular, que facilitou na coprodução da problematização e na cogestão do processo de trabalho além da remissão dos signos psicopatológicos para a cotidianidade. Finalmente, a organização do uso deste classificador como Projeto Terapêutico Singular favoreceu valorizar o desenvolvimento da saúde funcional, mas também sistematização de estratégia para profissionais que lidam com a reabilitação psicossocial.

Palavras Chaves: CIF, Reabilitação psicossocial, Projeto Terapêutico Singular, Saúde mental

Resumen

La Clasificación de Discapacidad y Funcionamiento en Salud (CDFS) fue desarrollada por la Organización Mundial de la Salud para comprender aspectos de la salud de una persona, incluso con un diagnóstico, y sirve como paradigma de salud nacional e internacional. El objetivo de este estudio fue describir el uso de este diagrama como modelo para un Proyecto Terapéutico Individualizado y reflexionar sobre él a la luz del modelo de rehabilitación psicossocial. El enfoque fue cualitativo, utilizando datos de la investigación sobre Salud Funcional en Salud Mental, describiendo el uso de un diagrama de los componentes en el proceso de acogida, evaluación y organización del Proyecto Terapéutico Individualizado. Esto facilitó la coproducción de la resolución de problemas y la cogestión del proceso de trabajo, así como la remisión de signos psicopatológicos a la vida diaria. Finalmente, la organización del uso de este clasificador como un Proyecto Terapéutico Individualizado favoreció el desarrollo de la salud funcional, pero también la sistematización de estrategias para los profesionales que trabajan en rehabilitación psicossocial.

Palabras clave: CIF, rehabilitación psicossocial, proyecto terapéutico individualizado, salud mental

Introduction

The objective of this article is to describe the use of the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) as a project proposal, Singular Therapeutic Approach (PTS) and thus reflecting on the multidimensional model in psychosocial rehabilitation in mental health, focusing on the individual's actual needs and interactions with the community.

Psychological distress in mental health causes harm across various aspects of a person's life, interfering with their functional health; according to Saidón (2008), this should lead us to consider therapeutic strategies that allow us to relate social and subjective factors to health domains through effective practices, and clinical systems, thereby enabling the development of evidence and the provision of comprehensive care, in line with the psychosocial rehabilitation model.

The ICF is a classification system developed by WHO (2022) to understand the various aspects of a person's health, even in the presence of a diagnosis, and which, regardless of health and disease conditions, highlights not only disabilities but also preserved functional abilities. Therefore, a common and standardized language has been adopted to facilitate the exchange of evidence worldwide across various professional fields, aiming to: (i) provide a coding system for functionality and health; (ii) enable strategic decision-making; (iii) promote health initiatives and foster equity; and (iv) develop strategies for public policy management.

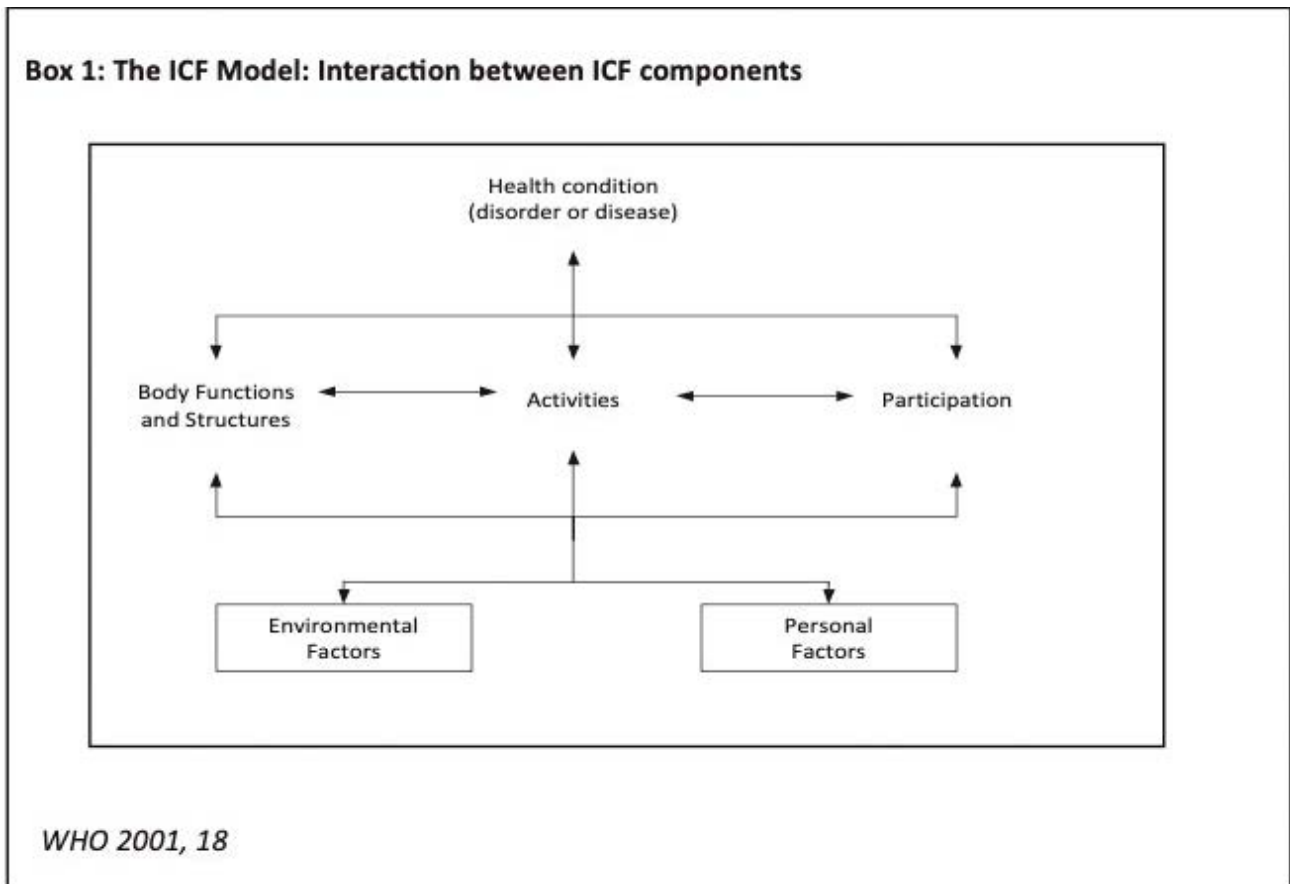
This classification system is based on the paradigm of functional health, whereby

- (i) Two people with the same disease do not necessarily have the same level of functioning;
- (ii) Two people with the same functional impairment do not necessarily have the same disease; and
- (iii) Two people with the same impairments do not necessarily have the same disabilities (WHO, 2004).

ICF is organized around two main frameworks: (i) functionality and disability in the functional components (b), such as body systems, structural components (s) in the anatomical parts of the body, and activity domains (d); and (ii) contexts related to environmental facilitators and barriers (e) and personal factors, the latter of which is not classified by ICF.

The functionality and disability model is viewed as an interactive and evolving process that permits the consideration of various aspects of this model through a diagram designed to help visualize and understand the dynamic interaction among its components; it suggests that a person's functionality in a specific domain results from the interplay of complex factors involving health states or conditions and contextual factors.

Figure 1 - Interactions among the components of the ICF.



Source: WHO (2022).

Through this diagram, the components of the ICF show a dynamic interrelationship; this means that intervention in one component may result in changes in one or more other components, based on two approaches: (i) exploring causal associations and links; and (ii) describing the health experience in its entirety from a bio psychosocial perspective.

All components are useful. After all, a person may:

(...) have a disability without functional limitations (a disfigurement resulting from Hansen’s disease may not affect the person’s functional capacity); have performance issues and functional limitations without obvious disabilities (reduced performance in daily activities associated with various diseases); have performance issues without disabilities or functional limitations (an HIV-positive individual, or a former patient who has recovered from a mental illness, who faces stigma or discrimination in interpersonal relationships or at work); having a functional limitation without assistance and no performance problems in the usual environment (an individual with mobility limitations may receive assistive technology from society to move around); and experiencing a degree of adverse influence (limb inactivity can lead to muscle atrophy; institutionalization can result in the loss of social skills). (WHO, 2022, p. 33)

ICF was implemented in Brazil through Resolution No. 452/2012 of the National Health Council (CNS), and was incorporated into the Unified Health System (SUS) and private health insurance to establish a framework for assessing the functional abilities and disabilities of individuals, in order to improve the quality of health records, rehabilitation, and the formulation of public policies aimed at people with disabilities or health limitations.

This healthcare model closely resembles the psychosocial rehabilitation model of Brazil's mental health policy, which, according to WHO (2022), represents a dialectical process that bridges the disease-focused medical model where the individual's health issue is viewed as a problem and medical care is considered the primary concern—and the social model, where the health-disease process is associated with disability and the individual's integration into daily life and society. Therefore, it is believed that the diagram presented by the ICF paradigm can be used as a form of Individualized Treatment Plan in mental health. It offers an opportunity to move away from a hospital-centered approach—one focused on psychopathological symptoms themselves and rooted in outdated traditional practices—and toward innovative approaches that focus on psychological distress, the individual, and the dimensions of daily life.

The psychosocial rehabilitation model of Brazil's mental health policy is defined as a set of measures to strengthen, promote the inclusion of, and ensure the exercise of the civic rights of patients and their families through the creation and development of initiatives that leverage local resources in the areas of employment, housing, education, culture, safety, and human rights (Brazil, 2007).

This model presents a paradigm in mental health that employs empowerment technologies to mobilize clinical, material, and emotional resources for the reconstruction of individuals, the minimization of harm from the experience, and the restoration of agency to generate new strategies for coping with everyday challenges (Pitta, 1996).

The Ministry of Health considers that the guidelines to care for people suffering from mental distress should include the following elements in the PTS: territory, network, reception, comprehensiveness, citizenship, and autonomy; through a framework that includes general components such as contextual diagnosis, goal-setting, division of responsibilities, and reassessment. (Brazil, 2007).

Therefore, it is important to broaden our perspective on individuals experiencing psychological distress in the PTS, extending care beyond the biological to include the psychosocial—not for the purpose of healing, but to restore social bonds and overcome exclusion, to expand the capacity to develop effective responses to the challenges of daily life, and to improve daily life rather than merely reducing symptoms, with the concept of healing linked to autonomy, initiative, and proactivity. According to Oliveira (2008), it generates a movement of co-management and co-production of the therapeutic process for a singular subject—whether individual or collective—in a situation of vulnerability (p. 59).

This study starts from the research question: How can we focus on care without knowing how a person experiences suffering, how they relate to their support network, and what effects this have on their daily life? It aims to describe the use of the ICF diagram as a model for PTS and to reflect on multidimensional mental health care from the perspective of daily processes and functional health in light of the psychosocial rehabilitation model.

Methodology

This study complies with Resolutions No. 510 of 2016 and No. 466 of 2012 issued by the National Council for Research Involving Human Subjects of the National Health Council (CONEP/CNS), and was approved by the Research Ethics Committee of the University of Brasília under number 4.148.978; respecting the four basic principles of bioethics: autonomy, non-maleficence, beneficence, and justice, and ensuring the rights and duties pertaining to the scientific community, research subjects, and the State.

The research approach was a descriptive qualitative study grounded in social constructivism, which, according to Creswell (2010), emphasizes the participation of both the participants and the researcher, focusing on the significance of the research instruments and the subjectivity of the participants' experiences; it involves interaction within historical and cultural contexts, paying attention to the participants' daily activities, work, and personal histories.

The context was an extension and research project titled "Functional Health in the Field of Mental Health" conducted by the University of Brasília, started in 2020 to describe the components of functionality, disability, and health among individuals receiving care through the mental health network, in order to expand care strategies.

This project is being carried out by a non-governmental, charitable, and philanthropic organization. It has been operating for 38 years during business hours in an Administrative Region of the Federal District as a community-based support center for people experiencing mental distress, offering a variety of therapeutic, vocational, recreational, and income-generating workshops.

The project provides individual and group occupational therapy sessions for people of various ages experiencing psychological distress, using ICF at the outset of the participants' involvement in two ways: (i) using a form with the codes for each component's items to assess their profile and describe functional health reports; and (ii) by incorporating the ICF component diagram as a follow-up tool, a step that will be described in this study.

The participants in the study were informed and invited to participate, after signing the Free and Informed Consent Form (FICF), which prioritized data anonymity to protect the research participants. This study focused solely on describing and reflecting on the use of the ICF diagram as a PTS and the processes associated with this use in mental health care.

Therefore, the findings will consist of a description of the steps involved in developing the PTS as part of the project, along with reflections on this strategy in relation to the multidimensional model and psychosocial rehabilitation.

Results and Discussion

The ICF diagram is used during intake, assessment, and the development of strategies to be agreed upon with patients and their families for occupational therapy services. During the initial intake (Figure 2), socio-demographic data is collected and the client’s needs are assessed, to understand aspects of the individual, their health and illness contexts, and family relationships; this also involves determining their understanding of occupational therapy and their expectations regarding the care process.

Figure 2 – Form and checklist for gathering the needs of the person seeking care.



OCCUPATIONAL THERAPY INTAKE



Date: ___/___/___
Referred: _____

GENERAL INFORMATION

Name: _____

Date of Birth: ___/___/___ **Age** _____ **social security number:** _____ **School/Grade** _____

Adress: _____ **Telephone** _____

Diagnosis / Treatment: _____

Use /CID _____

Name of Guardians: _____ **Occupation** _____ **CPF** _____

_____ **Occupation** _____ **CPF** _____

_____ **Occupation** _____ **CPF** _____

Benefits:
 Intake Guide(Gather information while allowing the individual to tell their own story, and, as the process unfolds, provide relevant referrals.)
 1. Introduce and learn the names of the individuals, their ages, occupations, and the dynamics of their immediate family relationships (people living with the client).
 2. Gather information about the reasons for and needs related to occupational therapy services.
 3. Understand the client’s routines, habits, occupations, occupational roles, and related contexts, as well as their extended family.
 4. Understand family organization and dynamics.
 5. Understand what people perceive OT to be—listen and add to, clarify, or inform them about our work at ASSIM.
 6. Identify perspectives and needs (based on their understanding of what OT entails) regarding the presented need.
 7. Explain the initial work process (assessment/observation, creation of the therapeutic plan, discussion with everyone about the plan), emphasizing the importance of partnership.

Source: Research (2020).

The intake process is a key component of the care process, facilitating the establishment of a contract, understanding of actual needs, recognition of unique aspects of the individual’s history, definition of shared responsibilities and co-management, and a reevaluation of expectations regarding the care process. This scenario aligns with the Ministry of Health (Brazil, 2007), which, in the psychosocial rehabilitation model, associates the expanded clinic with relevant aspects such as active listening during the intake process, offering a space to address any of the person’s needs and help reconstruct (and respect) the context of the illness, as well as the correlations established between their feelings and their life.

The second stage involves an assessment period using various resources, such as toys, play activities, educational or written games, collages, and drawings. This stage collects responses related to interaction, response to instructions, emotional expression, age-appropriate developmental aspects, how the child responds to tasks, toys, and play, and how they express themselves (interaction, language and vocabulary, writing), formal learning progress, age-appropriate cognitive functions, self-care, understanding of daily routines, habits, activities of daily living, skills, the family environment, and the support network.

The intake and assessment data are organized schematically into themes based on the ICF components (Figure 3), which will subsequently be organized in the ICF diagram in a way that facilitates the development of the PTS, defining which component(s) we will prioritize in care.

Figure 3 – Organization of reception and assessment content within the ICF components framework.

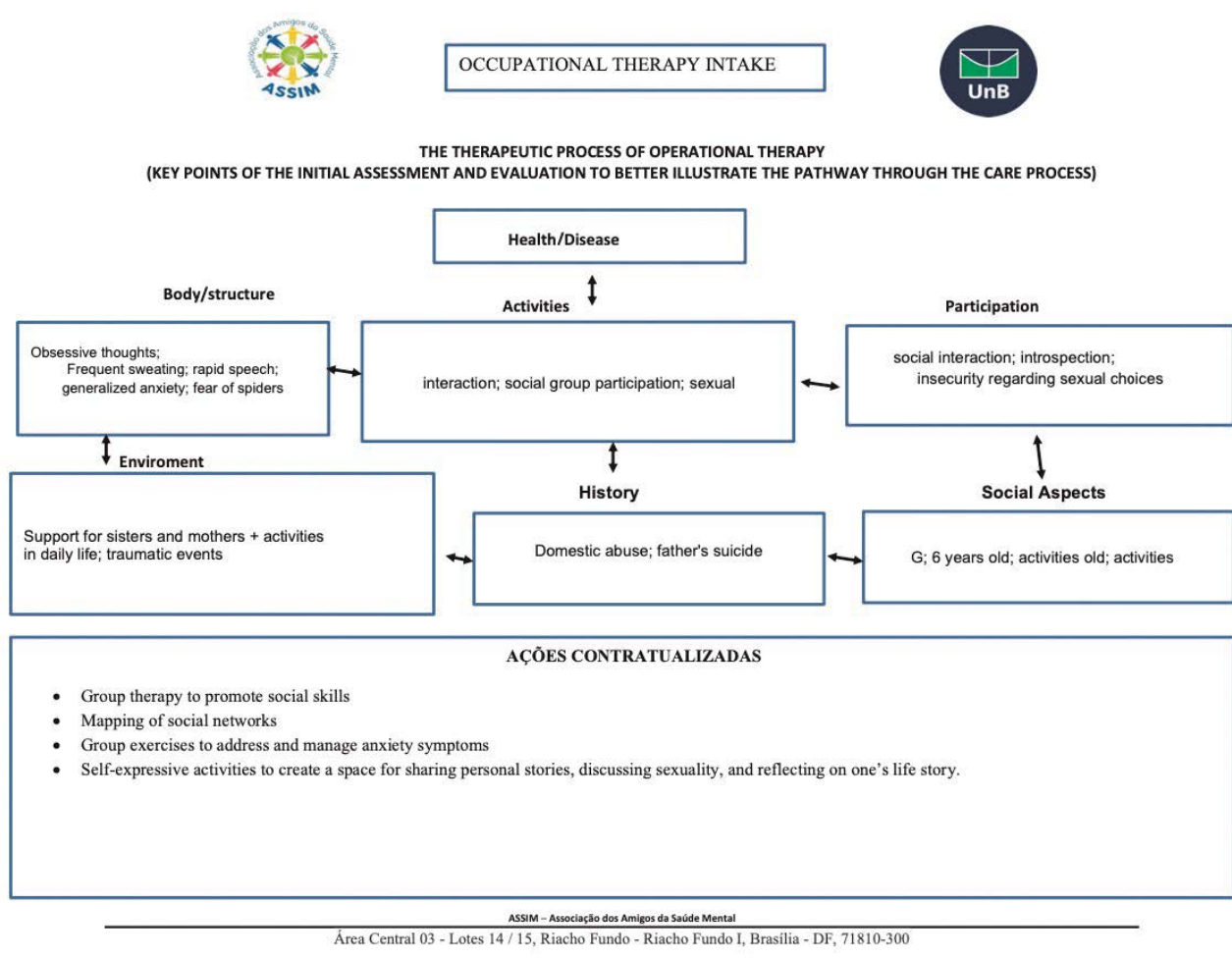


Source: Research (2020)

The process that occurs from the moment of reception to the return of the assessment and organization of the PTS generates important contexts for the person’s engagement in care, because it encourages concern for listening to the narrative, understanding the person immersed in the world of life, interacting with their social and moral values, acting in diverse ways of participating in daily activities, and being influenced by environmental facilitators and barriers.

Therefore, it provides insight into the individual as a unique being and their relationship with the world.

Figure 4 – shows a diagram of a project participant, illustrating aspects related to the ICF components, the selection of functional health items, and the respective therapeutic strategies agreed upon as PTS.



The ICF diagram (Figure 4) provided a clear illustration of relevant aspects of the PTS, enabling us to consider strategies such as: (i) selecting which aspects to address initially, given that we consider it impossible to address the full complexity of the individual and the harm associated with their psychological distress; (ii) evaluating and reevaluating therapeutic strategies in a process-oriented manner, whether in isolation or in combination; (iii) rethinking agreed-upon goals with

flexibility in processes and timelines; (iv) understanding and valuing small gains; (v) avoid patterns of generalized responses and thus prevent the PTS from becoming a bureaucratic institutional process; and (vi) discuss, on a case-by-case basis, the development of the agreed-upon actions using the ICF framework.

In this case, the decision was made to initially focus on aspects of dysfunction in the “function” component (generalized anxiety) and the “domain” component (social interaction and participation); and in the “context” component, by strengthening facilitators related to family support and daily activities. Therefore, the PTS work process incorporated therapeutic groups to stimulate social skills, self-expressive activities that allowed patients to share their life stories and develop coping strategies for anxiety, and the expansion of environmental facilitators such as a social support network.

Therefore, the ICF diagram provided an objective understanding of the individual’s health domains and their environmental and personal contexts; It also guided the selection of components from the functional health domains and care strategies through a PTS developed as a collaborative effort to address the issues and co-manage the work process, serving as a means to collectively operate the institutional care system while enhancing and integrating knowledge; expanding the understanding of the phenomenon beyond the remission of psychopathological signs to aspects of daily life that correspond to the psychosocial paradigm

The World Health Organization states that the ICF can serve as a consensus-based model that should be adopted by health systems, managers, and users, to promote the use of a common language for describing health issues or interventions across a broad spectrum-one that focuses on health but also encompasses social security, labor, education, the economy, and social policy (WHO, 2022).

Nubila and Buchalla (2008) highlight the importance of accurately applying the ICF as a more practical model for use across various healthcare fields; however, they note that there remains a gap in its implementation, requiring investment in training programs for healthcare teams to raise awareness among professionals regarding the use of this classification system. However, the use of the ICF remains limited in the field of mental health due to a lack of familiarity with this multidimensional framework, which reflects the psychosocial rehabilitation model; therefore, it is important to invest in professional training and research to raise awareness of the ICF approach, promoting best practices tailored to people’s specific circumstances.

Final considerations

This study substantiated the need to describe innovative strategies that reinforce the guidelines of the psychosocial rehabilitation model in Brazilian policy and align with the international paradigm centered on the person, recovery, and human rights.

Therefore, this study achieved its objective by describing a strategy for using the ICF as a PTS and the work process developed, demonstrating a multidimensional mental health care pathway focused on daily life and functional health processes in light of the psychosocial rehabilitation model.

The ICD was originally designed to serve as one of WHO's classifiers, promoting the biopsychosocial paradigm of health and disease processes. Its implementation in Brazil through Resolution No. 452/2012 of the National Health Council (CNS) regulates its use within the Unified Health System (SUS) and private health insurance, including in the process of work of professionals to encourage a multidimensional view of the individual, but also to improve the quality of health records by establishing a common language to describe the complexity of care.

The use of the ICF in this study was based on the diagram and dynamics of the components of impairment—such as body function, body structure, and activity domain—and of context, related to environmental facilitators and barriers. These were used in the process of welcoming, assessing, and organizing the PTS, producing a didactic illustration that facilitates a co-production of problem-framing and co-management for the work process, in order to enhance the integration of knowledge about the phenomenon beyond the attribution of psychopathological signs to aspects of daily life that correspond to the psychosocial paradigm.

Finally, integrating CIF into the daily practice of mental health care is of paramount importance, not only for promoting functional health but also for establishing a systematic approach for professionals involved in psychosocial rehabilitation.

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