Goal Setting in Clinical Practice

Intended Learning Outcomes

- Identify reasons for goal setting in children with neurodisability.
- Understand how the concept of goal setting links with the ICF and being a Family Centered Service.
- Explain how goals link with assessment and treatment.
- Reflect on examples of using the ICF to support goal setting as part of the clinical reasoning process.
- Identify some tools to support goal setting.
- Understand the concept of Goal Attainment Scaling.

Goals

Goal—an objective, a purpose, a target a destination

Goal Setting

The process of discussion and negotiation in which the patient (family) and staff determine the key priorities for the individual and agree the performance level to be attained by the patient for defined activities within a specified time frame.

D E Playford 2015
Goals
Help you to:
– gain mutual understanding
– decide on the direction of treatment
– gain consensus and ensure the intervention is meaningful for children and families
– discuss expectations and realistic aims
– Enhance motivation and lead to improved clinical outcomes (Eccles 2002, Novak 2006)

Goals
Help you to:
– understand where you are going in treatment
– develop your clinical reasoning
– measure outcome of an intervention
– evaluate effectiveness of a service

How can you embark on a journey if you do not know where you want to go to?

GOAL SETTING
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WHAT... do we need about the patient

– Personal history/interview
– Neurological examination
– Overall vitals/ROM/strength/
– Functional status/level of disability
– Goals (patient/family/therapy)
WHAT... do we know

- Health condition/medications
- Support/family
- Needs
- Strengths
- Weaknesses

So What... - Assessment tool -

- Which functional assessment tools will we use?
  - Gross Motor Function Measure (GMFM)
  - Gross Motor Function Classification Scale (GMFCS)
  - Functional Independence Measure (FIM)
  - Assessment, Evaluation and Programming System (AEPS)
  - Cognitive tests...

So What...
SMART GOALS

- Long term goals
- Short term goals

What Does SMART Mean?

- SMART - The first known use of the term occurs in the November 1981 issue of Management Review by George T. Doran.
- Since then, Professor Robert S. Rubin (Saint Louis University) wrote about SMART in an article for The Society for Industrial and Organizational Psychology.

SMART

- Specific (simple, sensible, significant).
- Measurable (meaningful, motivating).
- Achievable (agreed, attainable).
- Relevant (reasonable, realistic and resourced, results-based).
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

Specific

- Should be clear and specific, otherwise you won’t be able to focus your efforts or feel truly motivated to achieve it.
- When drafting your goal, try to answer the “W” questions:
  - What do I want to accomplish?
  - Why is this goal important?
  - Who is involved?
**Measurable**
- It’s important to have measurable goals, so that you can track your progress and stay motivated. Assessing progress helps you to stay focused.
- A measurable goal should address questions such as:
  - How much?
  - How many?

**Achievable**
- Your goal also needs to be realistic and attainable to be successful.
- An achievable goal will usually answer questions such as:
  - How can I accomplish this goal?
  - How realistic is the goal, based on other constraints?

**Relevant**
- This step is about ensuring that your goal matters to you, and that it also aligns with other relevant goals, but you’re still responsible for achieving your own goal.
- A relevant goal can answer “yes” to these questions:
  - Is this the right time?
  - Does this match our needs?
  - Am I the right person to reach this goal?

**Time-bound**
- Every goal needs a target date, so that you have a deadline to focus on and something to work toward.
- A time-bound goal will usually answer these questions:
  - When?
  - What can I do six months/weeks from now?
  - What can I do today?

**Important to consider…**
- Family needs
- Family strength
- Family limitations
Multidisciplinary Team

- Team professionals who are eligible to provide service are:
  - Physical therapists
  - Occupational therapists
  - Speech and language therapists
  - Psychologist
  - Special educator...

Now What...
Intervention/treatment plan

- What will you include in the treatment?
- How will you prioritize your treatment?
  - Most important to start with

Now What...
intervention/treatment plan

- Treatment techniques/which specialists do we need?
  - Specific to PT
  - Specific to OT
  - Specific to SLT...

Sometimes
If we need...

- Make a home visit
- Home equipment provision
NAME: EVA  
AGE: 10 MONTHS  
DIAGNOSIS: DOWN SYNDROME

Personal characteristics  
Expressed emotions adequately, likes to play with her sister, she is interested in people and observing them.  
When she wants to do something, she takes her mom's hand  
She spends time at home, mostly with her mom and sister

Activities  
Strengths at the age 10m  
Gross motor - Sits independently  
Fine motor - She can use both hands, brings in the midline, takes the objects  
Adaptive skills - She can take off socks independently  
Cognitive skills - Observes the person or toy  
Social-communication skills - Adequately responds to others emotions

Activities  
Difficulties at the age 10m  
Gross motor - She can't stand independently  
Fine motor - She can't take small objects with fingers  
Cognitive skills - She doesn't follows the toy or something is dropped  
Social-communicative skills - She can't say sounds

Family concerns:  
To play with sister (communication)  
Walk independently

Goals  
Long term goal  
Eva will be able to walk independently after 9-12m  
She will communicate with her sister/mother using gestures after 6 month
Goals

Short term goals
By the end of the 10 therapy sessions
- Eva will be able to play - rolling the ball, with her sister, sitting on the floor for 10 minutes, this will be seen twice.
- Eva will be able to activate a musical toy by hitting it twice with her hand in sitting within 3 minutes.
- Eva will indicate what she wants to her mom by pointing, three times during a day on at least 2 occasions.
- She will be able to walk 10 steps, with one hand held by her mom.

Progress

- After an active rehabilitation course, with family participation, which includes 10 sessions of therapy the stated short term goals were achieved

At the age 2 y/ Now

- Eva is walking independently (inside)
- She can play with her family
- She can build the pyramid with both hands alternately
- She can take off her socks and shoes independently
- She can request, what she desires, by pointing
- Balance and Communication is still poor

Thank you!

‘Begin with the end in mind’

“Start with what you want to achieve before considering the actions you need to take to make progress”

Stephen Covey, 1989

Key components of goal setting

- Collaborative (An and Palisano, 2013)
- Personal choice and motivation
- Individualised
- Self determination theory (Ryan and Deci, 2000; Poulsen et al. 2015)
- Co-ordinated approach (Siegert and Levack, 2015)
Making goal setting easier

Tools

- Context/ICF
- Treatment cycle
- Goal Setting and Action Planning (G-AP) framework
- Goal setting - SMART; 5 Q format
- Goal measuring –
  - Goal Attainment Scaling (GAS)
  - Audit

Assessment

- Central to the management of neuro-developmental conditions and an ongoing process
- Needs to include analysis
- Quality of assessment will have a direct impact on quality of goals
- This should be done jointly
- What are the families current concerns?
- Map to the ICF

Geraint

- Young man aged 17
- Lives at home with family
- Attends college

Concerns

- Accessing his front door with a key
- Accessing money (coins) in a wallet
- Making a hot chocolate

Carroll, Forbes, Parkinson 2014
International Classification of Functioning Disability and Health (ICF)

**Cerebral Palsy (Bilateral, Ataxic)**

**Body Functions and Structure**
- Postural stability & orientation (static/dynamic balance & postural alignment)
- Soft tissue length
- Strength/viability of shoulder girdle & upper limbs
- Selection touch, grasp, manipulation

**Activity**
- Needs to be able to:
  - Shootball
  - Grip & stabilise key
  - Lock/unlock a door
  - Withhold to suit task
  - Manipulate money within hands
  - Pour & carry liquids

**Participation**
- Should be able to:
  - Let himself into his home independently
  - Make & carry a hot drink independently
  - Use a cash machine safely & independently
  - Spend money and manage the change independently

**Environmental Factors**
- Impacted by: Time demands
- Design of cash machines, door lock, key
- Over willingness of adults to help

**Personal Factors**
- Impacted by: Feels vulnerable at cash machine
- Anxious of spilling hot drinks
- Keen to be independent of parents

**Goal Setting**
- Quality goals - SMART
- Direct link to main concerns
- Collaborative goal setting
- Should be functional - ICF
- Based on understanding of task

**G-AP Framework**

*Goal setting and action planning*

Four stages:
- Goal Negotiation
- Setting a specific goal
- Action planning and coping planning
- Appraisal and feedback

Scobbie et al. 2011

**Aims of Therapy**
- To enable Geraint to handle money successfully and confidently
- To give Geraint more independence through being able to let himself in and out of his home using a key
- To enable Geraint to make a hot drink independently

**SMART**

*Using the 5 Q format*

1. **Who?**
   - Geraint
2. **Will do what?**
   - Will take 5 coins from someone and get them all back in his wallet
3. **Under what conditions?**
   - In standing
4. **How well?**
   - Five times without dropping them
5. **By when?**
   - The last session of the therapy block

Geraint will be able to take 5 coins from someone and put them in his wallet without dropping them, whilst standing unsupported. To be seen by the end of the 10 sessions.
Goal Attainment Scaling (GAS)
Offers a generic opportunity to measure change in heterogeneous populations under a variety of conditions.

GAS:
- Tasks are individually identified to suit the child
- Levels are individually set around current and expected levels of performance
- Shown to be sensitive to changes not detected by traditional outcome measures

GAS
- Quantifies progress towards defined goals
- Allows aggregation of results independent of goal type (construct = achievement of intention)
Psychometric properties

- Sensitivity

- GAS should be used when standardised assessment does not exist to measure the construct.

Psychometric properties

- Content validity is said to be high if the goal is set collaboratively with the client

- Inter rater reliability is good if the construct of measurement and the scoring procedure are determined and instructed properly

BUT........

- Highly dependent on the ability of the person setting GAS goals to generate valid, reliable and meaningful scales

Training is essential!

What GAS is not!

- Not a baseline or needs assessment

- Not norm referenced

- Not an assessment of functional level
Geraint will be able to take 5 coins from someone and put them in his wallet without dropping them, whilst standing unsupported. To be seen by the end of the 10 sessions.

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<th>Equal to start</th>
<th>Less than expected</th>
<th>Expected goal</th>
<th>Somewhat more than expected</th>
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Geraint will be able to take 3 coins from someone but will be unable to put them in his wallet without dropping them, whilst standing unsupported. To be seen by the end of the 10 sessions.

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Geraint               Aged 17

Geraint was able to manage his money, without dropping it, when visiting his local shop.
All aspects!

Focus on the simplest intervention for the biggest impact first—often in the environment.
Eg Travel cup for hot drink, or key grip

The Process

- In context is vital
- Practice makes permanent

Practice, home/contextual activities

Very specific goal setting involves setting and testing an hypothesis

How do you know if your hypothesis is correct?

Measure Each Intervention

The Process

- Vital part of clinical reasoning
- Did you achieve goal?
- If not why not?
- If you exceeded goal why?
- Use goals to help your analysis and test your hypotheses
- Part of own CPD

Conclusion
Goal Setting

- General agreement that goal setting is a hallmark of contemporary rehabilitation
- Goal setting considered part of best practice in rehabilitation

(Barnes & Ward, 2000; Playford et al, 2000; Wade, 2009)

Conclusion

- Goals should be SMART
- GAS is a framework that can be useful for measuring an individual’s achievements
- GAS is useful for evaluating a service
- Training is vital for meaningful and successful use of GAS

Thank you!