

Goal Training

Participant Workbook

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1. Introduction

This Goal Training Workbook is intended for use by participants who will be attending a series of workshops organised in 2012-13 as part of a grant-funded project. The Goal Training Project is a 7-month project of the NSW Agency for Clinical Innovation (ACI) and jointly funded by the Lifetime Care and Support Authority of NSW (LTCSA), the Motor Accidents Authority of NSW (MAA) and WorkCover NSW (WC), of the NSW Government's Safety, Return to Work and Support Division. The project recognises the need for clinicians and those who approve the funding of services* (hereafter 'funders') to have a greater understanding of the role and use of goals in rehabilitation, and that goal training can facilitate communication between clinical services and funders by providing a common approach to communicating goals.

The project builds on previous work of the State-wide Goal Group of the ACI Brain Injury Rehabilitation Directorate (BIRD (Appendix A). This includes resources and training materials developed by Helen Badge, Outcomes Manager for the ACI BIRD, and clinicians within the NSW Brain Injury Rehabilitation Program who contribute to activities to help clinicians work with clients to develop rehabilitation goals. These resources were made available for this training and the content has been further guided by the project steering committee (Appendix B) and management team (Appendix C). It reflects the principles outlined in several key documents that guide and inform practice including:

- NSW Health's Rehabilitation Redesign Project Model of Care²⁶
- LTCS guidelines for case manager expectations¹⁹
- Clinical Framework for the Delivery of Health Services³⁵ that is supported by NSW WorkCover Authority of NSW and the Motor Accidents Authority of NSW.

The content is consistent with best practice in goal setting as identified in the literature.

Although goal setting is an essential part of rehabilitation it is typically neglected in undergraduate training, and variations in practice may be taught in different professions. This training aims to provide both clinicians and funders with increased knowledge and skills to enable them to develop and use high quality rehabilitation goals in practice. Consistent high quality goal setting by will reduce the likelihood that inadequacies in goal setting will compromise client care – such as limiting client motivation, impeding treatment planning and compromising communication with all stakeholders. The

* This includes CTP claims managers, injury management advisors and rehabilitation advisors; Lifetime Care & Support Authority coordinators and service development & review officers; WorkCover scheme agents

training aims to increase the consistency of goal setting practice and reduce the risk that poor quality goals result in compromised client outcomes.

1.1 Training Objectives

The Goal Training Workbook addresses the following participant training objectives:

1. To improve understanding of the role of goal setting in rehabilitation.
2. To improve clinician and funder understanding of the factors that affect the development and use of goals in rehabilitation
3. To increase clinician skills in working collaboratively with clients to develop client centred goals and rehabilitation plans
4. To improve clinician ability to write, review and use client centred SMART rehabilitation goals that support rehabilitation practice using SMARTAAR Goal Process
5. To increase knowledge of how to incorporate client centred goals in rehabilitation plans.

The following topics are beyond the scope of this training:

- Scheme-specific reporting needs and scheme-specific 'Reasonable and Necessary' and other funding criteria. This information is provided in training conducted by each scheme and available on their respective websites
- Specific tools and strategies for engaging clients in goal setting. Some strategies will be listed and explained briefly in the training sessions. Training specific to this topic warrants its own training. Many of the skills involved in these strategies are inherent to those working in rehabilitation and revolve around engaging clients in discussions to identify their values, hopes and dreams.

1.2 Training Structure

The first part of this training provides the theories behind goal setting as a rehabilitation tool, and factors that affect the goal setting process. The topics covered are:

- Definitions
- The role of high quality goal setting in rehabilitation
- Factors that affect goal setting in rehabilitation:
 - Client factors, including engaging clients in goal setting
 - Levels of client goals
 - Approaches to rehabilitation

The second part of this training provides training in the use of tools and strategies to facilitate high-quality goal setting. The topics covered are:

- Criteria for high quality rehabilitation goals: the SMARTAAR Goal Process
- Assessing goal quality using the SMARTAAR Goal Worksheet
- Putting it all together: incorporating client goals in rehabilitation plans.

2. Definitions

Client

The term 'client' will be used in this Workbook to mean:

- a person of any age, including children, young people and adults, who requires rehabilitation following an injury

Family/significant others may be included to assist the client, as the substitute decision maker or as recipients of services to achieve the client goal.

Funder

The term 'funder' will be used in this Workbook to mean those who approve the funding of services; also commonly known as 'insurer'.

Goal

- 'The object of one's ambition or effort; a desired end or result'³⁴
- The intended outcome of a specific set of interventions^{39, 41} (with specific reference to rehabilitation goals).

The goal is what the client wants to achieve; it can also be seen as why the client is undertaking the rehabilitation program and why clinicians are providing intervention.

Steps

These are the activities / behaviours the client needs to be able to do to achieve their overarching goal. Completing all of the steps will lead to the achievement of the overarching goal (assuming no unforeseen circumstances occur and no activities /behaviours have been omitted). Whilst the use of a particular term for this facet of goal setting will be scheme / discipline specific (e.g. sub-goals, objectives), the concept remains the same. The term 'step' will be used in this Workbook and this is relevant to what you may refer to as sub-goals or objectives.

Each goal will have a number of steps. Steps describe the goals that together will enable the client to achieve their overarching goal. Each step needs to describe one behaviour/activity only. This makes it easier to assess a client's progress towards their goal. For example, in order to achieve a goal of resuming studies at TAFE, a client may

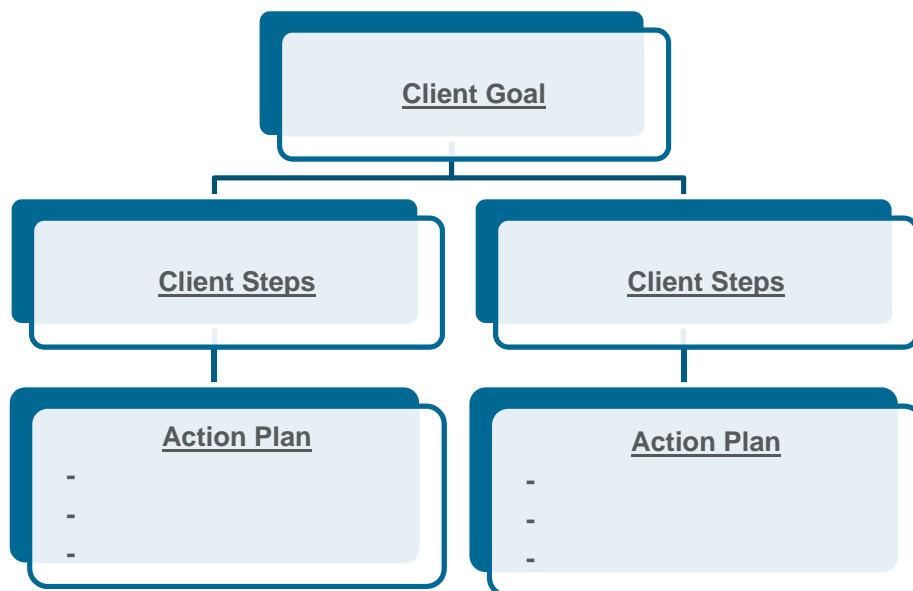
need to improve their mobility, improve their computer literacy and be able to manage their anxiety in the local community and while at TAFE. Each of these activities is to be written as separate steps.

Action Plan

The action plan outlines the specific plans that describe *how* the client's goal will be achieved³⁰. In other words, those actions that need to be completed to achieve each of the steps. Each step may comprise a number of actions.

The action plan includes all aspects of required intervention, such as services, equipment and assistance from family, as well as actions for the client to undertake. Whilst the use of a particular term for this facet of goal setting will be scheme / discipline specific (e.g. strategies), the concept remains the same. The term 'action plan' will be used in this Workbook and this is relevant to what you may refer to as strategies. Figure 1 illustrates the relationship between a client goal, client steps and action plan.

Figure 1 The relationship between client goal, client steps and action plans



Goal Setting

Goal setting has been described as ‘The formal process whereby a rehabilitation professional or team; together with the patient and/or their family negotiate goals’⁴¹.

Goal setting includes the actions of:

- identifying a client’s goals
- establishing steps
- designing an action plan.

This is consistent with the use of the phrase in the literature, although no papers specifically define these inclusions.

Rehabilitation Plan

This refers to the type of documentation frequently used in rehabilitation. The format of rehabilitation (rehab) plans will vary according to individual services and funding schemes. However, the information contained in a plan should have the same elements of a goal, steps and action plan.

Summary: Definitions

- ❖ Client goals are broken down into client steps. The action plan identifies how the client will be supported to achieve identified steps and goals.
- ❖ Goal setting is the process of
 - identifying a client’s goals
 - establishing an action plan
 - monitoring progression towards goal achievement

Notes

3. The Role of Goal Setting in Rehabilitation

Goals have been described as ‘the essence of rehabilitation’⁴ and essential to facilitate client centred rehabilitation²¹. Rehabilitation often supports people with complex multifaceted problems to regain independence and reduce the impact of disability. Wade (2009) suggests that a goal setting process can be useful ‘whenever a patient’s problems are sufficiently complex to require the involvement of two or more people from different professions and/or the process is continued for more than a few days’⁴¹. The principles of goal setting can still be applied for people with less complicated injuries and disabilities, but a simplified and briefer process will be more appropriate⁴¹.

There are many benefits to setting goals in rehabilitation. High quality goals can be useful to support client participation, planning within a team context and when funding for services is requested. Goal setting helps empower clients and ensures that therapy is targeted to address the priorities identified by the client. Client goals are useful for clinicians and services as they can ensure individual team members work towards the same goals, inform treatment planning and communication about client progress that support requests for funding. The benefits of goal setting for clients, services and communication will now be described in more detail.

3.1 Benefits of Goal Setting on Client Participation

Goals are most helpful for clients when they address priorities that are important to them⁴¹. It is widely recognised that the identification of goals that are meaningful to a client can increase client motivation and their level of participation in rehabilitation^{21, 28, 31, 32, 37}. This is not surprising. Therapy in and of itself is rarely enjoyable, especially in the long-term. Furthermore, the link between therapy activities and functional outcome, while obvious to the therapist, is often not inherently clear to the client. When goals are relevant and challenging, but still achievable, clients are more likely to change their behaviour to achieve their own goals⁷. Measuring progress towards goal achievement helps to maintain this benefit for the course of a rehabilitation program⁷.

Which of these two clients do you think will have greater motivation? Jill understands that performing the home exercise program prescribed by the physio and attending weekly occupational therapy sessions will assist her to achieve her goal of being able to care for her child independently. Joan only knows that physiotherapy is to help her to improve her balance and occupational therapy is to help her improve her memory.

Jill can see the link between her rehab plan and her goal. Joan has no personal outcome linked to her rehab plan. Working towards a client's goals can result in high levels of client motivation and engagement in activities, including enhanced performance and persistence.

Goals belong to the client, not the clinician. When goals reflect the client's priorities, they describe their desired level of achievement and are relevant to their life roles and situation. Goals can be classified by the type of activity or aspect of participation that they relate to, but should not be classified by a particular therapy/discipline.

Activity 1.

Choose one or two of the following goals and re-write it so that it becomes a more meaningful and motivating statement for the client. You will need to make some assumptions about these fictitious clients. Ensure that the wording is written in a positive way i.e. what 'will' happen, not what 'won't' happen.

Initial Goal Statement	More meaningful and motivating goal statement
Example: Jill's balance will improve	Jill will be able to engage in physical play with her children
Jack's anger management will improve	
Jill will complete home and community based OT programme to increase her function	
Jack's family will be able to manage his care needs at home once he's discharged from the rehabilitation unit	

Reflection:

- Clinicians - how did you find the process of making basic / impairment goals more meaningful?
- Funders - as someone who reviews goal in reports rather than writing them, what were their experience changing goals to make them more meaningful for the client?

Considerations for Practice:

You can use this component that goals should be meaningful to the client to inform future practice:

- What did you consider when trying to write goals that would motivate a client to engage in rehab?
- If you are a clinician, how would you need to change to write more meaningful goals for your clients in future?
- If you are a funder,
 - how do you determine the extent to which goals submitted in reports are meaningful and motivating for the client?
 - Would you give feedback to service providers about whether the goals submitted in reports and plans are meaningful and motivating for the client?
 - What questions do you ask service providers when this is unclear?

Key Tips:

Using Goals to enhance client participation in rehabilitation:

- ❖ Goals should reflect the client's priorities and be meaningful to them
- ❖ Clients are more likely to be motivated to participate in therapy if their goals are meaningful!
- ❖ Clinicians can consider how they can help clients achieve their goals, rather than focus only on the desired change when they treat underlying problems
- ❖ Funders can seek information on the degree to which goals submitted in reports is meaningful to the client

Notes

3.2 Benefits of Goal Setting for Planning within Team Context

The health service providers involved in a client's care should be considered a team, even when they may not work for the same organisation. For example, a client's health service provider team may comprise a GP, a medical specialist, a psychologist, occupational therapist and a case manager. They need to work together to maximise outcomes for the client

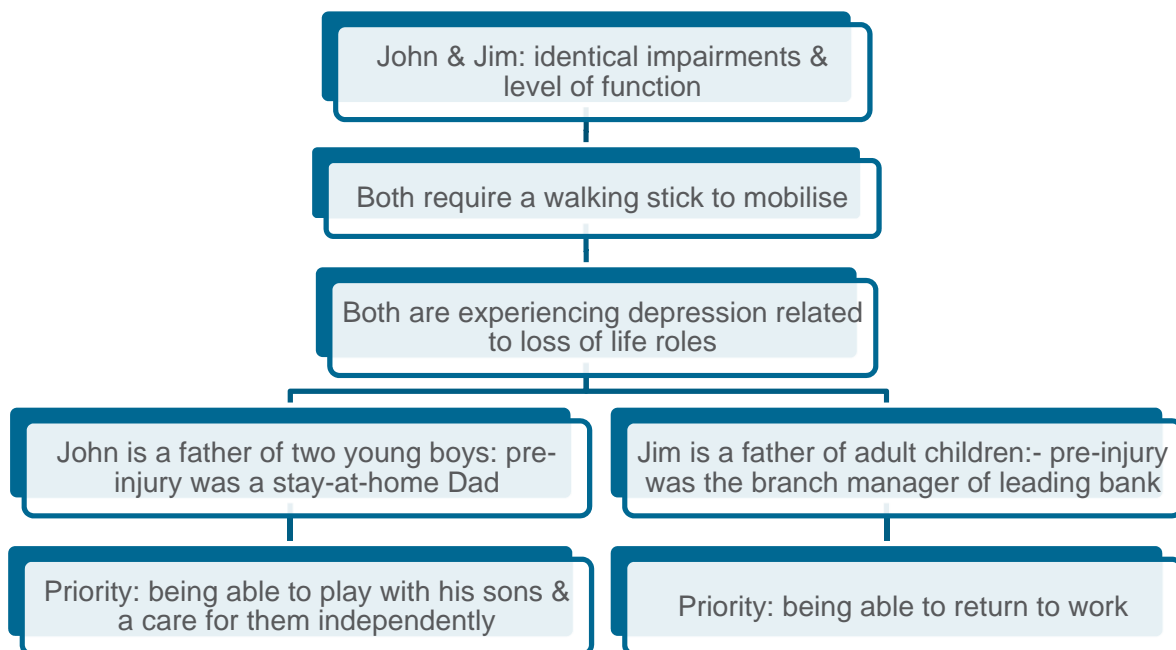
An essential feature of any effective team is the existence of a clearly-stated common purpose^{3,9,11}. Consider a basic example of a team of three chefs collectively making a meal. Each chef needs to be aware of exactly what the meal is so that their contribution is relevant. It is no good for one chef to prepare a stock assuming the meal they are making is a soup, another to make fresh pasta assuming the meal is lasagne, and the third to cook a steak. Each chef will have produced something (a stock, pasta sheets, a steak) but the end product is not a meal – no meaningful outcome has been achieved.



It is the same in rehabilitation. If we do not know what outcome is being aimed for, how can we plan which services are needed? Consider the example of two clients, John and Jim, with identical impairments and level of function. Figure 2 illustrates how the services each client requires to assist him achieve a meaningful outcome will be very different. If John and Jim was provided with identical services, it is likely that in a couple

of months both will have made progress within each therapy, but neither will have achieved their goal.

Figure 2 An example of how client goals direct rehabilitation plans



3.2.1 Team Collaboration

In rehabilitation, a common goal is the first step for ensuring team collaboration and an integrated treatment plan²⁵. The action plan should be developed to support the achievement of the client's specific goals. This enables the team to decide which disciplines will be involved and what is needed for the client's goals to be achieved. Collaboration with the client to identify their goals and agree an action plan supports the delivery of effective client centred rehabilitation.

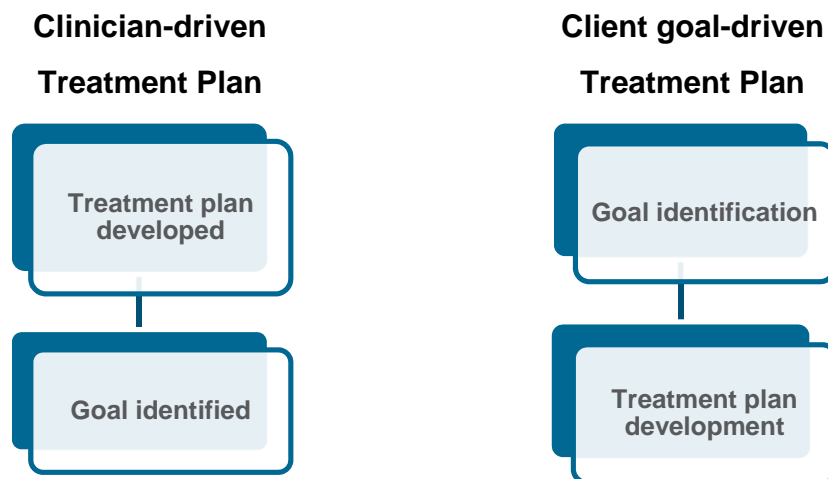
Doig et al¹² state that 'goals provide structure' to rehabilitation. Ensuring the action plan is targeted towards client goals can improve efficiency of service delivery and avoid duplication e.g. the OT and physio both provide intervention regarding transfer skills. Goal setting can also provide an opportunity for intervention and a tool for case

management⁷. It enables clinical planning to remain client focused and can be used to structure collaboration with the client to aid their understanding of the nature and impact of their injuries, particularly when the client lacks this understanding.

It is much harder to develop a cohesive rehabilitation program for the client when goals are formed after the treatment has been decided. This approach is more likely to be used in settings where individual disciplines work separately with the client. In these cases, the risk is that action plans do not support the achievement of client goals as directly. Client motivation may be reduced when the link between actions and their goals is less clear.

Figure 3 illustrates the difference between these two approaches to writing goals.

Figure 3 The difference between a clinician-driven treatment plan and a client goals-driven treatment plan



Individuals and teams can choose to classify or group the type of client goals recorded by their service by looking at the most frequently client set goals. The frequency that different types of goals are set, and the frequency that different types of goals are achieved, provides useful information to support service evaluation. A high proportion of goals achieved in areas of functioning where considerable time is dedicated provides information of service effectiveness. Areas of functioning where lower numbers of goals are achieved may indicate service gaps and areas for service review e.g. teams can review whether changing current practices could enable more clients to achieve goals related to social relationships? Existing classification systems used to classify and group different types of goals include the ICF⁴³ and the Goals Taxonomy¹⁶. Alternatively, individuals or teams may develop their own classification system to suit their requirements.

3.2.2 Measuring Goal Achievement to Inform Clinical Planning

Measuring goal achievement is a dynamic process. Once goals are identified, their ongoing review and use by the clinical team can support clinical practice in a number of ways^{7, 12,16,30,41}. They can:

- motivate clients by providing evidence of progress made to date
- provide the opportunity to incorporate the client's changing status into future plans
- provide teams with information on the effectiveness of the intervention provided to date and indicates ineffective actions that need to be discontinued
- enable reflection of whether the action plan is appropriate or needs to be reviewed
- provide evidence on a service's effectiveness when information about goal achievement on the whole service is evaluated.

Considering information obtained from both goal achievement and repeated outcome measures provides more comprehensive information on the client's changing needs and progress⁶.

Goals can only assist in clinical planning and service evaluation when they are well written, high quality goals. Measuring progress with well written goals can enable clients and clinicians to understand how intervention is effective. If there is slow or no progress towards goal achievement, the team needs to consider what factors are contributing to this so the plan can be revised to suit the changing needs of the client. However, when goals are unclear or poorly written, they cannot be used for this purpose. When a goal is vague, failure to achieve the goal may not mean the client isn't benefiting from therapy – rather, the goal is unable to reflect this. Goals need to clearly describe the expected change in the client if they are to be used to measure client outcomes and the quality of rehabilitation. Measuring goal achievement to assess the quality of care can be supported by evaluating the process of care, whether the actual services provided match the action plan identified.

When reviewing client goal achievement and progress there are several questions you and the clinical team can ask to support team planning. These include:

- Did the client agree with the goal and action plan?
 - does the goal reflect the client's priorities?
 - is the client participating in the actions that they agreed to do?

- Is the goal realistic for this client at this stage?
 - is the goal SMART enough for progress towards goal achievement to be measured?
 - do steps clearly support goal achievement?
 - are there other circumstances that are affecting the client's ability to achieve their goal?

- Does the action plan need to be reviewed?
 - is more time required?
 - are additional actions needed?
 - do some actions need to be discontinued as they are no longer beneficial for the client?

Key Tips:

Using goals to enhance team and clinical planning:

- ❖ Goal setting should be first step completed as this forms the foundation for the development of team treatment plans
- ❖ Evaluating a client's progress towards their goals is an integral part of the rehabilitation process and can be used to evaluate the client's rehabilitation program and ongoing rehabilitation needs
- ❖ Goals provide **structure** to rehabilitation by:
 - **Identifying the outcomes desired** by the client. This enables teams to tailor rehabilitation plans that can motivate a client to participate in therapy and ensure rehabilitation is relevant to the client's life and circumstances
 - **Directing** necessary interventions/ assisting with the **planning** of rehabilitation
 - Providing outcomes against which rehabilitation progress can be **monitored**
 - Assisting in the **communication** of care needs to **funding bodies**
 - **Supporting service evaluation** through the measurement of goal achievement

For clinicians:

- ❖ What process do you use with your 'team' when setting goals with clients?
- ❖ How can your team change their processes to be more client focused?
- ❖ How can you work with 'virtual' teams, where clinicians work in different organisations, to identify a client's goals and develop a cohesive rehabilitation plan? What's different when everyone works in a single team?

For funders:

- ❖ What feedback can you give clinicians and teams regarding whether reports and rehab plans reflect goals set by clients?
- ❖ What support or ideas can you offer 'virtual' teams made up of sole practitioners or clinicians from different services?

3.3 Benefits of Goal Setting for Funding

Increasingly, funders of services require information regarding how the client will benefit from the services provided. Rehabilitation goals can provide useful information to describe the level of change expected in the client as a result of the services provided. Funding bodies generally require clinicians to describe how services for which funding is requested will benefit the client – progress towards rehabilitation goals can be used to provide information on the effectiveness of previous services and anticipated change when additional services are requested. However, funding bodies approve services, not the goals the client has identified.



Funding bodies use the description of the goals, in conjunction with the description of the client's impairments and functional status, to determine whether the requested services meet funding criteria and are considered reasonable and necessary. It is important to demonstrate how requested services will help the client to achieve their goals and minimise the impact of their injuries.

Funding for services is provided when clinicians can demonstrate that the services:

- are related to the client's injury
- directly benefit the client
- meet additional scheme specific criteria, e.g. reasonable and necessary, and LTCSA TRAC (treatment, rehabilitation and care) criteria (see scheme specific guidelines) and within the scope of relevant legislation. These criteria refer to the requested services and equipment, not to the goal itself.

The content in a rehabilitation plan regarding client goals and related action plans should not differ depending on the client's compensable status. A client's goal is still valid, even if the services required to achieve the goal are not the responsibility of the funding body. Ethical practice is to acknowledge the client's goal, formulate an action plan and then explain to the client which services are appropriate. This includes identifying which services and actions warrant an application for funding and those where alternative options must be identified e.g. Medicare funding for allied health services. The only difference should be that, for the compensable client, funding is requested for all or some of the required actions.

Key Tips:

Using goals to support requests for funding:

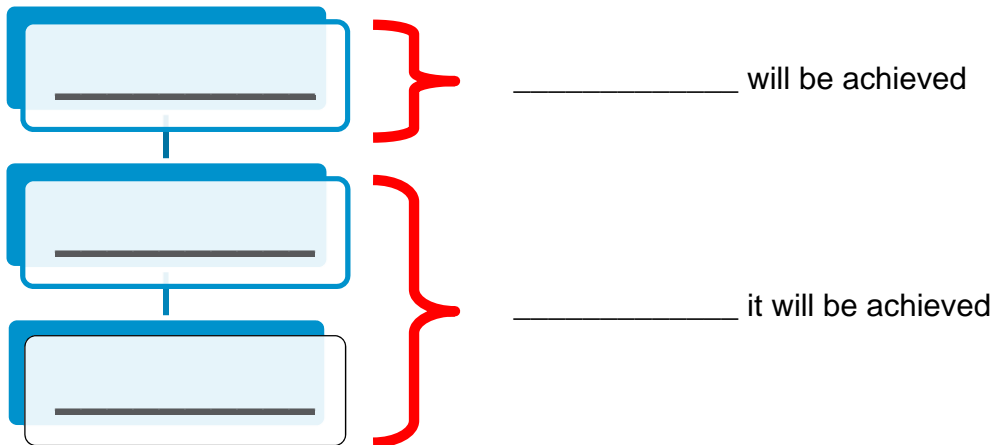
- ❖ All client goals are valid even when the services required to achieve them are not relevant to the funding body
- ❖ Funding bodies approve funding for services not goals; not all services required for goal achievement may meet the criteria for each scheme.

Notes

3.4 Revision Exercise 1

Instructions: In the figure below, there is space to write one of the following words to reflect what you have learnt about the relationship and role of goals, steps and actions:

HOW	STEPS	WHAT
ACTION PLAN	GOAL	



Instructions: Select true or false for the following statements

1. Goals don't motivate clients – only clients can motivate themselves	True	False
2. Goals make it harder to monitor change	True	False
3. Goals ensure that important actions are not overlooked	True	False
4. Goal setting can done as an afterthought once the treatment plan has already been identified by the team	True	False
5. It is services, not goals, that need approval by funding bodies	True	False
6. Relating requested services to meaningful goals helps to illustrate the need for the service	True	False
7. The validity of a client's goal does not change depending on their compensation status	True	False

4. Factors that Influence Goal Setting in Rehabilitation

Setting goals in rehabilitation is a complex task. Many dynamic factors influence the goal setting process. This section will identify a number of key factors that need to be considered when setting goals with clients. These include:

- Client factors
- Level of client goals
- Service factors

4.1 Client Factors that Influence Goal Setting in Rehabilitation

Collaborative goal setting requires clients to be engaged in the goal setting process. This is an important feature of client centred care, but client engagement in the goal setting process can be influenced by pre-morbid and injury related factors. Clinicians need to consider the impact of these factors in how they work with clients to identify the goals. Describing the level of client engagement can help understand the context in which goals have been identified.

4.1.1 Client centred Goal Setting

This training has introduced a number of concepts that place the client at the centre of the goal setting process. For example, we advocate the need to work collaboratively with clients to identify their goals to ensure they are meaningful to clients and relevant to their life and the context in which they live. This is consistent with a client centred approach to rehabilitation. In this approach, the client is at the centre of the rehabilitation process¹⁸. The client is empowered to engage as a partner in making decisions about their own rehabilitation and needs. Features of client centred care include¹⁸:

- the client has shared control of the consultation
- problems are identified collaboratively
- management is agreed to by the client and team
- the client is focused on as a whole person
- the client's motivation is explored
- the client's concerns and need for information is respected
- effort is made to understand the client's emotional needs and life issues.

It follows that a client centred goal is one that reflects the desires of the client (as opposed to the plans of the treatment team).

Client centred goal setting is important because only the client knows what activities are relevant to their own life². There are numerous influences on the type of activities and tasks people choose as relevant to their own life (See

Figure 4). People make choices to fulfil personal preferences and meet environmental and developmental demands. This is a dynamic process which, when successful, accommodates ongoing changes in a person's roles and circumstances, and contributes to their overall quality of life. As this process is unique for every individual, it is not possible for clinicians to identify what activities are relevant for each client. This is something each client needs to do for themselves^{1, 2, 8, 15, 24, 43}.

Figure 4 Influences on activities people choose and need to perform



4.1.2 Client Factors that Influence Client Engagement in Goal Setting

The degree to which the client can engage in the goal setting process and identify a sufficient range and number of goals to reduce the impact of their injuries is influenced by a number of pre-existing and injury related factors (See Table 1).

Table 1 Factors affecting Client Engagement in Goal Setting

Pre-existing	Injury related
<ul style="list-style-type: none"> • personality type • lifestyle • health conditions e.g. mental health, level of functioning • attitude to goal setting and life planning 	<ul style="list-style-type: none"> • cognitive impairment • insight into nature of disabilities and impairments • current level of function • knowledge about anticipated recovery • adjustment to disability after injury • mood / mental health issues

Goal setting is a complex process and it is unrealistic to expect that all clients will be able to formulate goals without assistance, as not everyone consciously uses a goal framework to manage their daily lives. Some authors advocate the need for clients to receive training in goal setting and the rehabilitation process so they better understand what is required and how the goals will be used in their rehabilitation. Even cognitively intact clients with great self-awareness will require direction from health professionals regarding what is realistic within certain time frames. It is even less realistic to expect clients to express goals with all the elements of a SMART goal (see following section).

The impact of injury and any pre-existing conditions can impair people’s ability to understand and engage in a goal setting process. Cognitive impairment, lack of insight into the impact of their injuries and low or impaired mood can all reduce the client’s ability to judge their current status and what goals are reasonable and realistic. Clients may need help in understanding that in order to achieve their long-term goals, other things will need to be achieved first, e.g. to achieve their goal of getting back to work, they first need to be able to walk without assistance, be able to sit without pain, and be able to get up and catch bus to their workplace and arrive on time. Collaboration between the client and clinicians is needed to identify what is and is not achievable and to resolve discrepancies where possible³⁸.

When clients are unrealistic they can identify goals that are unlikely to be achievable in the foreseeable future - balance is needed between the goals identified by the client and the timeframes for service delivery and funding. Bigger and longer term goals may need to be broken down into several goals and many steps, dependent on the level of therapy and time required to achieve them. Clinicians need to ensure that the client gains an understanding of the link between current steps and actions and their longer term goals. When substantial amounts of services are required (i.e. high cost), the client’s ultimate goal may need to be broken down into several client focused goals so

the link between the action plan and anticipated change in the client is clear. This is acceptable as both goals and steps describe how the client will benefit from the recommended action plan.

4.1.2.1 Tools for Engaging Clients in Goal Setting

Given the complexity of engaging clients in goal setting, several informal strategies and formal tools exist for assisting the client to identify goals. As a starting point, informal strategies can be a useful starting point, especially with those clients with less complex and recoverable injuries. Engaging the client to identify their rehabilitation goals may be as simple as using the following prompts:

- ‘What can’t you do since your injury that you’re keen to get back to?’
- ‘What are you finding more difficult since your injury that you’d like to be easier?’
- ‘How will you know when you’re ready to stop coming to see me?’

More formal strategies for interviewing the client and objective goal tools are also available (See Table 2). In essence, these tools are all based around identifying a client’s values, and what activities they would like to be able to do. They can be useful for those who do not feel confident to engage clients in conversations to identify their rehabilitation goals and for clients who are difficult to engage. Not all tools will be useful for all clients or services. The finer details of these strategies and tools are beyond the scope of this training and further research into them is recommended if you feel they will support your practice.

Table 2 Tools to engage clients in a rehab goal setting process

Informal Strategies	Formal Tools
<ul style="list-style-type: none"> • Identity Oriented Goal Setting • Motivational Interviewing 	<ul style="list-style-type: none"> • Canadian Occupational Performance Measure (COPM) • Goal Attainment Scaling (GAS)^{21,36,37}

4.1.3 Continuum of Client Engagement in Goal Setting

Client engagement in the goal setting process is variable and can be thought of as falling on a continuum. At the highest level of engagement, the client will generate their own goals, or some of their own goals. However, sometimes rehabilitation needs to support clients to achieve other goals, even when they have not been explicitly identified by the client themselves. For example, when clients have identified a long term goal but have been unable to identify shorter term goals (needed for funding requests) that will enable them to achieve their longer term goal. Similarly, a client may not be able to identify all of the steps that will be needed to achieve their goal. At the other end of the continuum, clinicians identify goals but these tend not to describe how the client will benefit. The impact of client factors on client engagement is dynamic, and an individual client may be able to identify some but not all goals, so their level of engagement in identifying goals will vary from goal to goal.

We have identified three levels on this continuum of client engagement:

- Client generated goals
- Client focused goals
- Clinician goals.

Both client generated and client focused goals describe an expected outcome i.e. how the client will change / benefit at end of the proposed rehabilitation, but client generated goals describe the client's own priorities. Client generated and client focused goals both involve a level of collaboration with the client and support client centred rehabilitation.

A **client generated goal** is one that the client identifies - it reflects their priorities. The goal may or may not be as stated verbatim by the client. It may have been formulated or re-worded by a health professional to maximise the usefulness of the goal statement but it directly relates to the anticipated level of change desired by the client. Ideally, a client generated goal can be reported verbatim in the client's own words but, in most rehabilitation situations, the health professional will need to assist in the formulation of the goal statement. The health professional makes improvements to the goal in order to generate a statement that is useful for directing intervention, communicating the rehabilitation plan with all stakeholders, applying for funding and measuring progress towards the goal. When the client's own words need to be changed to fulfil the needs for the goal, the client should be involved as much as possible in translating their

priorities into a SMART rehabilitation goal. It should still be something the client understands and agrees to.

A **client focused goal** is one that still relates to how the client will benefit from the therapy, but may not be an explicit priority identified by that client. These can often be steps that help the client achieve their client generated goal. Client focused goals can be set by the clinician but still describe how the client will benefit from therapy. They can be useful to identify additional changes in activity or function that are required for the client to achieve their own goal e.g. encouraging the client to shower daily as a strategy to 'support their ultimate goal of 'getting a girlfriend''. In this example, the client may not be able to identify what a realistic goal is for their particular situation, or may fail to understand the link between shorter term goals and their ultimate goal of 'a girlfriend'. Many factors, including insight, adjustment to disability and time since injury, affect a client's ability to set a realistic goal. When clients identify goals that are unrealistic, or cannot be achieved in the foreseeable future, client focused goals may need to be set to support rehabilitation planning. As clients gain insight and understanding, the client may become able to identify the importance of these goals.

Clinician goals are on the other end of the continuum and usually describe what needs to be done and by when – often what the client will be doing in therapy e.g. 'Jack will complete his home exercise program', 'Jill will complete 6 sessions of physiotherapy', 'Jack will achieve 5 point change on assessment scale'. They often describe what the clinician wants the client to do, but are distinguished from client focused and client generated goals which focus on how the client will *benefit* from therapy. Clinician-focused goals can be appropriately reworded in the action plan, as these typically describe actions to support the client achieve their own goal. They can also provide opportunities for monitoring progress against the client's goals e.g. if the client achieves the clinician generated goal of being able to 'sit for 30 minutes without pain', they are likely to be closer towards being able to achieve their own goal of managing their office work. The client's progress towards goal achievement can be monitored by using a standardised assessment at regular intervals. Clinician goals are less likely to reflect the client's own priorities and may / may not describe the anticipated change in a client.

Key Tips:

- ❖ **Clients know their priorities better than you do!!** Identifying client goals involves engaging the client in conversations to identify what they value
- ❖ Each person needs to identify their own activities and priorities relevant to their lifestyle and quality of life. This cannot be done by the clinician
- ❖ The first step in identifying client goals requires the client to be asked what they want to achieve or change by participating in therapy
- ❖ Clients will vary in their ability to identify issues relevant and realistic to address in rehabilitation
- ❖ Assessments that help clients identify their priorities and preferences can be useful to support clients identify relevant and meaningful rehabilitation and life goals
- ❖ Work with the client to identify their priorities so that as many goals as possible are client generated – i.e. reflect the client's own priorities.
- ❖ Including the client's name in the goal statement does not make it client focused

Summary: Continuum of client engagement in goal setting

- ❖ A **client generated goal** is one that the client identifies - it reflects their priorities. The goal may or may not be as stated verbatim by the client. It may have been formulated or re-worded by a health professional, to maximise the usefulness of the goal statement but it directly relates to the anticipated level of change desired by the client
- ❖ A **client focused goal** is one that one that still relates to how the client will benefit from the therapy, but may not be an explicit priority identified by that client. These can often be steps that help the client achieve their client generated goal
- ❖ Client generated and client focused goals both describe how the client will benefit from therapy, and are preferred to clinician goals that describe what needs to be done and by when

4.2 Levels of Client Goals

There are many factors that influence the nature and size of goals written to support rehabilitation. The primary approach used in this training to describe different levels of goals is the World Health Organisation (WHO) International Classification of Functioning, Disability and Health (ICF)⁴³. This provides a useful framework for describing and understanding the primary focus of rehabilitation goals.

4.2.1 The International Classification of Functioning, Disability and Health (ICF)

The International Classification of Functioning, Disability and Health (ICF) was published in 2001 and classifies the consequences of health conditions on functioning. The components of the ICF model include:

Body function and structures: refers to physiological functions of body systems (including psychological functions) and anatomical parts of the body (including organs, limbs). **Impairments** occur when people experience problems at the level of body function and structures.

Activity: describes the execution of a task or action by an individual. Problems with activities are described as **activity limitation**

Participation: describes involvement in a life situation. At the level of participation, the activities and behaviours people engage in are performed in relation to their roles and the context in which they live. Problems with participation are described as **participation restrictions**. People can experience participation restrictions due to the impact of impairments, activity limitations or contextual factors e.g. prejudicial attitudes, lack of services, inaccessible environments.

Disability is an overarching term that describes problem at any of the three levels.

Contextual factors: describe aspects of the environment in which a person lives that can be thought of as facilitators and barriers to functioning and participation. Contextual factors include *environmental factors* (e.g. social attitudes, architectural characteristics, legal and social structures, climate, terrain) and internal *personal factors* (including gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character).

The ICF is a biopsychosocial model that acknowledges that the experience of health is dynamic, where change in one component can impact others. In rehabilitation, intervention can target each aspect of the model, including the context / environment in which people live.

Figure 5 illustrates the ICF Conceptual Model.

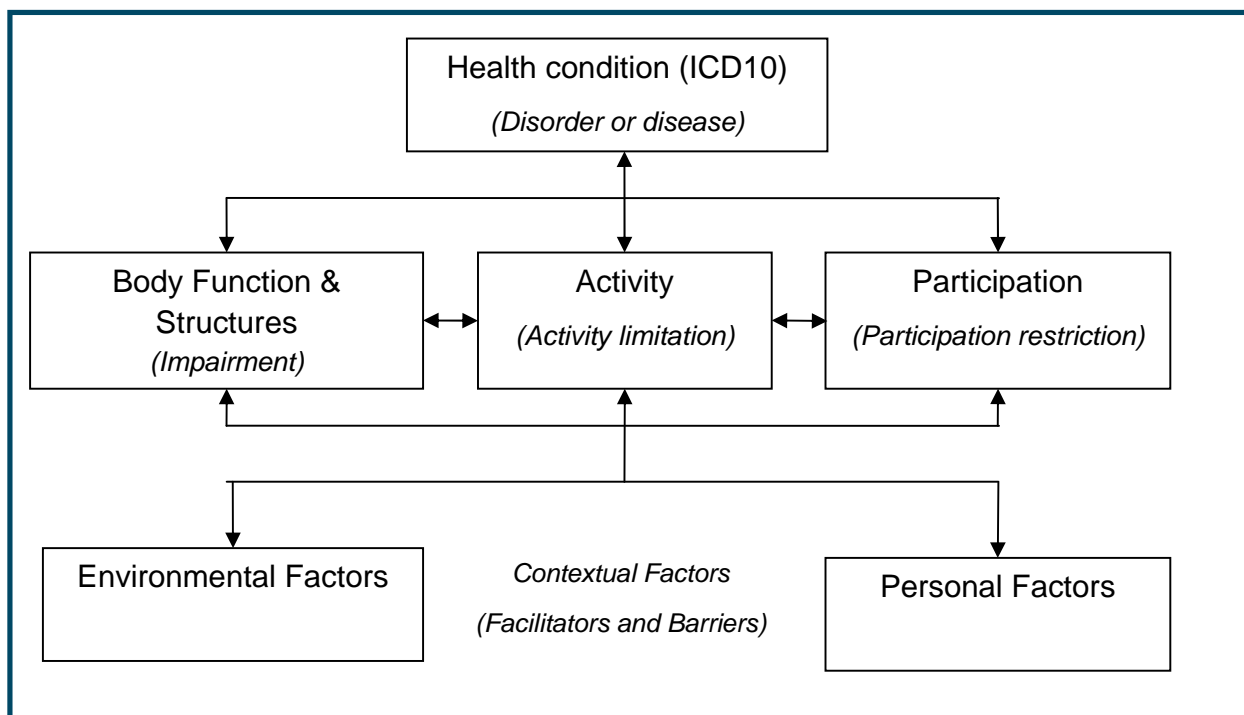


Figure 5 The ICF conceptual model (WHO 2001)

4.2.2 Levels of Rehabilitation Goals Using ICF Framework

The ICF provides a useful framework for articulating the desired and different levels of rehabilitation goals. Using ICF terminology, rehabilitation goals can be set at three levels that describe the desired change in the person's:

1. level of **impairment**
2. level of **activity**
3. level of **participation**.

This concept is most easily explained through examples. See Table 3.

Table 3 Examples of impairment, activity and participation level goals

Impairment	Activity	Participation
Kate will be able to comprehend a 5-step written instruction	Kate will be able to follow a recipe to make a cake	Kate will contribute to her son's school fete by supplying 4 cakes
Steven's hip extensor strength will increase from 3/5 - 4/5	Steven will be able to independently transfer from wheelchair to car	Steven will be able to join his mates at their weekly outing to the pub
Joanne's anxiety will decrease by 3 points on the DASS	Joanne will be able to be in the company of unfamiliar people for >45 minutes without experiencing an anxiety attack	Joanne will attend her daughter's ballet recital
David's deep neck flexor strength will improve from grade 2 to grade 4	David will be able to work at a computer for 4 hours without experiencing pain greater than 3/10	David will return to work 4 hours/day, 3 days/week

Using the examples in Table 3, Steven's physiotherapist will be interested to measure improvement in his hip extensor strength to check that Steven is responding to therapy as planned and to guide when an attempt at independent transfer might be appropriate. Similarly, Joanne's psychologist might measure anxiety using the Depression, Anxiety and Stress Scales (DASS) scores over time to determine the effectiveness of the psychology sessions and guide when it might be appropriate for Joanne to expose herself to different challenges. However, the more meaningful outcome for Joanne will be whether she is able to attend and enjoy her daughter's ballet recital – her main priority.

Participation level goals are considered best practice in rehabilitation. The ICF concept of participation is consistent with the aim of rehabilitation to reduce disability and 'make life worth living'¹³. In Australia, 'the rehabilitation process is different for everyone and rehabilitation programs should be individualised, catering to each person's unique needs'¹⁴. Participation anchors activity performance in the context in which the person lives. Participation level goals are more likely to motivate clients as they demonstrate how rehabilitation can help them achieve meaningful outcomes. For example, telling a client that physiotherapy for 8 weeks will enable them to commence a trial to return to driving is likely to be much more motivating than the potential to improve their neck rotation by 30°.

While participation level goals are advocated as best practice, and are most likely to reflect the longer term priorities of clients, at times impairment goals can also be appropriate^{25, 33, 40}. This is particularly the case in the early stages of recovery and when level of disability remains severe. The focus of a large proportion of therapy in these situations often addresses impairments. The level of engagement of clients in the rehab process is often lower when the client's level of disability is more severe, so setting participation level goals is more difficult, are less likely to be achievable in the short term, and rely on family members' views of what's important to the client. However, even during the early stages, it is important to engage clients as much as possible in identifying their priorities for meaningful activity and participation level goals. This does not mean that participation level goals need not be identified and addressed. Ideally, they will support the client to achieve activity and participation level goals, or provide mechanisms to measure progress.

For example, an elderly client may not have regained the last 20° of shoulder range of motion, but if he is satisfied with his ability to perform all desired activities, this impairment becomes irrelevant in guiding treatment. Conversely, a client who wishes to return to playing tennis may have only lost 10° of shoulder range of motion, but the restoration of full range may be vital for the achievement of her goal of return to tennis.

Impairment level goals are generally more useful for directing and assessing discipline specific interventions. This may be accompanied by impairment level objective assessments to provide detailed clinical information on current status and treatment needs. Impairment goals may be reported as steps, or in the action plan where therapy and assessments to address impairments are described. Figure 6 illustrates this relationship.

Figure 6 The relationship between goal setting and impairment / activity / participation level goals and assessment results



While contextual factors can often be addressed as part of rehabilitation, they should usually be described in action plans that support the achievement of client change at the level of activity or participation, as appropriate e.g. provision of equipment and therapy is a contextual factor in the ICF and an action that supports the client to achieve their goal.

Activity 2

Clinicians: Think of an impairment level goal that you would frequently identify in your clinical work. Write this in the first column. Then fill in the next two columns with possible activity and participation level goals that relate to your chosen impairment level goal.

Funders: Think of an impairment level goal that you frequently see written as a main goal statement in treatment plans. Write this in the first column. Then fill in the next two columns with possible activity and participation level goals that relate to your chosen impairment level goal.

Impairment	Activity	Participation

Considerations for Practice:

After completing the above activity, consider the following questions:

- How did you find the process of describing the combination of impairment goals, activity and participation level goals?
- What would the difference be if you started with participation level goals or client priorities?
- Which level of goal tells you the most about the client and what they want to achieve?

Summary: Levels of Goal Setting

- ❖ It is recognised best practice to set rehabilitation goals at activity and participation levels. This means identifying functional goals that are meaningful for that client and relevant for their lifestyle. Activity and participation level goals often describe a client's return or progress towards an important life role
- ❖ Impairment level goals describe an improvement in a body function, but not necessarily a functional ability. Impairment level goals are useful steps, and should only be used as a main goal statement when activity or participation level goals are not realistic (this generally only occurs in early recovery or in the context of very severe persistent disability)
- ❖ Clinicians should engage clients as early as possible in identifying meaningful activities and roles relevant to their lifestyle to support identification of activity and participation goals
- ❖ When clients, or clinicians, have trouble moving beyond impairment focused goals, ask 'What is it you will be able to do if we address this (impairment) e.g. will being able to run mean you can resume being the coach for your son's soccer team?'

Notes

4.3 Approaches to Rehabilitation that Influence Goal Setting

From a team perspective, there are three approaches to goal setting in the rehabilitation setting:

1. **Multidisciplinary**, in which each different clinical discipline sets discipline specific goals without collaboration with other therapists
2. **Interdisciplinary**, in which a group of health professionals from different disciplines work towards common goals that are set in collaboration, including client involvement in the goal setting
3. **Transdisciplinary**, in which one team member acts as the primary therapist with other therapists providing information and advice^{22,29}.

Collaborative goal setting is an essential and central part of an interdisciplinary process and is considered best practice⁷. The benefits include:

- an emphasis on the involvement of the client in goal setting:
 - not including the client in the goal setting process increases their dependence on the therapist, which is contrary to the purpose of rehabilitation⁵
 - a positive relationship between the level of client involvement in goal setting and rehabilitation outcomes has been demonstrated⁴²
 - non-collaboration with the client in regards to goal setting has been cited as a reason for neuro-rehabilitation failure³⁸
- prevention of the duplication of roles²⁹
- facilitation of a focus on participation level goals, which are recognised as best practice in rehabilitation.

While the overarching approach to rehabilitation may be influenced by service and organisational drivers, clinicians are encouraged to facilitate a collaborative approach to goal setting as much as possible. This differs from a more traditional approach where clinicians drive the treatment plan. Team and client communication is directed by discipline specific goals and interventions. Using an interdisciplinary collaborative approach, client goals direct the action plan rather than individual disciplines identifying goals for the client specific to their role. Communication is structured around the client's rehabilitation goals and each discipline identifies if and how they can contribute to each goal, e.g. instead of discussing OT goals, the OT will ask, does the client have any goals that require OT input? Figure 7 compares the impact of client goal and clinician driven treatment plans on team collaboration and roles.

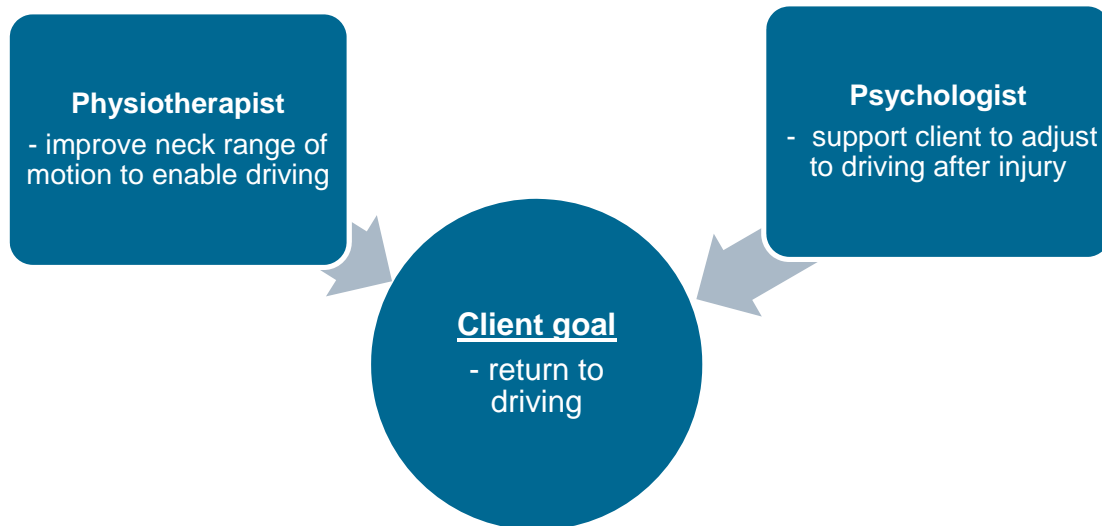
Figure 7 Impact of collaborative goal setting process on team communication and planning



A collaborative approach that enables the client's goals to drive the treatment plan is particularly important when the client identifies participation level goals. Participation level goals can be more complex and often require the input of several disciplines concurrently. Input from multiple therapists is often required from the beginning to ensure a participation level goal is realistic. For example, a client whose goal is to return to work following multi-trauma from a car accident may realistically have the physical ability to do so within three months, but not the psychological well-being. If there is no liaison between the physiotherapist and psychologist, it is possible that the physiotherapist may be setting the client up to fail. It is largely because of the

importance of participation level goals that an interdisciplinary approach is considered best practice (see Figure 8).

Figure 8 An example of the contribution of different disciplines to a client participation level goal



The impact of introducing a more interdisciplinary collaborative approach on time demands will depend on the current approach to service delivery and how meetings and communication about clients are organised. A common response to the suggestion that goal setting be a collaborative approach is that client meetings already take too long and that this will take even more time. Discussions about goals should not be separate to other discussions about clients. All discussions about clients should be relevant to their goals and how these are going to be achieved. **Goals offer structure and focus to the client discussions that are already occurring.**

Within a multidisciplinary unit, changing to a collaborative goal setting approach does not always increase the time demands, but can make meetings and reporting more streamlined. Rather than case conference meetings being structured by headings of each discipline involved - so that that each therapist speaks once to provide feedback regarding progress in their sessions - it is more useful to structure case conferences by headings of the client's goals, with each therapist then reporting on progress and outstanding needs relevant to that goal. This ensures that all are aware of the current goals being worked towards and provides the opportunity for each therapist to provide

any input, relevant to that goal, which other therapists may not have considered. In some settings, additional meetings with clients may be needed. In others, the focus of existing contact with client and clinicians is more goal directed but able to be implemented within current schedules.

The suggestion that case conferences be structured in terms of current goals is sometimes met with comments that this structure is too restrictive and doesn't allow for important information that doesn't relate to a goal to be discussed. Everything that is discussed in a formal case conference should relate to a client's goal. If it doesn't, it is very likely that there is a goal that has not been formally identified. This is often a big change from how people are used to working.

A collaborative goal setting approach is not confined to use within multidisciplinary health units. It is just as relevant when the client is receiving care from multiple private providers. Regular joint meetings may not always be practical, but all health professionals involved should be aware of the client's goals and everyone's role in assisting the achievement of these. When individual clinicians work collaboratively with others, increased time may be required - this requirement can be discussed with the funder. Further information on this point is provided in Section 7.7.

Summary: Approaches to Goal Setting

An interdisciplinary collaborative approach to rehabilitation and goal setting is recognised as best practice. Using this approach, a group of health professionals from different disciplines work towards common goals that are set in collaboration with the client. This approach has the following benefits:

- it facilitates a focus on participation level goals
- it emphasises the involvement of the client in goal-setting
- it facilitates an efficient approach to goal achievement by ensuring that necessary input from multiple disciplines is provided concurrently, without duplication of roles.

A collaborative approach is just as important when multiple therapists do not work at the same unit / organisation. Clinicians can promote professional collaboration by instigating liaison with the other clinicians in the client's rehabilitation team.

Notes

4.4 Revision Exercise 2

Instructions: Select true or false for the following statements

1. An interdisciplinary approach is recognised as best practice	True	False
2. Participation level goals are broader and more complex than impairment level goals	True	False
3. Goals belong to the therapist / discipline	True	False
4. The client is central to all planning and decision making about treatment, rehabilitation and care	True	False
5. A client generated goal reflects a client's priorities and may be reworded by a health professional	True	False
6. A client focused goal is one that may not be an explicit priority identified by that client	True	False
7. All clients can identify all their own rehabilitation goals	True	False
8. Clients may benefit from training or education about goal setting in rehabilitation	True	False
9. A collaborative approach to goal setting can streamline existing meetings about clients	True	False

5. Assessing the Quality of Rehabilitation Client Goals

Goal quality can be assessed using a number of approaches. This training aims to increase skills in writing, revising and using high quality rehabilitation goals in practice using several criteria to evaluate goal quality. The SMARTAAR Goal Process has been developed by Helen Badge, Outcomes Manager at the ACI BIRD, and builds on work of the clinicians in the NSW Brain Injury Rehabilitation Program. The approach builds on existing literature regarding the application and limitations of SMART goals, and provides additional criteria to evaluate goal quality and guides how goals can be used in clinical practice.

Implementation of this approach is supported by the SMARTAAR Goal Worksheet, which is a quick and practical tool to support people to write and improve rehabilitation goals. Other approaches exist and clinicians and funders can use their own approach, or modify this approach to suit their role and purpose. Additional approaches include seeking client and stakeholder feedback on the goals and other published goal quality methods²¹.

5.1 SMARTAAR Goal Process

The SMARTAAR Goal Process refers to the development of SMART goals that reflect the clients desired change in participation that are USED in rehabilitation. The key steps of a SMARTAAR goal writing process include:

- I. Writing a SMART goal
- II. Reviewing the goal quality and making refinements if necessary
- III. Using goals to support clinical practice.

I. Writing a SMART Goal

The first step is to write the goal incorporating as many elements and details as is necessary to describe what the client needs or wants to be able to do. This is done as succinctly as possible, but with sufficient detail so that it is as clear as possible at what point the goal has been achieved. The SMARTAAR Goal Worksheet describes how SMART criteria and other elements can be incorporated into the goal statement. These will be described in detailing the following section.

II. Reviewing goal quality and making refinements if necessary

For existing goals, the SMARTAAR Goal Worksheet can indicate components of the goal statement that may need review. This may involve adding more detail to ensure

descriptors are measurable enough and easily understood by the client and others. It is important to check that the goal pertains to how the client will benefit, and that any actions regarding how this will be achieved are recorded separately (in the lower part of the SMARTAAR Goal Worksheet). Specific instructions for using the SMARTAAR Worksheet are found in Section 6.2.

III. Using goal setting in clinical practice

Once the goal has been written, it can be used to support clinical practice. The action plan to support the client achieve their goal can then be developed, and progress towards goal achievement evaluated and reported.

This process supports goals that:

- Reflect principles identified as SMART goals
- Are client centred i.e. reflect the client's priorities
- Are useful for rehabilitation i.e. support use of goals to motivate client, enhance client participation, team planning and requests for funding
- Direct what action is provided
- Supports clinicians to use their high quality SMART goals to:
 - inform and support clinical practice
 - evaluate the degree to which the rehabilitation provided is client centred
 - measure the effectiveness of the rehabilitation for each client (goal achievement)
 - support team coordination, clinical decision-making and communication
 - support service evaluation through monitoring service-wide goal achievement
 - promotes goals that reflect rehabilitation models of care e.g. client centred, goal focused, interdisciplinary.

Using this approach, goals should be SMART and must also be clear and concise and succinctly tell you what the client needs and wants to be able to do. It is an approach that is flexible enough to apply to different levels of goals, including goals and steps commonly included in rehabilitation plans. In the following sections, the separate elements addressed in the SMARTAAR Goal Process will be described, followed by the instructions and activities to demonstrate how the clinicians and funders can use practical tools to apply these principles when using client goals in practice.

5.2 Elements of High Quality SMARTAAR Goals

5.2.1 Elements of SMART Goals

The first element of the SMARTAAR Goal Process is to develop goals that are SMART. SMART is an acronym for the elements that should be included when formulating goals. The theory behind the SMART acronym is based on the work of Dr Edwin Locke, a psychologist who developed a goal setting theory to explain human actions in specific work situations¹⁸. Numerous definitions have been applied to each aspect of the acronym.

For the purposes of this training, SMART stands for:

Specific

Measurable

Achievable

Relevant

Time-bound

It should be remembered that the SMART formula was developed as a management tool, not a clinical tool. As such, a goal may be perfectly written in SMART format but not necessarily constitute a useful rehabilitation goal. Most importantly, it is possible for a goal to be SMART but not be a participation goal. The SMARTAAR Goal process identified additional elements to address the limitations of SMART criteria.

Specific

This criterion refers to both particular aspects and overall goal statement. In the SMARTAAR Goal Worksheet, Specific starts with using the client's name in the goal statement. Having the client's name in the goal statement requires the goal to be related to the desired outcome for the client, whether or not the goal is client focused or client generated. Having the client name in the goal statement isn't enough by itself to make the goal client centred – it still needs to specify what the client wants to achieve. One of the primary benefits of starting with the client's name is that it makes it harder to write goals related to clinician / team plans for completing the action.

The goal must also specify the outcome the client is aiming for. When goals are specific, the client knows exactly what to aim for, when, and how much. The goal should include specific terms so it is easy to measure or know when it has been achieved (as much as possible). Specific goals should describe concrete outcomes rather than abstract or vague outcomes. For example, 'John will join his friends on a fishing trip' is specific, 'John will increase his social interactions' is not. Telling a client to 'Try hard' or 'Do your best' is less effective than 'Try to get more than 80% correct' or 'Concentrate on beating your best time'. Goals must be unambiguous and clear. Sometimes, wordy and lengthy goals can contain so much information the change desired by the client is lost in extraneous detail. Sometimes simplifying a goal by removing extraneous elements can make it a more effective goal. Consider the client's expressed priorities, impact of injuries, level of functioning and stage in rehab process.

The context and conditions that are required may need to be included to improve a goal's specificity²³. Context generally refers to where the activity will take place e.g., 'Jack will return to his pre-injury employment as a mechanic with Ford' is more specific than 'Jack will return to work'. Context may be implicit. For example, if Jan's goal is to cook the family's evening meal, we do not need to specify 'in her home kitchen'. Conditions generally refer to the level of assistance and equipment required. These elements can also be thought of as increasing a goal's measurability and are described further in the following section.

Measurable

It must be possible to identify when the goal has been achieved. The goal needs to describe the desired level of performance around which clinical interventions are designed, and still make sense to the client. The degree or specificity of 'measurable' will often be informed by the client's own expectations, or based on their previous level of participation.

Table 4 describes elements of a goal that *could* be used to make it measurable.

Table 4 Elements of a goal that may be required to make it measurable

Element	Examples of Measurable Goals
How much	<p>Jill will return to work <u>20 hours per week over 4 days</u> by end March 2013</p> <p>Jack will host a dinner party including cooking a <u>two course meal</u> for <u>himself and three friends</u> at his home within 12 weeks</p> <p>John's satisfaction with his ability as a father will increase from <u>self reported score from 2/10 – 8/10</u></p>
How often	<p>Karen will perform the family grocery shop <u>every week</u></p> <p>Karen will increase her work days from <u>2-3 days/week</u></p> <p>Jack will make his bed <u>every day</u></p> <p>Jill will make contact with a friend <u>twice a week</u> via phone or face to face</p>
How well	<p>Linda will be able to complete her morning hygiene routine <u>within one hour</u></p> <p>Linda will be able to follow a <u>5-step</u> written instruction</p>
With what level of independence/ assistance	<p>Peter will cook the evening meal with <u>assistance only to cut the vegetables</u></p> <p>Jack will walk from home to the bus stop with <u>a walking stick and stand-by assistance</u></p>

A goal may only require one of the elements above, or it may require multiple elements. A goal does not need to include numbers to be measurable. It is measurable so long as there is no ambiguity about what constitutes achievement of that goal. For example, 'Melissa will be able to independently brush her teeth' is measurable - either she can, or she can't. A meaningful measurable goal can help a client to stay motivated to complete their goals when they have a milestone to indicate their progress. It also provides the rehab team with the ability to assess the effectiveness of the rehab plan. Specificity and measurability are related – a non-specific goal generally cannot be measured.

In the SMARTAAR Goal Process, any numbers used to quantify or describe when a goal is achieved must also be meaningful. A compromise may be needed between the degree to which a goal is measurable and meaningful. To support client centred practice, it is most important that goals are meaningful, and measurable enough to support their use in practice. Steps can often include more 'measurable' elements than goals, as these are more clearly linked to service provision, as long as the goal itself is clearly linked to the client's desired level of change.

The level of measurement needs to be balanced with ensuring the goal remains clear and is easily understood. While numbers can provide clear indicators for goal attainment, they do not always help make a goal measurable and can reduce the meaning of the goal for a client e.g. '74% community integration', 'change on assessment from 50 to 65 points'. Referring to change in scores on objective measures is rarely relevant to the client, although it may be useful tool for the clinician to monitor the client's progress. For example, 'Jack's anxiety while playing golf will improve by 5 points on the anxiety scale' may be changed to 'Jack will enjoy playing golf once a week'. Another limitation of using scores is that, even for clinicians, the measurement is only useful when they understand the scope and limitations of the measurement tool being used.

The quality of performance can sometimes be implicit. To use the previous tooth brushing example, we do not need to specify 'using the correct amount of toothpaste, not missing any teeth and remembering to spit out rather than swallow the toothpaste', even though these are elements we would consider when determining goal achievement. However, these nitty-gritty elements of a goal become relevant when a goal has already been worked towards and has been *almost* achieved. For example, if Jason's goal is to return to his pre-injury job as a motor mechanic and he achieves this in every aspect other than the fact that he is consistently late to work, the next goal would be 'Jason will be on time to work each day.'

Activity 3

Choose one of the following statements and re-word it to make it more specific and measurable. You will need to make some assumptions about these fictitious clients. Ensure that the wording is written in a positive way ie what 'will' happen, not what 'won't' happen. Then identify whether your re-written goal is an impairment level, activity level or participation level goal.

Original goal statement	Specific and measurable goal	Goal Level (impairment, activity or participation)
Jack will increase his contribution to family life		
Jill will improve her balance and mobility		
Jack will experience improved mood		
Jill's memory will improve		
Jack will increase his community participation		

Achievable

Is it realistic that the goal will be achieved given the nature of the client's impairments and the available resources (e.g. skills, money, equipment, time)? What is achievable for the client will depend on many factors, e.g. the nature and impact of their injury, previous functional status, stage in rehab, social situation and age. In order for a goal to be achievable, it needs to be realistic. A goal is not achievable if the necessary resources are not available.

Ideally, goals should be achievable but challenging. There is a balance that needs to be aimed for when setting a goal so that it is sufficiently achievable so as not to be intimidating, yet challenging enough to be motivating¹⁷. However, in some situations you may want to document the client's goal, even when it is unrealistic. The 'gap' between the current action plan and the client's goal may need to be explained to funders and can inform ongoing discussions with clients to support the development of insight, particularly if progress towards goal achievement is much slower than the client anticipated. It can also be useful to document unrealistic goals to highlight service gaps where services are unavailable or inadequate.

Playford suggests that goals set to be achieved within a shorter timeframe, say 3-6 months or less, should be 'probably attainable', whilst longer term and life goals will be 'possibly attainable'²⁷. The degree to which a client generated goal is achievable will vary. When clients are unrealistic, the clinician may need to identify client focused (not client generated) goals that are useful for that stage of the rehabilitation program. Incorporating client generated goals as well can be useful to indicate the 'gap' between what the client and clinician are aiming for in the foreseeable future. It also serves to describe potentially longer term client priorities.

Relevant

It is of primary importance that the goal is relevant to the client. The client needs to be able to answer 'yes' when asked, 'Is this goal something you want to work towards?', 'Is this goal important to you?', 'Does this goal matter to you?' This aspect of writing a goal is consistent with a client centred approach. A goal that describes how the client wants to change will usually be relevant to them. Client focused goals need to be linked to broader client generated goals as much as possible and it is important to assist the client to understand the link between them. This ensures client focused goals are relevant to the client.

The likelihood of goal achievement is increased when the client goal is relevant to the service provider. It is useful to identify whether the service can provide the required intervention to achieve the goal. However not every client goal will be relevant to specific services or funders. This needs to be documented and actions may be limited to making referrals or seeking alternative funding opportunities e.g. where the goal is not directly related to injury, is complicated by a pre-existing condition or is outside legislative boundaries of the primary scheme. At times it can also be useful to record goals that cannot be achieved due to such constraints to highlight service gaps.

Time-bound

When will the goal be realistically achieved? Without a time frame, there is less urgency to start taking action towards achieving the goal. This is best specified by a date, rather than by a length of time e.g., 'by February 2013', rather than 'in 3 months' time'. This prevents the need for constant referral back to when the goal was written and makes it clearer as to whether or not client progress is on track.

The time-frame for a rehabilitation plan should be guided by how long it is likely to take to achieve the identified goals, rather than formulating goals to fit in with a pre-determined plan period. The individual circumstances of each client will impact on the time needed to achieve a goal. It will still be necessary, of course, to specify an approximate time frame with the client when engaging them in conversations about what their goals are i.e. whether you are asking them to identify a goal for the next 3 - 6 weeks or the next 3 - 6 months.

5.2.2 The AAR Elements of the SMARTAAR Goal Process

The AAR elements of SMARTAAR Goal process identify three additional elements address how SMART client centred goals are USED in rehabilitation. The many benefits of writing rehabilitation goals are only realised when they are used in practice and engage clients and the families, the clinical team and stakeholders. The AAR elements describe:

Action Plan

The Action Plan specifies each activity/behaviour that will contribute to achieving the steps. These activities may need to be performed by the client, clinician, family member or carer. The action plan is intentionally separate from the client goal statement to differentiate that what the client wants to achieve is not the same as the intervention the clinician wants to provide. The action plan describes what needs to be done to enable the client to achieve their goal – these are related but separate elements of the rehabilitation plan.

One of the key drivers for the development of the SMARTAAR Goal Worksheet was to separate the client's goal (their reason for undertaking the intervention) from the plans of the clinician or team (what needs to be done and by when). Previously, clinicians frequently wrote their interventions as the goal. Differentiating these two elements supports the provision of client centred rehabilitation by ensuring treatment plans match client priorities. The distinction is important: client priorities are driven by their own needs, lifestyle and the context in which they live; the rehabilitation program, while important, is only a means to help them achieve this.

Achievement Rating

Goal achievement needs to be measured if goals are to fulfil their purpose to guide further rehabilitation^{7, 23, 36, 37}. Progress towards achievement of both goals and steps, and delivery of the action plan should be measured (and then reported / shared). Assessing the client's progress in this way enables the goal to be used as an outcome measure. This also allows reporting of the reasons for not achieving the goal or step, as well as the identification of any issues that affected patient progress and the implementation of the action plan.

There are multiple methods of scoring attainment, some more complex than others. Funding bodies often have scheme specific rating scales to use; these generally involve achieved, partially achieved, not achieved. Some include over achieved and discontinued. The key is that some method of measuring goal achievement is used to ensure that the purpose of the goals is met. Some examples of achievement rating scales are provided in Table 5.

Table 5 Examples of goal achievement rating scales

Goal Achievement: Example of a 5 point rating scale	
1	Not achieved
2a	Partially achieved
2b	Mostly achieved
3	Achieved
4	Achieved +
Goal Achievement: Lifetime Care and Support Authority Scale	
1	Not achieved
2	Partially achieved
3	Achieved
W	Withdrawn
N	New
Goal Attainment Scale (GAS)	
+2	Much better than expected
+1	Better than expected
0	Expected
-1	Less than expected
-2	Much less than expected

When using the GAS, the specific outcome that would constitute each score is determined at the time the goal is set³⁶. The GAS is recognised as being very effective as a measure of rehabilitation outcomes, but can be very time consuming¹².

Measuring goal achievement is only useful when the goal describes how the client will benefit. Goals that describe when clinicians aim to complete an intervention provides a measure of process of care, but not client outcome. Goals need to be high quality client centred goals if the aim of measuring goal achievement is to support client centred rehabilitation.

Reporting Goal Outcomes

The time and effort involved in collaborative goal setting can be wasted if no-one knows about how the client has progressed - including the central stakeholder – the client! Who and how progress needs to be reported will depend on the purpose and stakeholders involved. Consider who needs to know this information - the client and their family, rehab team, funder, other agencies?

- Clients and families may want informal verbal feedback, but sometimes written feedback can be powerful.
- Team members will need timely feedback on client progress and the client's views on their feedback. Team processes will influence how communication between clinicians is realised (see also Section 7.7 for further information on developing team processes to support this approach).
- Funding requests need to be supported by clear feedback about how the client has progressed to date and will benefit from future intervention. When is the progress report due?

5.2.3 Additional Criteria for High Quality Goals

SMART criteria provides useful information to direct goal development, but it does not consider the level of client engagement in the goal setting process, or benefits and reasons for writing goals in a rehabilitation context. For this reason, the SMARTAAR Goal Process identified additional criteria considered important for high quality useful goals.

Client centred: In addition to SMART criteria, the SMARTAAR Goal Process identifies that goals must be client centred – i.e. reflect the client's preferences, or at least describe how the client will change as a desired outcome of intervention. Goals are ideally client generated but may be client focused. Steps are more often client focused but can also relate to priorities identified, or at least agreed to, by the client.

Relate to client's participation as identified in ICF: The need to focus on participation level change is also advocated as ideal in rehabilitation.

Useful in rehabilitation: Goals should be useful for rehabilitation – they ideally will realise three primary benefits of writing goals: to engage client in rehabilitation planning,

to support team planning and clinical decision making and to inform communication about client progress including requests for funding for services.

Summary: SMARTAAR Goal Process

SMARTAAR Goal process supports development and use of high quality, client centred rehabilitation goals in practice.

There are 3 steps involved in a SMARTAAR Goal process:

- I. Writing a SMART goal
- II. Reviewing the goal quality and making refinements if necessary
- III. Using goals to support in clinical practice.

SMARTAAR goal criteria can be used to identify client centred goals that support rehabilitation. It includes elements of SMART goals and includes additional criteria for quality goals:

High quality useful goals should be:

1. **S**pecific
Measurable
Achievable
Relevant
Time-bound
2. **Client centred** – describe how client wants / needs to achieve
3. **Participation focused** (ideally)
4. **Useful for rehabilitation:** be clear, concise and tell you what the client wants or needs to be able to do. They can be used in clinical practice to describe:
Action Plan: The action plan is separate from the goal and describes what needs to be done to support the client to achieve their goal. The action plan is separate to the client goal – it describes what activities/behaviours clinicians, the team, other services and the client / their family need to do to achieve the client's goal. The client goal should inform what intervention is required
Achievement rating: It is important to measure each client's progress with goal achievement. Ensuring that progress is monitored is more important than which

measuring scale is used

Reporting: Progress towards goal achievement needs to be reported to ensure that the goals fulfil their functions of motivating clients, informing planning and supporting funding requests.

Using SMART criteria alone does not guarantee that it is a useful rehabilitation goal. It is possible for a goal to be SMART but not be a client centred or participation level goal that supports clinical reasoning in rehabilitation.

Notes

6. The SMARTAAR Goal Worksheet

The SMARTAAR Goal Worksheet was developed by Helen Badge, Outcomes Manager with the ACI Brain Injury Rehabilitation Directorate (2012). The SMARTAAR Goal Worksheet was designed as a quick approach to writing and reviewing **high quality, client centred SMART goals**. The worksheet provides a practical approach to consider the elements in a goal statement that reflect criteria for high quality goals identified in the SMARTAAR Goal Process.

The SMARTAAR Goal Worksheet can be used to develop, review and refine SMART goals that are focused on client participation and support clinical reasoning in rehabilitation. It evaluates the separate elements and overall meaning of a single goal statement and highlights areas for improvement. It has two main applications:

- Clinicians can use the Worksheet to improve the quality of the goals they formulate with clients and to guide them when documenting these goals
- Funders can use the Worksheet to review goals and provide specific feedback to clinicians. This feedback could include what further information is required to understand what the client wants to achieve and will be able to achieve from the requested intervention.

The SMARTAAR Goal Worksheet was developed to address a learning need identified in the NSW Brain Injury Rehabilitation Program (BIRP). Although the concept of SMART goals is not new, clinicians have struggled with writing high quality, SMART goals in clinical practice. The goal setting process is complex and we have already identified a number of factors that influence the goal setting process. The Worksheet was informed by a review of a range of goals in BIRP services. This review indicated a number of inconsistencies in goal writing practice as well as variation in the use of goals in clinical practice. In addition to client factors, variations in service structure and practice, including how goals were developed and whether they were used in practice, existed.

The SMARTAAR Goal Worksheet has not been formally validated but clinicians and funders have reported it is a useful tool and fit for purpose. It draws on existing approaches to writing goals but has tailored them to suit clinical and rehabilitation service needs identified by clinicians and the literature^{7,23,36,41}. It has been found to be flexible enough to be used by clinicians and those approving funding for rehabilitation and related services, including relevant government entities and insurance based roles.

6.1 Scope and Limitations of the SMARTAAR Goal Worksheet

The SMARTAAR Goal Worksheet is a tool to develop and use goals consistent with criteria described in the SMARTAAR Goal Process. Essentially, the SMARTAAR Worksheet is a checklist of the important elements of a rehabilitation goal and how goals can be used in practice. It addresses the development and review of a single goal statement. The Worksheet indicates the need to use the goal in practice, but this is not addressed by the Worksheet itself.

The SMARTAAR Goal criteria include:

- The goal is SMART but still meaningful to the client
- The goal is client centred and ideally describes client generated goals (or at least client focused goals). It describes how the client will benefit from rehabilitation
- The goal is focused on client participation (this criteria sits within the Specific element)
- The action plan is *not* included in the client goal statement
- The focus of the SMARTAAR Goal Worksheet is that the client is at the centre of the goal - the goal should be about what the client is going to achieve, not what the clinician plans on doing. Ideally, goals should focus on the client's participation, but there may be instances where this isn't possible or desired. The client's name is the starting point of the SMARTAAR Goal Worksheet
- Clinicians and teams need to use the client's progress towards their goals and goal achievement in clinical decision making and reporting. This is essential if goals are to fulfil their primary aims (motivate clients, support team planning and funding applications). This highlights that writing the client goal is only the first step - they then need to be USED in clinical practice .

The first part of the Worksheet describes the key elements of high quality goals, enabling each of these elements to be reviewed. Missing or incomplete elements may indicate areas where a goal could be improved. However, just adding more information is not always a solution – *the goal still needs to make sense and reflect the client's priorities*. Clinicians can use the Worksheet to review which parts of a goal statement can be reviewed and improved. Funders can use it to consider what additional information is needed to help them understand how the client will benefit from the services requested.

The second part of the Worksheet focuses on using goals in clinical practice. Goals can be used as a measure of outcome by reviewing progress towards goal achievement and to guide clinical reasoning and communication. Monitoring goal achievement is an integral component of the goal setting process. Without monitoring, client goals can

continue to provide a direction for further therapy but won't indicate whether the previous action plan has been effective. The Worksheet itself primarily focuses on improving the content of each goal statement rather than how and when the goal is used in practice. The person writing or reviewing a goal needs to also consider the goal in relation to other aspects of the client's situation, rehabilitation requirements and funding issues that influence the client's goals and action plans. However, these are beyond the scope and purpose of the SMARTAAR Worksheet. Section 7 describes how goals can be incorporated into Rehabilitation Plans.

While actual use of the SMARTAAR Worksheet focuses primarily on the first two steps in the SMARTAAR Goal Process, it does highlight that further work to use the goal in clinical practice is also needed (although this is unlikely to involve using the Worksheet but will involve using the goal statement generated from the Worksheet).

6.1.1 What type of goals can I use it for?

The SMARTAAR Goal Worksheet assesses a single goal statement. It is flexible enough to be used for a range of goal statements at different levels. The goal statement can describe a goal or step; it can be either client generated or client focused. It can be used when the goal statement in question needs to be SMART and support rehabilitation practice. The need for rigour in the quality of goal statements, that is, the degree to which it includes SMART elements, needs to be decided by each person. Not all goal statements may need to be as SMART as others e.g. client life goals or long term goals may be more general than shorter term rehabilitation goals. SMARTAAR goals can be used with any type of client regardless of age, diagnosis or gender, and with any classification system of goal organisation.

6.1.2 How SMART does a goal need to be?

When deciding how SMART a goal needs to be, goal writers need to consider the degree to which the goal statement reflects the client's priorities, and balance these against SMART criteria and the needs of clinicians and funding bodies. The elements in the SMARTAAR Goal Worksheet describe different components that can be included in goals. However, not all will be needed for every goal statement.

In some cases, including every element described on the SMARTAAR Goal Worksheet can be useful, but simply adding more information does not always improve goal quality, and sometimes reduces the clarity and utility of the goal. In other cases, the more elements included can make a goal wordy and lose sight of the intent of the client's priorities. Sometimes, more elements can reduce the meaningfulness of a goal:

The goal needs to be SMART enough, but not too SMART!

The goal needs to be flexible enough for clinicians to use to support rehabilitation but still be meaningful to the client and remain true to the client's priorities. For goal statements, it is most important that the goal clearly states what the client wants to be able to do.

Different types of goals can influence the ease in which a goal statement balances being SMART and measurable on one hand, and still be meaningful to the client on the other. This can be particularly true for goals regarding people's relationships and more psychosocial aspects of functioning – they are often difficult to make measurable while still being meaningful to clients. Just adding numbers to measure change doesn't always provide meaningful measurement of progress. While the use of objective scores in goal statements can provide a monitoring tool, this should be part of the action plan as this is unlikely to be meaningful to a client – not many clients will be motivated to work towards a goal involving changing 15 points on a scale they don't understand. In relation to funding requests, it is more important to clearly articulate the relationship between how the funded services will benefit the client than focus on detail in the goal statement that may obscure this (even if it seems more measurable).

Similarly, when objective outcome measures (change in scores on assessment tools) are used in practice, they need to be precise enough to give a reliable indicator of change but still be manageable so they can be readily completed by clients and clinicians – and sometimes this means reduced sensitivity. All measures (goals and objective assessments) will vary in the degree to which they are specific and will have some degree of error. This is balanced by their utility in practice – very specific assessments are useless if they take so long there's no time to provide treatment. It is more critical that client goals describe what the client wants and needs to be able to do than meet SMART criteria to the letter.

6.1.3 How long will I need to use it?

The SMARTAAR Goal Worksheet is particularly useful in the early stages of goal writing skill development but may not be needed routinely longer term. In this case, it may only be needed for very complex goals, on an as-needed basis. Once you are familiar with the concepts, you may be able to go through the same process without using the physical structure of the worksheet. At times, it can be useful when goals and clinical needs are very complex, and for scheduled team based discussions where variation in goal writing skills exists.

SMARTAAR GOAL WORKSHEET

Client Priorities / Rehab Goal to be Reviewed:			
SMARTAAR goal elements		Existing Goal Elements	SMARTAAR goal
S	Client name in goal statement		
	What client outcome is being aimed for? What is the purpose of any intervention ? ** CLINICIAN'S ACTIONS/ INTERVENTIONS DO NOT GO HERE**		
	Focus on Client's Participation (Y/N)		
	Where will participation take place – context of goal? e.g. at home, local community (might be implicit)		
M	How well? What is the desired quality of performance in relation to level of independence, amount / nature of supports		
	How much? Quantity of performance by client e.g. time taken, frequency, amount, speed, efficiency		
A	Achievable and Relevant: You must know the client to be able to decide whether any goal is achievable for that client and given the availability of current resources. In some cases, recording a goal that is not achievable may be clinically useful. Ensuring goals refer to the desired outcome for each client rather than describing action plan with timeframes helps keep the goal relevant to the client (rather than the clinician).		
R			
T	Time bound: How long do you think it will take the client to achieve the goal?		
A	Action Plan: What does the multidisciplinary team, client, family and other agencies NEED TO DO to achieve this goal? All treatment plans go here: who does each action, frequency/duration and by when. Actions pertaining to reducing impairments or managing environmental factors (e.g. train carers, equipment) can go here too – list as client steps towards goal if desired.		
A	Achievement rating: Has the goal been achieved?		
R	Reporting goal outcomes: Who needs to know about progress the client made on this goal?		
Is the goal clear and concise?			
Does the goal identify what the client needs / wants to be able to do?			
Revised goal:			

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6.2 How to Use the SMARTAAR Goal Worksheet

The SMARTAAR Goal Worksheet is flexible and can be used for different purposes. It helps identify elements that may be useful to explain what the client wants and needs to be able to do to support rehabilitation.

Using the Worksheet supports clinical reasoning. However, the clinician or funder still needs to make judgements about whether the goal is appropriate for this client, for this aspect of functioning and for the purposes it is being reviewed (i.e. is it appropriate for the funding body to support). It is not a stand-alone solution but provides a process to write and review goals and highlight how they can be used to support rehabilitation.

Guidelines on using the Worksheet have been provided for WRITING GOALS, and REVIEWING GOALS. These can be adapted to suit clinical need, clinician level of skill and team and service processes.

6.2.1 Using the SMARTAAR Goal Worksheet: Instructions for CLINICIANS

<p>1. Start at the top of the Worksheet in 'Rehab goal to be reviewed'.</p> <ul style="list-style-type: none"> • If you are WRITING A NEW GOAL, record the client's words or their main priorities for treatment e.g. I want to be earning money, I want to get back to work by the end of the year. • If you are REVIEWING AN EXISTING GOAL, record the current goal statement.
<p>2. Use the Worksheet boxes under the 'Existing goal elements' column to record elements that will help develop a SMART goal statement the client identified they want to achieved. For new goals, more than one goal may be necessary to reflect the client's priorities to support rehabilitation.</p> <ul style="list-style-type: none"> • What is the client's desired outcome? The 'level' or amount they want to achieve in a given period may need to be narrowed down to fit within funding and service requirements. • When writing the rehabilitation goal, start with the client's name • Is it a participation goal? If not, consider whether it could be. • Add elements you can think of using SMART criteria. The client may be able to identify some details of what goal achievement would look like for them. • Sometimes it's easier to initially record ideas for the action plan to support goal achievement, as most clinicians will have early ideas on this. This can help identify the details to be included in the goal statement and ensures the action plan doesn't sneak into the goal statement.
<p>3. If the goal statement appears to tell only part of the story, use the 'SMARTAAR goal' column to add and change the goal statement to make it a clearer better goal.</p> <ul style="list-style-type: none"> • Start by reviewing which SMART boxes are blank – what elements are missing from the goal according to SMARTAAR criteria? What extra information is needed? • Does existing information need to be reworded for greater clarity? • Are any numbers meaningful and make sense in real life? The client's satisfaction may be a better indicator than any change on an assessment. For some goals, particularly psychosocial issues, there may be no relevant metric. If one is used, the criterion of success should be understood by the client.
<p>4. Sometimes goals can be improved by adding more detail. And all or most of the boxes need information. However, on other occasions, the goal is improved by simplifying it and taking extraneous information out of the goal, particularly where information is explicit. For example, the context may be obvious and not need repeating in the goal statement e.g. driving ... on roads, playing golf at the golf club. Consider the purpose of this goal – for the client, team planning and funding – and balance SMART criteria with the intent of goal.</p>
<p>5. Once the goal is documented, review the goal statement.</p> <ul style="list-style-type: none"> • Does it tell you succinctly what it is the client needs and wants to do as an outcome of the action plan? Does the goal statement reflect the client's priorities effectively? <p>You need to determine the balance required between remaining true to the client's priorities and writing a SMART, measurable goal that fulfils the purpose of writing the goal. The goal needs to be SMART ENOUGH, but not too SMART. Sometimes, simple goals are best.</p> <ul style="list-style-type: none"> • Does the goal fulfil its purpose e.g. motivating clients, rehabilitation planning and communicating with funders?
<p>6. Review steps 3 and 4 if required. Then after any revisions repeat step 5 to help make sure the goal is SMART enough, but still useful and meaningful.</p>
<p>7. Record the revised goal statement that will be used to guide rehabilitation in the box at the bottom of the sheet.</p>

**6.2.2 Using the SMARTAAR Goal Worksheet:
Instructions for FUNDERS and CLINICAL MANAGERS**

1. At the top of the Worksheet in the box ' Rehab goal to be reviewed ', record the goal as it is currently documented.
2. Use the Worksheet boxes under the ' Existing goal elements ' column to record elements that are currently included in the goal statement.
3. Review the existing GOAL elements against SMARTAAR Goal Sheet elements: <ul style="list-style-type: none"> • Is the client's name included (or explicit)? • Is there sufficient information in each box? Are they clear and meaningful? • Are there blank boxes that may indicate what other information may be useful e.g. criterion to determine when the goal has been achieved (how well / how much) • Is there enough information to determine when the goal will have been achieved?
4. Review the overall goal: <ul style="list-style-type: none"> • Does it tell you succinctly what it is the client needs and wants to do as an outcome of the action plan? • Does the goal statement appear to reflect a goal that may be relevant to the client? • Does the report indicate the degree to which the client was involved in generating their own goals? • Does the goal fulfil its purpose? Does it provide enough information to support the requested services?
5. Use the ' SMARTAAR goal ' column to write questions that clarify what additional information you need. Consider what other information you would like to know about how the client expects to benefit from the requested services: <ul style="list-style-type: none"> • Given other information other information you've been provided with or know about this client, how realistic is this goal for this client at this time? Reduced insight may influence more client generated goals, particularly early after severe injury. • How will you measure when this goal will be achieved? • Identify questions that will provide further information missing from the goal you'd like to see or know about. • Remember, client centred goals are always relevant and valid to the client. Goals can motivate clients to participate in therapy to minimise the impact of their injury. Consider how the requested services are relevant to their injuries, as well as to the client's goals. Consider relevant scheme and service specific criteria in relation to services requested.
6. Do you need more information? <ul style="list-style-type: none"> • Do other sections of the report/s provide information you would like? • Where can you get the information: Case manager, other clinicians, client or family? • Is the goal good enough to provide context, even if it's not as SMART as possible when the requested services to achieve goals meet relevant criteria?

Table 6 Tips for using SMARTAAR Goal Worksheet

Elements	DETAILED EXPLANATION OF GOAL ELEMENT
Specific	Is the client's name included in goal statement? It should be there to support client centred goals and rehab
	WHAT does the client want to achieve? What is the point of doing the intervention? Is the goal focused on participation (or activity)? Ensure the goal is clear and well defined. It provides reason for providing and evaluating the efficacy of intervention
Measurable	Is it easy to determine when the goal is achieved? (This is also linked to 'Specific' criterion) If you cannot measure whether the goal has been achieved or not, you may need to refine the goal further
	What is the desired standard or quality for achievement? <ul style="list-style-type: none"> • Specify what the desired standard / quality is needed to be met for the goal to be achieved e.g. frequency, level of independence, speed, number of errors, location, quantity • How will you measure whether goal has been achieved? If this question is hard to answer, you may need to refine goal further
Achievable	Is the goal realistic for this client at this time? Consider the client's injury, age, supports, lifestyle and stage of rehab
	Is the goal achievable given current resources? <ul style="list-style-type: none"> • Is the goal is within the capacity of your service / role? Note most case managers can't provide the intervention to achieve therapy goals, and need to demonstrate how the various disciplines are working together towards the client's goals
Relevant	Has the client said that they want to achieve this goal? The goal needs to have meaning for the client Is the goal relevant for the services being requested? Is the goal within scope of service / funding body?
Time bound	How long do you think it will take for the client to achieve the goal? Include a specific time period <ul style="list-style-type: none"> • Ensure that there is enough time to achieve the goal • If it will take too long, smaller goals may need to be written
Action Plan	What does the multidisciplinary team, client, family and external agencies need TO DO to achieve this goal? <ul style="list-style-type: none"> • Who does each action? When is it due to be completed? • Clinician actions with a timeframe for completion should be recorded in this section (not the goal itself) e.g. 'complete neuropsych assessment by • Impairment goals can often be reworded as steps to monitor progress e.g. use of DASS to monitor changes in mood, 6 minute walk test
Achievement Rating	A good goal should be measured. Use a rating scale to describe the degree to which the client has achieved their goal <ul style="list-style-type: none"> • Services / schemes may have their own goal achievement scale • Reporting reasons for not achieving a goal can enable goals to be used as an outcome measure, to communicate with the client, and to support ongoing clinical reasoning and service evaluation e.g. 'Poorly written goal / Client moved / Client changed mind re goal / No appropriate service available'
Reporting Goal Outcomes	Who needs to know about the progress the client has made to date? Providing the client with feedback ensures that rehab remains client centred and can maintain motivation <ul style="list-style-type: none"> • How many goals were fully / partially achieved? • What factors affected progress towards the goals? • What are the implications for ongoing rehab? Does the action plan need to be amended?

Using the SMARTAAR Worksheet with an example can illustrate how these instructions work in practice. Take the example of the following goal:

Increase client motivation to participate in physiotherapy by incorporating some of his therapy into his program at school and after school care centre.

When reviewing this goal, consider the following questions:

- Do you think this goal is client generated, client focused or clinician generated?
- Does it succinctly tell you what the CLIENT wants and needs to be able to do?
- Do you think it would be a meaningful goal to a school aged boy?

It is more likely this is a clinician generated goal to describe what the clinician wants the therapist to do. It doesn't yet describe what the client wants to be able to do when he does complete his physio.

Given the existing goal, the phrases and elements of this goal can be broken down, and recorded in the blue Existing Goal column:

- Client name? Not stated (referred to as client)
- Client outcome: not described
- Focus on client participation: No, focused on the completion of the action plan
- Where: relates to action plan (school and after school care)
- How well and how much: not described.
- Time-bound: Not described
- Is it clear and concise: Yes
- Does it tell us what the client wants and needs to be able to do? NO

The SMARTAAR Goal column on the right side of the Worksheet can be used to improve the goal statement. Other information about the client's priorities are then needed to 'fill the gaps' to generate a client centred goal that describes the desired level of change in their participation. In this case, the client may want to be able to play football in after school care.

Consider:

- What is the client's main participation goal? He has said she wants to be able to play footy. Add this to the Client Outcome box.
- How will we know when he's playing enough footy to be happy he's achieved his goal. In conjunction with the physio they have decided that playing for 20 minutes 3 times a week is a good starting goal. He does sport at school on Tuesdays and Fridays so playing more sport after school may be too much at this time. These details can be added into the How Much box.
- Other details go into action plan. Motivating Jack is a purpose for writing a client centred goal, not a goal in itself.

This example has been illustrated in the using the form of the SMARTAAR Goal Worksheet on the next page.

EXAMPLE USING SMARTAAR GOAL WORKSHEET

SMARTAAR goal elements			Existing Goal Elements	SMARTAAR goal
Client Priorities / Rehab Goal to be Reviewed:				
<u>Increase client motivation to participate in physiotherapy by incorporating some of his therapy into his program at school and after school care centre.</u>				
S	Client name in goal statement	<u>client</u>	Jack	
	What client outcome is being aimed for? What is the purpose of any intervention? CLINICIAN'S ACTIONS/ INTERVENTIONS DO NOT GO HERE		Will be able to play footy with his mates	
	Focus on Client's Participation (Y/N)	No	Yes	
	Where will participation take place – context of goal? e.g. at home, local community (might be implicit)	<u>'at school and Aboriginal after school care centre'</u>	In after school care	
M	How well? What is the desired quality of performance in relation to level of independence, amount / nature of supports			
	How much? Quantity of performance by client e.g. time taken, frequency, amount, speed, efficiency		For 20 minutes three times a week	
A	Achievable and Relevant: You must know the client to be able to decide whether any goal is achievable for that client and given the availability of current resources. In some cases, recording a goal that is not achievable may be clinically useful. Ensuring goals refer to the desired outcome for each client rather than describing action plan with timeframes helps keep the goal relevant to the client (rather than the clinician).			
R				
T	Time bound: How long do you think it will take the client to achieve the goal?		By Easter (18 th April 2014)	
A	Action Plan: What does the multidisciplinary team, client, family and other agencies NEED TO DO to achieve this goal? All treatment plans go here: who does each action, frequency/duration and by when. Actions pertaining to reducing impairments or managing environmental factors (e.g. train carers, equipment) can go here too – list as client steps towards goal if desired.	<u>'participate in physiotherapy'</u> <u>'incorporating some of his therapy into his program at school and Aboriginal after school care centre.'</u>	<ul style="list-style-type: none"> • Physiotherapy sessions • Jack will complete 'home' exercise programme at school and after care • Training for support staff for exercise program 	
A	Achievement rating: Has the goal been achieved?			
R	Reporting goal outcomes: Who needs to know about progress the client made on this goal?			
Is the goal clear and concise?				
Does the goal identify what the client needs / wants to be able to do?				
Revised goal: Jack will be able to play footy with his mates for 20 minutes three times a week at after school care by Easter, 18th April 2014.				

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Summary: Assessing Goal Quality

- ❖ The SMARTAAR Goal Worksheet was designed as a quick approach to writing and reviewing **high quality client centred SMART goals**. It provides a checklist of the important elements of a rehabilitation goal and how goals can be used in practice
- ❖ SMARTAAR Goals:
 - need to be client centred, SMART goals that address desired change in the client's participation
 - must be clear and concise and succinctly tell you what the client needs and wants to be able to do
- ❖ It is an approach that is flexible enough to apply to different levels of goals, and goals and steps commonly included in rehabilitation plans
- ❖ You can use the SMARTAAR Goal Worksheet to:
 - write smart goals that can be used in clinical practice
 - review goal quality
 - identify how goal quality can be improved
 - identify other information needed when reviewing requests for services
- ❖ Clinicians, clinical managers and funders can all use the SMARTAAR Worksheet
- ❖ Use the Tips for Using SMARTAAR Goal Worksheet handout to help you make decisions when writing and revising goals

Notes

6.3 PRACTICAL ACTIVITY 1

6.3.1 Instructions

Use the SMARTAAR Worksheet TO REVIEW AND IMPROVE the goal provided on the following page:

1. Use the SMARTAAR Worksheet on the following page elements to record each 'element' of the goal according to the boxes.
2. Identify the gaps in the goal. What is missing? Can the goal be improved? If yes, add detail to improve the goal. You need to develop your own ideas about the client, their rehab needs and situation.

6.3.2 SMARTAAR WORKSHEET for PRACTICAL ACTIVITY 1

Client Priorities / Rehab Goal to be Reviewed: Penny will independently access her 'her own backyard' (with its rugged terrain) and her local community allowing her to engage fully in family activities on weekends and holidays by October 2014.			
SMARTAAR goal elements		Existing Goal Elements	SMARTAAR goal
S	Client name in goal statement		
	What client outcome is being aimed for? What is the purpose of any intervention ? ** CLINICIAN'S ACTIONS/ INTERVENTIONS DO NOT GO HERE**		
	Focus on Client's Participation (Y/N)		
	Where will participation take place – context of goal? e.g. at home, local community (might be implicit)		
M	How well? What is the desired quality of performance in relation to level of independence, amount / nature of supports		
	How much? Quantity of performance by client e.g. time taken, frequency, amount, speed, efficiency		
A	Achievable and Relevant: You must know the client to be able to decide whether any goal is achievable for that client and given the availability of current resources. In some cases, recording a goal that is not achievable may be clinically useful. Ensuring goals refer to the desired outcome for each client rather than describing action plan with timeframes helps keep the goal relevant to the client (rather than the clinician).		
R			
T	Time bound: How long do you think it will take the client to achieve the goal?		
A	Action Plan: What does the multidisciplinary team, client, family and other agencies NEED TO DO to achieve this goal? All treatment plans go here: who does each action, frequency/duration and by when. Actions pertaining to reducing impairments or managing environmental factors (e.g. train carers, equipment) can go here too – list as client steps towards goal if desired.		
A	Achievement rating: Has the goal been achieved?		
R	Reporting goal outcomes: Who needs to know about progress the client made on this goal?		
Is the goal clear and concise?			
Does the goal identify what the client needs / wants to be able to do?			
Revised goal:			

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6.4 PRACTICAL ACTIVITY 2

6.4.1 Instructions

Using a client goal that you have brought to training, use the SMARTAAR Worksheet TO REVIEW AND IMPROVE that goal.

1. Use the SMARTAAR Worksheet elements to record each 'element' of the goal according to the boxes.
2. **Clinicians:** Using your knowledge of the client identify the gaps in the goal. What is missing? Can the goal be improved? If yes, add detail to improve the goal. You need to develop your own ideas about the client, their rehab needs and situation.
3. **Funders:**
Using your knowledge of the client or information provided in the report/s:
 - a. What questions do you want to ask to get information you think is missing?
 - b. Feel free to add information to improve goal using SMARTAAR Worksheet instructions for clinicians.

6.4.2 SMARTAAR GOAL WORKSHEET – PRACTICAL ACTIVITY 2

Client Priorities / Rehab Goal to be Reviewed:			
	SMARTAAR goal elements	Existing Goal Elements	SMARTAAR goal
S	Client name in goal statement		
	What client outcome is being aimed for? What is the purpose of any intervention ? ** CLINICIAN'S ACTIONS/ INTERVENTIONS DO NOT GO HERE**		
	Focus on Client's Participation (Y/N)		
	Where will participation take place – context of goal? e.g. at home, local community (might be implicit)		
M	How well? What is the desired quality of performance in relation to level of independence, amount / nature of supports		
	How much? Quantity of performance by client e.g. time taken, frequency, amount, speed, efficiency		
A	Achievable and Relevant: You must know the client to be able to decide whether any goal is achievable for that client and given the availability of current resources. In some cases, recording a goal that is not achievable may be clinically useful. Ensuring goals refer to the desired outcome for each client rather than describing action plan with timeframes helps keep the goal relevant to the client (rather than the clinician).		
R			
T	Time bound: How long do you think it will take the client to achieve the goal?		
A	Action Plan: What does the multidisciplinary team, client, family and other agencies NEED TO DO to achieve this goal? All treatment plans go here: who does each action, frequency/duration and by when. Actions pertaining to reducing impairments or managing environmental factors (e.g. train carers, equipment) can go here too – list as client steps towards goal if desired.		
A	Achievement rating: Has the goal been achieved?		
R	Reporting goal outcomes: Who needs to know about progress the client made on this goal?		
Is the goal clear and concise?			
Does the goal identify what the client needs / wants to be able to do?			
Revised goal:			

7. Putting it All Together

This training has provided you with information and skills to write, review and use rehabilitation goals in the context of your role. This section provides information to synthesise the information and skills you have learnt during this training program. We have provided an example of a template for writing rehabilitation plans. The aim of the template is to illustrate how concepts addressed in this training work together. It provides an example of how the final stage of the SMARTAAR Goal Process- using goals in clinical practice. Specifically, incorporating SMARTAAR Goals into a rehabilitation plan will demonstrate how:

- Goals form the basis for developing steps and action plans to guide client centred rehabilitation
- Goals can fulfil the purposes of working with the client, in team collaboration and submitting funding requests
- Steps and action plans are developed to demonstrate how the client's goals can be achieved
- Use goal achievement to inform clinical reasoning, as well as communication with the client and other stakeholders.

7.1 Structuring Rehabilitation Plans

Goals are frequently documented in written rehabilitation plans that communicate the client's goals, rehabilitation treatment plans and progress in a single document. When clients are eligible for funding, these plans also support requests for funding to deliver required and appropriate services.

Rehabilitation Plans are, ideally, a document that conveys to all stakeholders:

- The goals being aimed for
- The strategies for goal achievement (i.e. Steps and action plans)
- Progress being made.

Documenting this information (goals, strategies and progress) should be an essential step in the rehabilitation of all clients, regardless of their compensation status. Rehabilitation Plans should not be considered as merely a document to submit to funding bodies to request payment for services.

An effective rehabilitation plan is in effect fulfilling the AAR of the SMARTAAR goal process – it links **A**ction plans to **S**MART goals, **A**chievement is assessed and **R**eported on to key stakeholders. It enables goals to be used in clinical practice and maximise their utility for the client, clinicians and others.

How a rehabilitation plan is structured, i.e. what information goes where, can make a big difference to how effectively it meets the purposes outlined above. The structure of a rehabilitation plan is often dictated, at least partially, by the templates created by funding bodies. Unfortunately, not all templates are conducive to goal-setting best practice.

7.1.1 Client generated and Client focused Goals in Rehabilitation Plans

A rehab plan may include a mixture of client generated and client focused goals. The number and type of goals identified by clients will vary. While many clients will identify participation and activity goals, they may also identify some impairment level goals. For example, a client may identify a few goals at different levels: (1) 'I want to get back to work by Easter', and (2) 'I want to be able to sit at my desk without pain'. Some clients will identify several goals, some only one or two, and others may need support to identify even one goal. Some clients need education in what goals are and how to set them. Negotiating realistic and appropriate goals can be an important part of the rehabilitation process, as individuals adjust to their level of impairment and disability.

Clinicians often find it is easier to use the SMART goal format to describe impairment level goals, as these can reflect the results of assessments that are frequently completed as part of the assessment process, e.g. 'Jill's DASS score will improve by 5 points', 'Jack's knee range of motion will improve by 60°'. In a rehabilitation plan, these are more appropriately described as actions to monitor a client's progress towards their own goal, rather than goals in themselves e.g. an action will include 'to monitor changes in Jill's anxiety using DASS'. Additionally, more discrete activity goals may also be reported as steps supporting the client achieve their bigger goal.

Figure 9 illustrates the use of client generated and client focused goals in rehabilitation plans.

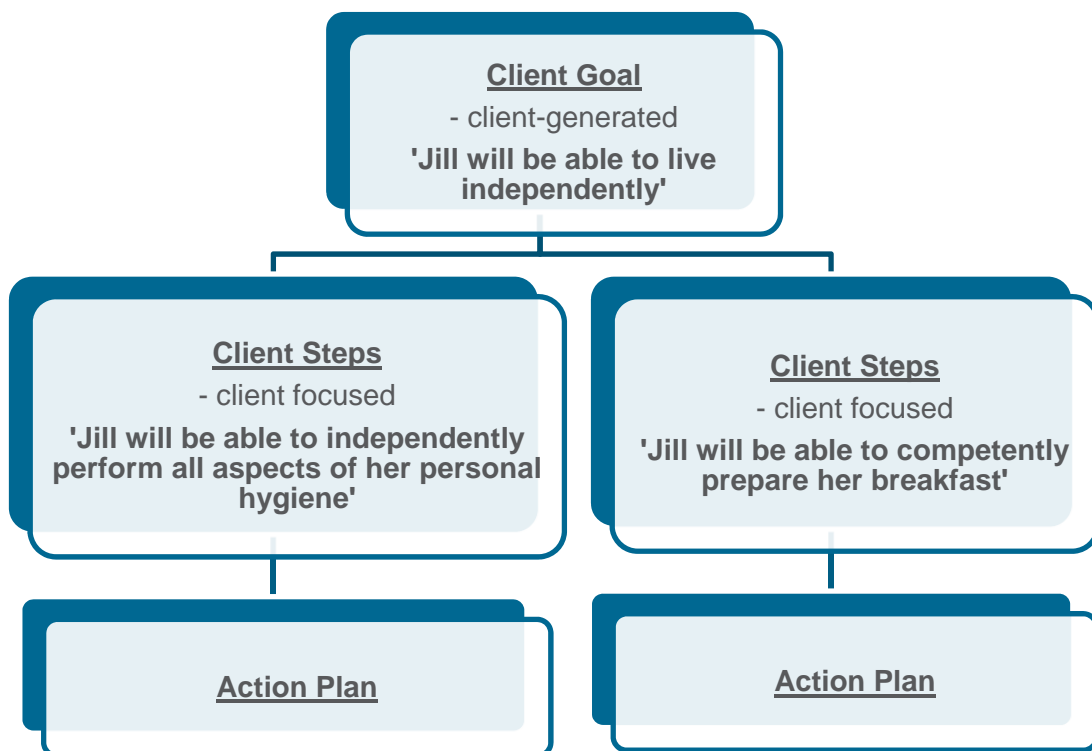
Figure 9 The use of client generated, client focused and clinician generated goals in rehabilitation plans



Example 1: Jill expresses that she wants her 'life back'. For her, this means she wants to live independently. However, based on assessments, it is considered unrealistic that this goal can be achieved within the next 3 - 6 months. Jill is assisted to identify and agree to shorter-term goals that are still relevant to her long-term goals, but more useful in supporting the immediate phase of her rehabilitation. The more realistic goals described in the rehabilitation plan include being able to independently perform all aspects of her personal hygiene and to competently prepare her breakfast. Whilst Jill may not have initially identified these specific goals, they are still client focused and still relevant to her stated goal of returning to independent living. Jill was able to agree to these goals as part of her rehabilitation program.

Figure 10 illustrates the relationship between Jill's client generated goal and the two client focused goals that will help her achieve this.

Figure 10 An client example of a client generated goal and two client focused goals



It is important that the goal statement actually reflects an outcome that is meaningful to the client. Including the client's name in the goal helps ensure the goal relates to the desired change in the client. It makes it harder to write goals that relate to the action plans or objectives of the clinician. The goal statement that reflects Jack's main priority could be 'Jack will be able to return to his pre-injury employment as a shelf-stacker'. However, including the client's name in the goal statement is not enough by itself to make it client focused. For example, 'Jack will learn safe lifting technique' describes a strategy and is not a client focused goal.

7.2 Template for Rehabilitation Plan Reporting

A rehabilitation plan template has been developed to illustrate key messages addressed in this training. It demonstrates how information can be structured to best apply the principles of high-quality goal setting identified in this training. The information in the template relates to the section describing the client goal, steps and action plan (this template does not contain all the information required in a formal report to a funder e.g. background and injury information, service costings etc). We have used this to demonstrate how information on goal achievement and actions can

be used to request initial and subsequent funding for specific services. It also documents the relationship between client progress and the need for different types of services over time, whilst still working towards the client's main goal.

The same information is essentially required on other templates e.g. LTCSA Community Living Plans. Schemes and services will usually have their own rehabilitation form templates that you need to use as required. Any scheme specific questions about rehab plan documentation should be directed to the relevant scheme. The rehab plan outlined in this training is not intended to replace existing forms, but may be used to inform a review of rehabilitation plan forms by funders and rehabilitation services. This section aims to illustrate key lessons learnt during the training. These can be translated when you need to use other rehab plan templates when document a client's rehabilitation needs and progress. Experience using different templates assists in skill development of writing goals, steps and action plans.

7.3 Elements of the Rehab Plan Template

The template we have used in this training demonstrates the link between the key elements of the plan: the client goal, steps and the associated action plans.

The client's goal is the starting point when devising a rehab plan. The next step is to identify what the client will need to do to achieve that goal. Finally, the actions that the client, significant others and rehab team need to undertake to achieve the step are listed.

When appropriate, assess the client's progress towards their goal. Achievement is reported on ALL ELEMENTS SEPARATELY - it is recorded in the 'Achievement' column next to the goal, each step and each aspect of the action plan. Comments are recorded in the 'Progress' box.

Whilst it may appear cumbersome to assess each aspect of the rehab plan, doing this provides useful information about the reasons why a goal or step has not been achieved. Did an event occur that was not accounted for? Was an important element omitted from the plan? These aspects can then be addressed in subsequent rehab plans.

As each impairment often affects multiple aspects of functioning, it is common for the same steps to be part of the achievement process of multiple goals. Therefore, elements of the action plan may need to be repeated throughout the rehabilitation plan. This only emphasises the importance of those interventions to all involved.

If it is necessary to use an impairment level goal as the main goal statement, the reason for this should be stated in the plan. Ideally, all stakeholders (clients, their significant others, clinicians, funders, attendant care workers, teachers, employers etc) should have a copy of the rehabilitation plan so that they are aware of their role, and others', in assisting the client towards their goals. There generally needs to be different versions for different stakeholders so that the client's privacy is respected. Of course, client permission must be obtained to provide stakeholders with this information.

In the following rehab plan examples, progress towards the achievement of the goal, steps and action plan is reported using the following scale:

Achievement rating	
1	Not achieved
2	Partially achieved
3	Achieved

7.4 Instructions for Using Template

The following template has been used to provide an example of how to record a client's rehabilitation plan. See Table 7 for information about each component of the template. See Table 10 for a sheet on tips for using the template; these tips have been reviewed by funding bodies and are consistent with general guidance on scheme specific rehab plan formats. Further review of scheme specific criteria guidelines is also recommended.

When reading the templates, please note:

- 1) each client goal is numbered e.g. Client Goal 1
- 2) each step corresponding to a particular client goal is numbered in relation to that goal e.g. 1a), 1b)
- 3) each action plan corresponding to a particular step is numbered in relation to the step e.g. 1a), 1b)

On subsequent pages two sample plans using the template have been provided. The first provides a progress report on a previous plan. The second presents the next stage of rehabilitation.

- Table 7 documents the client's goal and his progress over the plan period towards the achievement of his goal, each of the steps and whether each element of the action plan was completed. Note in Step 1a), even though Jack has only partially achieved his home exercise program, he has still been able to achieve his step of safely ascending and descending a flight of 16 stairs independently. In contrast to this, even though Jack has achieved all of the elements of his action plan 1c), he has only partially achieved step 1c) - performing all aspects of his personal hygiene independently. This discrepancy between the two indicates that something unaccounted for has prevented him achieving the step. Discussion with Jack revealed that his mother has been helping him shower at home. Write new steps and action plans to accommodate issues that have been identified since the previous plan.
- Table 8 documents the follow-on plan, which lists subsequent steps and the action plans to achieve them.

Table 7 Demonstrating principles of high quality goal setting practice using rehab plan template (description of template)

DATE of PLAN:		Plan No:		Plan Period:	
CLIENT GOAL: 1					Achievement
<p>Ideally, it is a client generated goal but may be client focused. This should ideally be a participation level goal, or at least an activity level goal. In some situations an impairment level goal may be appropriate, particularly early after injury or for very low functioning clients when it is unrealistic for participation or activity level goals to be set. However, very broad participation goals may also be appropriate e.g. remain living in community, return to live at home. The SMARTAAR Goal Worksheet can be used to ensure the goal is a high quality client centred participation goal.</p>					To what degree has the client achieved their goal?
CLIENT STEP 1a)	Achievement	CLIENT STEP 1b)	Achievement	CLIENT STEP 1c)	Achievement
<ul style="list-style-type: none"> This is generally a list of CLIENT FOCUSED activities or impairment level goals but can also be client generated. If an impairment level goal is the actual goal, this section may have very little or no information. 	To what degree has the client achieved this Step?	<ul style="list-style-type: none"> This is generally a list of CLIENT FOCUSED activities or impairment level goals but can also be client generated. If an impairment level goal is the actual goal, this section may have very little or no information. 	To what degree has the client achieved this Step?	<ul style="list-style-type: none"> This is generally a list of CLIENT FOCUSED activities or impairment level goals but can also be client generated. If an impairment level goal is the actual goal, this section may have very little or no information. 	
• ACTION PLAN 1a)	• Achievement	• ACTION PLAN 1b)	• Achievement	• ACTION PLAN 1c)	Achievement
<ul style="list-style-type: none"> What intervention is required? Who from? How frequently? This includes any action that the client and/or their significant others need to take. 	To what degree has the client achieved each element of the Action Plan?	<ul style="list-style-type: none"> What intervention is required? Who from? How frequently? This includes any action that the client and/or their significant others need to take. 	To what degree has the client achieved each element of the Action Plan?	<ul style="list-style-type: none"> What intervention is required? Who from? How frequently? This includes any action that the client and/or their significant others need to take. 	
PROGRESS					
<p>This section should comment on both the progress towards the goal and on the steps. Issues affecting progress including potential barriers should be described. It should also include details of any parts of the action plan that have not been fully implemented, the effectiveness of services already provided and describe the rationale when new / additional services are requested.</p>					

Table 8 Example of client rehab plan 1 (first plan)

DATE of PLAN: 30/6/13		Plan No: 1		Plan Period: 30/6/2013 - 30/9/2013	
CLIENT GOAL: 1					Achievement
Jack will be ready to return to living independently in his own home by September 2013					2
CLIENT STEP 1a)	Achievement	CLIENT STEP 1b)	Achievement	CLIENT STEP 1c)	Achievement
Jack will be able to safely ascend and descend a flight of 16 stairs independently by 30/9/13	3	Jack will be able to independently perform the weekly shop using online ordering of home-delivery	3	Jack will be able to perform all aspects of his personal hygiene independently	2
ACTION PLAN 1a)	Achievement	ACTION PLAN 1b)	Achievement	ACTION PLAN 1c)	Achievement
Weekly physiotherapy for weeks 1-6 to address deficits in balance and mobility - includes the prescription of a home-based exercise program	3	Weekly occupational therapy to improve memory and planning skills/ strategies	3	Weekly physiotherapy for weeks 1-6 weeks, to address balance issues that are currently impacting on ability to safely negotiate Jack's home bathroom	3
Fortnightly physiotherapy for weeks 7-12 weeks to address deficits in balance and mobility - includes the prescription of a home-based exercise program	3	Fortnightly speech therapy to improve computer literacy	3	Fortnightly physiotherapy for weeks 6-12 weeks to address balance issues	3
Performance of home exercise program 4 days/week	2			Installation of a grab rail within the shower recess in both his mother's home and his home	3
				Purchase of a shower chair	3
<p>PROGRESS Jack has achieved the steps regarding negotiation of stairs and performance of online grocery shopping but not the step of independent showering. Jack has diligently attended all of therapy sessions and completed his home exercise program. His balance has improved to a level to enable him to safely shower independently and this has been confirmed by occupational therapy shower assessment. Unfortunately, this ability has not transferred to the home setting. Jack remains fearful of falling, despite having demonstrated the ability to shower safely without assistance. His mother continues to provide assistance in the shower.</p>					

Table 9 Example of client rehab plan 2 (second plan)

DATE of PLAN: 30/9/13		Plan No: 2		Plan Period: 30/9/10/13 – 31/12/13	
CLIENT GOAL: 1					Achievement
Jack will be ready to return to living independently in his own home by December 2013.					
CLIENT STEP 1a)	Achievement	CLIENT STEP 1b)	Achievement	CLIENT STEP 1c)	Achievement
Jack's mother will only provide assistance to Jack that has been assessed as necessary by the OT		Jack will be able to independently shower at home		Jack will maintain the ability to ascend and descend a flight of 16 stairs	
ACTION PLAN 1a)	Achievement	ACTION PLAN 1b)	Achievement	ACTION PLAN 1c)	Achievement
Jack's mother will receive further education weekly from the OT regarding level of assistance for weeks 1-3		Fortnightly psychology sessions to help overcome the fear of falling.		Jack will perform a home-based exercise program 3 times per week as prescribed by the physiotherapist.	
Jack's mother will receive further education weekly from the OT regarding level of assistance at week 7		Practice of independent showering with standby assistance from the occupational therapist to reinforce ability		Monthly review with the physiotherapy to monitor performance	
Jack's mother will receive counselling weekly for weeks 1-4 from the social worker to assist her to understand the need to let Jack practice his independent living skills					
PROGRESS					

Table 10 Tips for Incorporating Client Goals into Rehab Plans (based on template but relevant for other formats)

Plan	Prompt questions and considerations
Client Goal	<ul style="list-style-type: none"> • Is the goal SMART, client centred and useful for rehabilitation? Does it clearly describe how the client will benefit from recommended action plan? If you are unsure, use the SMARTAAR Goal Worksheet to revise goal statement. • Does the goal appear to reflect client identified priorities? • Is there information regarding level of client engagement? Client generated or client focused goal? • How realistic is the goal given your knowledge of the nature and impact of the client's injuries and their progress to date?
Client Steps	<ul style="list-style-type: none"> • Is the step (a goal statement) SMART, client centred and useful for rehabilitation? Does it clearly describe how the client will benefit from recommended action plan? If you are unsure, use the SMARTAAR Goal Worksheet to revise goal statement in relevant step. • Does the step appear to reflect client identified priorities / needs? Steps may often be client focused rather than client generated – has the level of client engagement been reported? • How realistic is the step given your knowledge of the nature and impact of the client's injuries and their progress to date? • Consider, if the client can perform all the steps, will they successfully achieve their goal? Are there additional steps needed? Ensure all steps contribute to achievement of this goal (and each goal they are described for). • Do steps describe what the client will be able to do as a consequence of the action plan? If no, should it be an action? • If too many steps are needed per goal, does the goal need to be broken into more than one goal?
Action Plan	<ul style="list-style-type: none"> • Are ALL recommended actions you think are necessary for the client to achieve their steps and goal included? This includes services for which funding is requested and other actions which don't need separate funding e.g. referrals, request for GP to consider allied health plan for mother's counselling, ADHC funded services, client and family actions including home programs. Ensure actions are related to each step. Are all necessary? Do others need to be added? • Are level of services requested and level of steps and goal well matched? Consider appropriateness of service (cost, clinical consensus, evidence base), appropriateness of provider (relevance, availability), expected degree of benefit to client. Have alternatives been considered but discounted -explain? • If the actions are extensive (high level type and amount of services), should the step be broken down into more than one step? • Are the actions consistent with available evidence, clinical practice and guidelines? • Is there information the client has agreed to / collaborated in developing the action plan? • If too many actions are needed per step, does the step need to be broken into more than one step?
Rehab Plan as a whole	<ul style="list-style-type: none"> • Does overall plan tell a cohesive story about how recommended actions will address clinical needs and support client to achieve steps and goals? • Is the level of client engagement in the report described? If goal and step are client focused and different from client generated priorities, e.g. because client lacks insight and goal is not realistic in given timeframe, is this recorded in the report (somewhere?) • When funding for services is requested, is there information that describes how this is related to the nature and impact of their injuries? When requested services are for other people e.g. family, describe how the client will benefit from these services and why this is an injury related request for the client. When assessing funding requested services is it clear how the client will benefit? Do the requested services meet scheme specific funding criteria? • Is the type and intensity of services requested in line with: <ul style="list-style-type: none"> ○ the desired level of change in the client in the specified timeframe as described in steps and goals? ○ criteria for funding as relevant? • Does the plan describe client's progress with actions, steps and goals to date, including issues affecting progress and how these will be addressed? Does the plan describe reasons for variations in projected action plan and impact on client progress towards steps & goals? • Consider whether number of goals and steps in whole plan reflects realistic rehabilitation plan for specified period.

In the example above, the client’s progress towards their primary goal (living independently) remains the same, but the steps and action plan (and timeframe) for achieving this have changed. The change indicates different steps were needed to address Jack’s lack of progress in the initial plan.

As impairment can often affect multiple aspects of functioning, it is common for the same strategies to be part of action plan to address more than one step, and possibly more than one goal. Therefore, some strategies in the action plan will be repeated throughout the rehabilitation plan. This emphasises the importance of those interventions to all involved.

Summary: Putting it all together

- ❖ Any scheme specific questions about rehab plan documentation should be directed to the relevant scheme
- ❖ The main goal statement is ideally an activity or participation level goal
- ❖ Impairment level goals can be steps to the main goal statement
- ❖ Action plans are written for each step
- ❖ The same step and action plans will often be listed under multiple goals
- ❖ It is often necessary for multiple therapists to contribute towards achieving the same goal
- ❖ Assessing client achievement on each element of the rehab plan can provide useful information about the reasons why a goal or step has not been achieved

Notes

7.5 PRACTICAL ACTIVITY 3

7.5.1 Instructions

Using the information in the following case study, formulate two (2) goals that reflect Jack's desires. Document these (in SMART format) on the separate worksheets (1 rehab plan worksheet per goal) on the following page, along with any steps and action plans that will be needed for goal achievement.

You can make up any details that you feel relevant that have not been provided.

7.5.2 Case study

- Jack is a 29 year old father of two boys aged 6 and 8. Jack is one year post TBI and multi-trauma. Pre-injury, he worked as a motor mechanic.
- Jack has just expressed to his case manager that he feels he is letting his family down. Further questioning revealed that these feelings primarily stem from not providing for the family financially and not being able to take his sons out on the weekend, as he is not yet cleared to drive. In particular, he is upset that his sons will not be able to play soccer in the upcoming season as they are reliant on him to take them to soccer (his wife works on the weekend).
- The physio has identified that Jack will need to improve his neck range of motion, or have his car fitted with wide-angle mirrors, before he can trial return to driving. His mobility is adequate for walking over the uneven ground to access the soccer fields, but he is too slow to be able to keep up with his boys if they ran away. His physical endurance will need to be further improved to ready him for the physical demands of his work. As well as general strength and fitness, Jack needs increased hand strength so as to manipulate spanners etc.
- The neuropsychologist has cleared Jack as suitable for undertaking an OT driving assessment.
- The occupational therapist has identified that Jack will need improved time management skills to be able to get his boys to soccer on time, to get himself to work on time and to work effectively.
- The psychologist has identified that Jack's engagement in rehabilitation is currently being compromised by Jack's depression and low motivation. Low mood is also impacting on his interactions with his sons and wife.
- The speech therapist has identified that further improvements in receptive language of written material would be needed for Jack to be able to read job requests.

7.5.3 Worksheets for PRACTICAL ACTIVITY 3

DATE of PLAN:		Plan No:		Plan Period:	
CLIENT GOAL: 1					Achievement
CLIENT STEP 1a)	Achievement	CLIENT STEP 1b)	Achievement	CLIENT STEP 1c)	Achievement
ACTION PLAN 1a)	Achievement	ACTION PLAN 1b)	Achievement	ACTION PLAN 1c)	Achievement
PROGRESS					

Worksheet for PRACTICAL ACTIVITY 3

DATE of PLAN:		Plan No:		Plan Period:	
CLIENT GOAL: 2					Achievement
CLIENT STEP 2a)	Achievement	CLIENT STEP 2b)	Achievement	CLIENT STEP 2c)	Achievement
ACTION PLAN 2a)	Achievement	ACTION PLAN 2b)	Achievement	ACTION PLAN 2c)	Achievement
PROGRESS					

7.6 Practical Activity 4

The aim of this exercise is to critique an example rehabilitation plan using the training template based on what you have learnt today regarding:

- Engaging client's in goal setting
- Factors affecting client centred goal setting
- SMARTAAR Goal Process and WORKSHEET
- Rehabilitation planning and reporting.

You have been given the 3rd Rehab Plan reporting Jill's progress in rehabilitation. You know Jill sustained moderate TBI and orthopaedic injuries in MVA on way home from work 5 months ago.

7.6.1 Instructions

Review the rehabilitation plan on the following page. The plan is intentionally weak in some areas. Based on the information provided:

- **Funders:** What additional information would you like to approve the requested services?
- **Clinicians:** What additional information would you like to know to understand her clinical needs and progress to date?

Consider:

- What issues can you see?
- Do you want additional information on the client, goal, steps or action plans?
- Does the plan tell a 'story' that describes what the client wants and needs to be able to do (goal), the steps of achievement that will help them realise their goal, and actions needed to support achievement of steps and goal?
- Is the 'size' or level of the steps clearly related to the action plan for that step?
- Do you think the client will achieve their goal if they achieve their steps?
- Do you think the client goal and steps are client centred, realistic and helpful for rehabilitation?

REHABILITATION PLAN FOR PRACTICAL ACTIVITY 4:

DATE of PLAN:		Plan No:		Plan Period:	
CLIENT GOAL: 1					Achievement
Jill will return to work as waitress in city restaurant					
CLIENT STEP 1a)	Achievement	CLIENT STEP 1b)	Achievement	CLIENT STEP 1c)	Achievement
Jill will be able to tolerate standing for 30 minutes	2	Jill will be able to take accurate notes of verbal information	2	Jill will be able to drive to and from work 5 times a week	
ACTION PLAN 1a)	Achievement	ACTION PLAN 1b)	Achievement	ACTION PLAN 1c)	Achievement
<ul style="list-style-type: none"> - 25 sessions physio - Gym programme - Counselling for parents 	2 1 1	- 6 x Speech therapy		<ul style="list-style-type: none"> - OT & driving assessment - Back cushion 	
Progress: Client's cognitive, physical and psychological problems continue to interfere with her ability to resume work.					

7.7 Developing Team Processes to Facilitate High Quality Goal Setting

This training provides individuals with skills and knowledge in writing SMART goals and how they can be used to support client centred practice in rehabilitation. However, to implement these skills, the whole team you work with may need to be aware of these skills and be involved in negotiating what changes may be needed to current processes. While this is beyond the scope of this training, we have provided some information to help you consider what may be required in the context or service in which you work.

What this section aims to do is provide some suggestions for the elements of processes to facilitate high-quality goal-setting. The specific processes that best facilitate high-quality goal setting within each setting will vary, as these will be influenced by internal policies and practices. Clinicians and teams can use this section to revise or develop their own processes, if desired. Changing processes to improve goal-setting is a worthwhile quality improvement project as effective goals can be used to motivate clients, guide clinical practice and evaluate client and service outcomes (e.g. monitor the number of participation level goals that are achieved; audit level of client engagement in goal setting)¹⁰.

7.8 Goal Setting Processes within Rehabilitation Units / Teams

This section describes an example of an interdisciplinary, client centred goal setting process that would suit a team of clinicians who primarily work together in a single service.

The aim is to provide structure to conversations and meetings that frequently occur and ensure that client priorities drive the development of a cohesive rehabilitation plan. It is easier to write high quality, participation level client centred goals when an interdisciplinary approach is used. The order and elements may need to be adjusted to suit different environments and services.

The key features of an interdisciplinary goal setting process include:

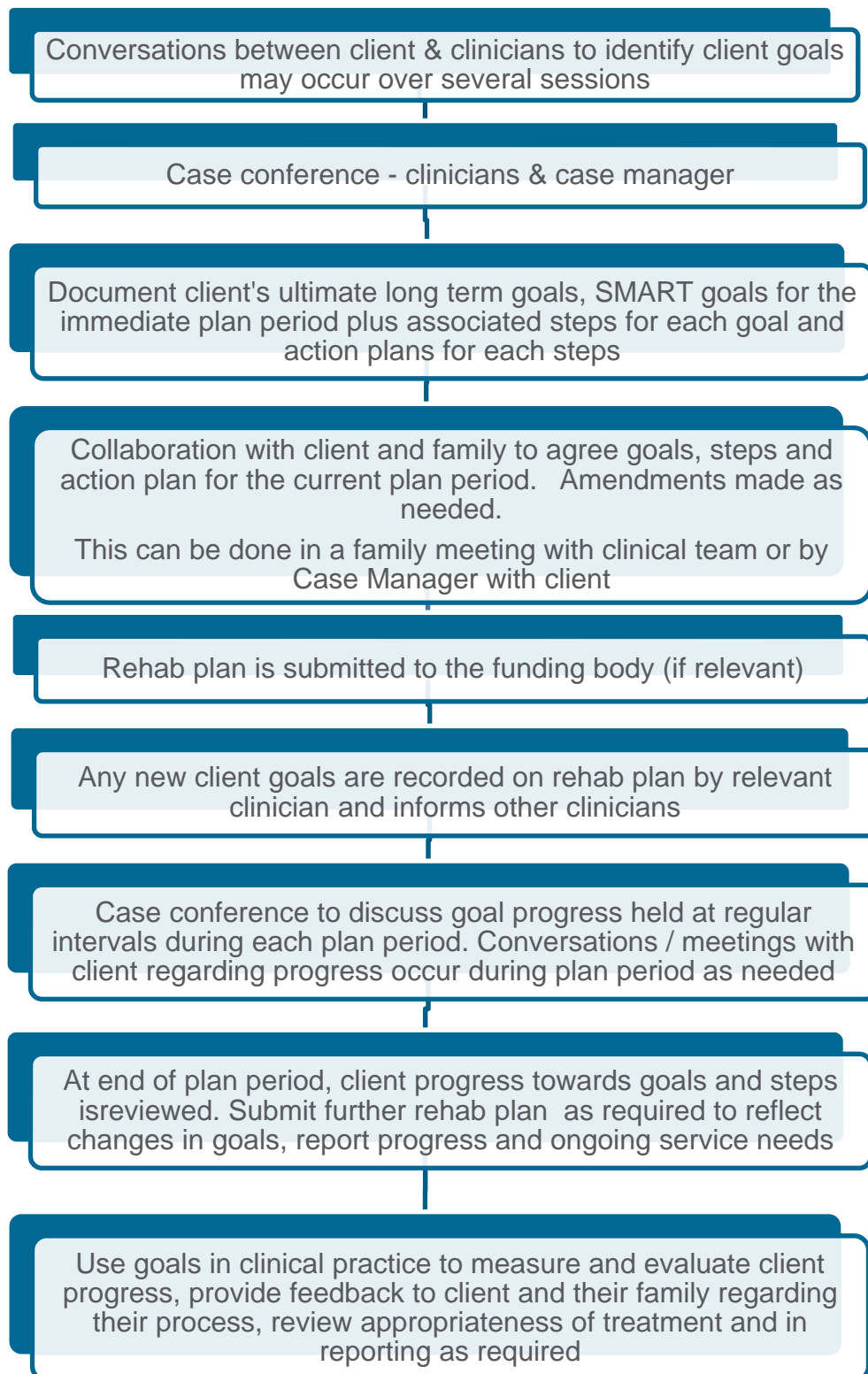
- All clinicians discuss goals with the client, although one person may take the lead
- The client's goals direct the action plan
- More than one meeting with the client may be needed to identify their goal – dependent on client age, nature and severity of injury and adjustment to injury
- Clinicians complete necessary assessments to inform the development of an action plan and to provide an understanding of the client's current level of functioning and needs
- Team meetings or case conferences are needed to review client goals and assessment results as well as develop an action plan. The client's long term

goals and smart rehabilitation goals and steps need to be defined and reported. Team meetings / case conferences are required regularly to support ongoing rehabilitation planning and reporting, including funding applications

- Clients can be engaged in determining and agreeing to goals, steps and action plans in collaboration with clinicians throughout their rehabilitation program. Accommodating client preferences is consistent with current definitions of evidence based practice
- The process is cyclical – steps are repeated as the client makes progress and new goals are set
- New goals may be identified during plan periods and these need to be communicated to all involved. This can be done via email or a further meeting may be needed.

An example of how these principles can inform a team, process is outlined on the following page in Figure 11.

Figure 11 An example of a goal setting process within rehabilitation units / teams



7.9 Goal Setting Processes for Single Discipline / Sole Workers

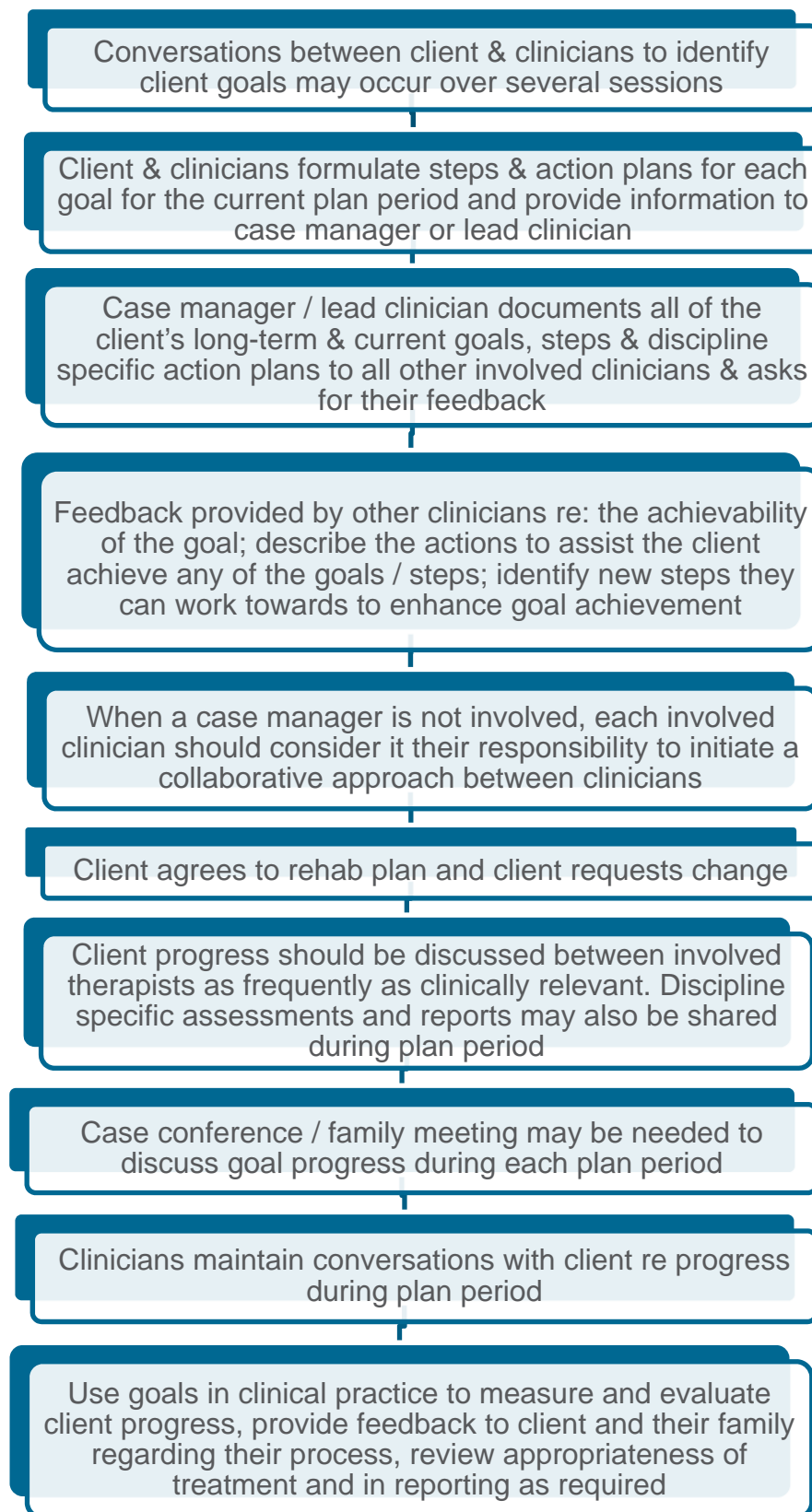
It can be harder to negotiate a 'team' based approach when you work as a sole provider or discipline working with clinicians from different services to meet the needs of clients. There tend to be less face to face meetings with all the clinicians involved. The role of case manager is particularly important and considered best practice as the central person to facilitate communication between all providers and coordinate rehabilitation plans and reporting.

The process is very similar to that for those in rehabilitation units / teams but the information obtained in the case conference may be completed over time and managed without a face to face meeting. The key features include:

- All clinicians have conversations with the client about the client's goals. They need to communicate information about the client's preferences to the case manager or lead clinician
- The case manager or lead clinician needs to collaborate with the client and clinicians to agree the goals, steps and action plan for the plan period
- The case manager or lead clinician should document the client's long-term and current goals, the therapy-specific steps and action plans that have been agreed to all clinicians and seek feedback regarding whether they:
 - have any comment to make about the achievability of the goal from their particular professional perspective
 - consider that they need to play a role towards any of the goals. If they do, request that they share with you their steps and action plans and the degree to which the client is aware of these
- Progress should be discussed between involved therapists as frequently as seems clinically relevant
- The case manager or lead clinician completes the rehabilitation plan to cover services required by all providers. Additional discipline specific reports may be needed to support the rehabilitation plan. Progress from each discipline should be provided in relation to the identified goals and steps
- When a case manager is not involved, each involved clinician should consider it their responsibility to initiate and maintain a collaborative approach between clinicians to ensure client centred practice.

An example of this process is outlined in Figure 12.

Figure 12 An example of a goal setting process for single discipline clinicians / sole workers



For further information about a collaborative interdisciplinary approach to client centred, participation level goals, see:

- NSW Health’s Rehabilitation Redesign Project Model of Care²⁶
- LTCS guideline to case manager expectations¹⁹
- Clinical Framework for the Delivery of Health Services³⁵ (this is supported by NSW WorkCover Authority of NSW and the Motor Accidents Authority of NSW).

Summary: Developing Team Processes to Facilitate High Quality Goal Setting

- ❖ Internal policies and practices will influence the processes required in each setting to facilitate high-quality goal setting
- ❖ Similarities in these processes between rehabilitation units and single discipline practices include:
 - Discussion between patient and clinicians to identify client goals, and related steps and action plans
 - Client agrees to rehabilitation plan which is documented by clinician
 - Clinicians document any new patient goals and inform other clinicians
 - Amendments to goals/step/action plans are made as needed
 - Discussions continue between clinicians
 - Goals are used in clinical practice.

Notes

8. Workbook Summary

1. Effective goal setting is a vital part of rehabilitation as it can engage and motivate the client, and support team planning and funding applications
2. **ASK** the client what they want to achieve or change by participating in therapy - goals need to reflect the client's priorities and be meaningful to them
3. **IDENTIFY** the client's functional goals (i.e. activity or participation level goals) wherever possible
4. Write SMART goals that describe what the client needs and wants to be able to do that fulfil the purposes of goal setting – be cautious about making the goal overly measurable
5. The SMARTAAR Goal Worksheet can be used to write and assess the quality of goals – Use the instructions and tip sheets when writing and reviewing goals.
6. Client goals are broken down into steps:
 - a. steps describe the smaller components of achievement that will contribute to goal attainment
 - b. the action plan details those actions that need to be completed to achieve each of the steps and goal
7. **MEASURE** client progress on goal achievement, **EVALUATE** issues impacting on progress, and **REPORT** to all relevant stakeholders
8. A collaborative approach to rehabilitation and goal setting is recognised as best practice
9. Rehab Plans should describe the relationship between (i) the client's goals, (ii) the steps of client progress that will enable the goal to be achieved and (iii) what actions are required to support achievement of steps and goals and reduce the impact of injuries. Use the tips sheet on 'Writing Rehab Plans' when writing reports to communicate client progress and request funding for services.
10. **REVIEWING** team processes may be necessary to incorporate SMART client centred goal setting / or to use the SMARTAAR Goal process

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Appendix A: ACI Brain Injury Rehabilitation Directorate (BIRD) State-wide Goal Group Members*

	Name	Position
1	Helen Badge	BIRD
2	Jessica Barnes	Brain Injury Rehabilitation Service, Royal Rehab Centre Sydney (BIRS, RRCS), Ryde
3	Stuart Browne	BIRS, RRCS, Ryde
4	Helen Chew	The Children's Hospital at Westmead
5	Amanda de Roover	New England BIRS, Tamworth
6	Marian Fisher	Brain Injury and Rehab Program, Sydney Children's Hospital, Randwick
7	Matt Frith	Paediatric BIR Team, Kaleidoscope, Newcastle
8	Leanne Hassett	Liverpool Brain Injury Rehabilitation Unit (LBIRU)
9	Amanda Holohan	Westmead BIRS
10	Jill Hummell	Westmead BIRS
11	Belinda Jones	Hunter BIS, Newcastle
12	Rachel Lewis	Illawarra BIS, Warrawong
13	Margaret MacPherson	Previously New England BIRS, Tamworth
14	Julia Mulherin	Southern BIRS, Goulburn
15	Jane Murtagh	South West BIRS, Albury
16	Neeta Patel	Westmead BIRS
17	Alex Shelton	Westmead BIRS
18	Vicky Solomon	Mid North Coast BIRP, Port Macquarie
19	Diane Turner	BIRS, RRCS, Ryde
20	Liesel Younger	Northern BIRS, Lismore

*Includes current and previous members

Appendix B: Project Steering Committee Members*

	Name	Position	Link to this project
1	Graham Agnew	WorkCover (Feb-May 13)	Representative of one of the project funders
2	Michael Abel	Severe Injury Specialist Team Manager, Work Injury Damages Team, CGU Insurance	Representative of a target participant group
3	Helen Badge	Outcomes Manager, BIRD	Developer of SMARTAAR Goal Worksheet Trainer in previously provided goal training & BIRD Goal Group leader
4	Christine Baird	Principal Adviser, Injury Strategy, Motor Accidents Authority of NSW	Representative of one of the project funders Representative of a target participant group
5	Jane Baker	Lifetime Care and Support Authority (until Feb 13) and Injury Strategy Advisor, Motor Accidents Authority of NSW (Feb-May)	Representative of one of the project funders Representative of a target participant group
	Katrina Chew	WorkCover (until Feb 13)	Representative of one of the project funders
6	Marian Fisher	Coordinator/Clinician, Brain Injury and Rehabilitation Program Sydney Children's Hospital, Randwick	Member of BIRD Goal Group, Representative of a target participant group
7	Catherine Harmey	ACI Training Assistant, BIRD	Goal Training Project staff
8	Leanne Hassett	Research Fellow PhD/ Community Physiotherapist Liverpool Brain Injury Rehabilitation Unit	Member of BIRD Goal Group, Representative of a target participant group Trainer in previously provided goal training
9	Jennifer Johnston	Discharge Co-ordinator, Prince of Wales Spinal Injuries Unit	Representative of a target participant group
10	Belinda Jones	Goal Project Officer, BIRD (Sept – November 2012) / Clinician and case manager Hunter Brain Injury Service	initial Goal Training Project Officer Member of the BIRD goal group Representative of a target participant group
11	Liza Maclean	Lifetime Care and Support Authority (April – May)	Representative of one of the project funders Representative of a target participant group
	Nancy Maksimovic	Lifetime Care and Support Authority (Feb-April)	Representative of one of the project funders Representative of a target participant group
12	Melissa McCormick	Rural Spinal Cord Injury Service Manager Spinal Outreach Service	Representative of a target participant group
13	Megan McDonald	WorkCover (Until Feb 13)	Representative of one of the project funders
14	Naomi Quinn	Case Coordinator at NRMA	Representative of a target participant group
15	Barbara Strettles	Network Manager, BIRD	ACI Network Manager BIRD
16	Bev Taylor	Training Officer, Brain Injury Association of NSW	Provider of training Representative of BIA NSW consumers
17	Michelle Turnbull	Occupational Therapist, All About Rehab	Representative of a target participant group
18	Mi (Maria) Weekes	ACI Goal Project Officer, BIRD	Goal Project Officer and primary training presenter
19	Anne Willey	Senior OT Spinal Outreach Service (Rural and Metro)	Representative of a target participant group clinicians)

*Includes current and previous members

Appendix C: Project Management Team*

	Name	Position	Link to this project
1.	Graham Agnew	WorkCover	Representative of one of the project funders
2.	Helen Badge	Outcomes Manager, BIRD	Developer of SMARTAAR Goal Worksheet and BIRP clinician trainer BIRD Goal Group leader
3.	Christine Baird	Principal Adviser, Injury Strategy Motor Accidents Authority of NSW	Representative of one of the project funders Representative of a target participant group
4.	Jane Baker	Injury Strategy Advisor, Motor Accidents Authority of NSW	Representative of one of the project funders Representative of a target participant group
5.	Liza Maclean	Lifetime Care and Support Authority	Representative of one of the project funders Representative of a target participant group
6.	Barbara Strettles	Network Manager, BIRD	ACI Network Manager BIRD, ACI grant contact Line manager of goal project staff
7.	Mi (Maria) Weekes	Project Officer, BIRD	Goal Training Grant Project Officer and primary presenter

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