

Goal Training

Handouts and Worksheets

The Goal Training Project is jointly funded by the Lifetime Care and Support Authority, the Motor Accidents Authority and WorkCover NSW, of the NSW Government's Safety, Return to Work and Support Division.

- Authors:** Helen Badge, Maria Weekes, Belinda Jones, Barbara Strettles
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- Resources:** Goal Training Workshop Resources available from:
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Tips for using SMARTAAR goal elements

| Elements | DETAILED EXPLANATION OF GOAL ELEMENT |
|-------------------------|--|
| Specific | <p>Is the client's name included in goal statement?</p> <ul style="list-style-type: none"> It should be there to identify who, support client-centred goals and rehabilitation (rehab) |
| | <p>WHAT does the client want to achieve?</p> <ul style="list-style-type: none"> What is the point of doing the intervention? Is the goal focussed on participation (or limited to activity)? Ensure the goal is clear and well defined. It provides reason for providing and evaluating the efficacy of intervention |
| Measurable | <p>Is it easy to determine when the goal is achieved? (This is also linked to 'Specific' criterion)</p> <ul style="list-style-type: none"> If you cannot measure whether the goal has been achieved or not, you may need to refine the goal further |
| | <p>What is the desired standard or quality for achievement?</p> <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, client perspective How will you measure whether goal has been achieved? If this question is hard to answer, you may need to refine goal further |
| Achievable | <p>Is the goal realistic for this client at this time?</p> <ul style="list-style-type: none"> Consider the client's injury, age, supports, lifestyle, stage of rehab and any co-morbidities |
| | <p>Is the goal achievable given current resources?</p> <ul style="list-style-type: none"> Is the goal is within the capacity of your service / role? Generally most case managers can't provide the intervention to achieve therapy goals, so need to demonstrate how the various disciplines/stakeholders are working together towards the client's goals |
| Relevant | <p>Has the client said that they want to achieve this goal? The goal needs to have meaning for the client</p> <p>Is the goal relevant for the services being requested? Is the goal within scope of service / insurance scheme / funding body?</p> |
| Time bound | <p>How long do you think it will take for the client to achieve the goal? Include a specific time period</p> <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 | <p>What does the multidisciplinary team, client, family and external agencies need TO DO to achieve this goal?</p> <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 neuropsychological assessment by Impairment goals can often be reworded as steps to monitor progress e.g. use of DASS assessment tool to monitor changes in mood, 6 minute walk test |
| Achievement Rating | <p>A good goal should be measured.</p> <ul style="list-style-type: none"> Use a rating scale to describe the degree to which the client has achieved their goal. 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 | <p>Who needs to know about the progress the client has made to date?</p> <ul style="list-style-type: none"> Providing the client with feedback ensures that rehab remains client-centred and can maintain motivation 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? |

SMARTAAR GOAL WORKSHEET

| Client Priorities / Rehabilitation 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? – provides goal context - 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 – listed as client steps towards goal. | | |
| 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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Using the SMARTAAR Goal Worksheet: Instructions for CLINICIANS

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| <p>1. Start at the top of the Worksheet in 'Rehabilitation (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 from what the client identified they want to achieve. For new goals, more than one goal may be necessary to reflect the client's priorities to support the extent of 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 rehab 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 and 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 with all of the elements included. 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 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> |

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

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| 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 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, further assessments (what and why)? • 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? |

Tips for Incorporating Client Goals into Rehabilitation (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, circumstances 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 rehab? 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 each 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, circumstances 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, advocacy. 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, the evidence base), appropriateness of provider (relevance, availability, experience), expected degree of benefit to client. Have alternatives been considered but discounted? Are these explained? • If too many actions are needed per step, or 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? |
| Rehab Plan as a whole | <ul style="list-style-type: none"> • Does the 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 somewhere in the report • 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 reasonable and necessary funding criteria? What additional or different information needs to be included in the request? • 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? ○ The relevant scheme specific criteria for funding requests • 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 plans and impact on client progress towards steps & goals? • Consider whether number of goals and steps in whole plan reflects a realistic rehab plan for the specified period. |

Description of template: Demonstrating principles of high quality goal setting practice using rehabilitation (rehab) plan 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. The client goal should ideally be a participation-level goal, or at least an activity level goal. In some situations the 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. will remain living in the community, will return to live at own/family 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 generated by clinicians 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 generated by clinicians 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 generated by clinicians 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? |
| • 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. | To what degree has the client achieved each element of the Action Plan? |
| 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 and why, the effectiveness of services already provided and describe the rationale when new / additional services are requested.</p> | | | | | |

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