Goal Training
Slides

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
Disclaimer: Content within this publication was accurate at the time of publication.
Copyright: This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of an acknowledgment of the source.
© NSW Agency for Clinical Innovation 2013
Not for sale: It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the Agency for Clinical Innovation.
Resources: Goal Training Workshop Resources available from: www.TBISStaffTraining.info
Goal Training

Content:
Helen Badge, ACI Brain Injury Outcomes Manager, BIRD
Belinda Jones, Hunter Brain Injury Service
Mi Weekes, ACI Project Officer, BIRD

© NSW Agency for Clinical Innovation 2013
Resources available from: www.TBIStaffTraining.info
Goal Training

Disclaimer: Content within this publication was accurate at the time of publication. This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of an acknowledgment of the source.

It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the Agency for Clinical Innovation.

© NSW Agency for Clinical Innovation 2013

Goal Training Workshop Resources available from: www.TBIStaffTraining.info
Goal Training Project

- Collaborative project of the Agency for Clinical Innovation (ACI)
- Jointly funded by LTCSA, MAA and WC
- 14 training sessions were provided throughout NSW in 2013
  - Public/private clinicians and funders/insurers
  - Mild to catastrophic injuries
Training Content

- Based on original training materials developed by Helen Badge and work of the BIRD & NSW clinicians in the Brain Injury Rehabilitation Program (BIRP)
- Guided by a project steering committee
- Consistent with principles outlined in:
  - NSW Health’s Rehabilitation Redesign Project Model of Care
  - LTCA Guideline to Case Manager Expectations
  - Clinical Framework for the Delivery of Health Services
- Reflects best practice from the literature
Knowledge Assessment

- Complete Pre-training knowledge assessment NOW
- At end of training, complete Post-training knowledge assessment
- Forms will be matched anonymously to compare any change
• Section – tips, summary, notes

• Activities & exercises

• All documents mentioned are referenced in the Workbook
Training Objectives

1. To improve understanding of the purposes of goal setting to engage clients in rehabilitation, support client centred clinical practice and team coordination and for communicating with key stakeholders.

2. To improve clinician and funder understanding of the factors that affect the development and use of goals in rehabilitation.
Training Objectives

3. To increase clinician skills in working collaboratively with clients to develop client centred goals and rehabilitation plans.

4. To improve your 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.
Beyond the Scope of this Training

- Scheme-specific reporting needs
- Scheme-specific “reasonable and necessary” criteria
- Specific tools and strategies for engaging clients in goal setting
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.30 – 10.45</td>
<td>Introduction and Background</td>
</tr>
<tr>
<td>10.45 – 11.45</td>
<td>Goal Setting Theory</td>
</tr>
<tr>
<td>11.45 - 12.00</td>
<td>Evaluating Goal Quality using SMARTAAR Goal Process (including Mini break)</td>
</tr>
<tr>
<td>12.00 – 12.20</td>
<td>SMARTAAR Goal Worksheet</td>
</tr>
<tr>
<td>12.20 – 1.00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1.00 - 3.15</td>
<td>Practical Sessions:</td>
</tr>
<tr>
<td></td>
<td>• SMARTAAR Worksheet</td>
</tr>
<tr>
<td></td>
<td>• Mini break</td>
</tr>
<tr>
<td></td>
<td>• Formulating Rehab Plans</td>
</tr>
<tr>
<td>3.15 – 3.30</td>
<td>Conclusions and Evaluation</td>
</tr>
</tbody>
</table>
Definitions - Client

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

• family / decision maker can be included
Definitions - Funder

• will be used in this training to mean those who approve the funding of services

• also known as ‘insurers’
Definitions - Goal

- the object of one’s ambition or effort
- a desired end or result
- the intended outcome of a specific set of interventions

Goal: Jack will resume his studies at TAFE
Definitions - Steps

- activities / behaviours the client needs to be able to do to achieve their overarching goal
- each goal may comprise a number of steps
- includes scheme / discipline specific terms (e.g., ‘sub-goals’, ‘objectives’)
Definitions - Steps

Goal:
- Jack will be resume his studies at TAFE

Steps:
- Jack will be able to walk > 200m unassisted
- Jack will be able to use the basic functions of MS Word unassisted
- Jack will be able to manage his anxiety at home and at TAFE
Client Goal
Jack will resume his studies at TAFE

Client Steps
Jack will be able to walk > 200m unassisted

Client Steps
Jack will be able to use the basic functions of MS Word unassisted

Client Steps
Jack will be able to manage his anxiety at home and TAFE
Definitions – Action Plan

- those actions that need to be completed to achieve each of the steps
  - each step may comprise a number of actions
- includes scheme / discipline specific terms (eg ‘strategies’)
Definitions – Action Plan

- Includes:
  - accessing services
  - obtaining equipment
  - engaging family assistance
  - identifying client actions
  - organising therapy
Client Goal
Jack will resume his studies at TAFE

Client Steps
Jack will be able to walk > 200m unassisted

Action Plan
- equipment
- family assistance
- client actions
- therapy

Client Steps
Jack will be able to use the basic functions of MS Word unassisted

Action Plan
- services
- equipment
- family assistance
- client actions
- therapy

Client Steps
Jack will be able to manage his anxiety at home and TAFE

Action Plan
- family assistance
- client actions
- therapy
Goal Setting

- The formal process whereby a rehabilitation professional or team, together with the client and/or their family, negotiate goals

- Includes:
  - identifying a client’s goals
  - establishing steps
  - designing an action plan
Client Goal

What will be achieved

Why the rehab plan is in place

Client Steps

How it will be achieved

Action Plan

- 
- 
-
Client Goal

Client Steps

Action Plan

Describe changes in the client
Client Goal

Client Steps

Goal setting process

Action Plan...
The Role of Goal Setting in Rehabilitation

Goals:

- are the essence of rehabilitation
- facilitate client centred rehabilitation
- empower and motivate clients
- provide structure to team planning and communication
Consequences of poor quality goals

- compromised client care
- compromised communication between stakeholders
- compromised client outcomes
Benefits of Goal Setting

1. Client participation

2. Planning within a team context

3. Funding
1. Benefits Related to Client Participation
1. Benefits Related to Client Participation

Motivates clients

Using meaningful client goals to guide therapy

Increases client participation in therapy
1. Benefits Related to Client Participation

- relevant + challenging
- still achievable

clients are more likely to change their behaviour to achieve their own goals
Who owns the goal?

- All goals belong to the client, not to the therapist or discipline
- Don’t assume that certain goals are only relevant to certain disciplines

Leaf it alone, it’s MY goal!

No, it’s MY goal!
Activity 1:
Writing meaningful goals to motivate clients

- **Aim:** Gain experience changing goal statements to make them more meaningful and motivating to clients
- Complete the activity on **Page 9** of your training workbook
- **Time available:** 5 mins
- Discussion
<table>
<thead>
<tr>
<th>Initial goal statement</th>
<th>More meaningful and motivating goal statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill’s balance will improve</td>
<td>Jill will be able to engage in physical play with her children</td>
</tr>
<tr>
<td>Jack’s anger management will improve</td>
<td></td>
</tr>
<tr>
<td>Jill will complete home and community based OT programme to increase her function</td>
<td></td>
</tr>
<tr>
<td>Jack’s family will be able to manage his care needs at home once he’s discharged from the rehabilitation unit</td>
<td></td>
</tr>
</tbody>
</table>
Activity 1: Writing meaningful goals to motivate clients

Clinician

- How did you find the process of making the initial goal statement more meaningful?
- What did you consider when trying to write goals that would motivate a client to engage in rehab?
Activity 1:
Writing meaningful goals to motivate clients

**Funder**
- What was your experience of trying to make a goal more meaningful for a client?
2. Benefits Related to Planning within a Team Context

- Health service providers are a ‘team’ – even if not working within the one organisation
2. Benefits Related to Planning within a Team Context

- A clearly-stated **common purpose** is essential if a team is to be effective.

- If we do not know what outcome is being aimed for, how can we plan which services are needed?
2. Benefits Related to Planning within a Team Context

John and Jim example

Page 12
2. Team Collaboration
Goals & planning in a team context

- Increase efficiency - avoid duplication of roles / actions
- Ensure all team members working towards same goal
- Can be used to streamline communication with key stakeholders (team, client, others)
- Can form an intervention / tool for case management
- Ensure action plan is effectively targeted towards client goals
## Measuring Goal Achievement to Inform Clinical Planning

| motivate clients by providing evidence of progress made to date | incorporate the client’s changing status into future plans | effectiveness of the intervention provided to date - indicates ineffective actions that need to be discontinued | reflect 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 |
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?
- Are there other circumstances that are affecting the client’s ability to achieve their goal?
- Do steps clearly support goal achievement?

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?
Funding bodies generally require clinicians to describe how requested services will benefit the client.
Funding bodies do not approve (or not approve) goals. It is services that need approval by funding bodies.
3. Benefits Related to Funding

- Relating requested services to meaningful goals helps to illustrate the need for the service
3. Benefits Related to Funding

- Rehabilitation plan: a gym membership
- Rehabilitation plan: to improve her cardiovascular fitness and upper limb strength

Why does she need it? For leisure?

Why is this important to her?
3. Benefits Related to Funding

- Rehabilitation plan: wants to return to accompanying her son to and from school but currently lacks the endurance and upper limb strength to do this. She therefore needs to engage in a gym program.

Now I understand why this is important to her!
3. Benefits Related to Funding

- The validity of a client’s *goal* does not change depending on their compensation status.

- A client’s *goal* is valid whether or not the services requested meet R&N criteria.

  ▲ Clinicians may need to explore other services that can assist with these goals.
Review

- Definitions
- Role of goal setting in rehabilitation
- Benefits of goal setting
<table>
<thead>
<tr>
<th>HOW</th>
<th>STEPS</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION PLAN</td>
<td>GOAL</td>
<td></td>
</tr>
</tbody>
</table>

_____ will be achieved

_____ it will be achieved
What will be achieved

How it will be achieved

<table>
<thead>
<tr>
<th>HOW</th>
<th>STEPS</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION PLAN</td>
<td>GOAL</td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Truth</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>1. Goals don’t motivate clients – only clients can motivate themselves</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>2. Goals make it harder to monitor change</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>3. Goals ensure that important actions are not overlooked</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>4. Goal setting can be done as an afterthought once the treatment plan has already been identified by the team</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>5. It is services, not goals, that need approval by funding bodies</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>6. Relating requested services to meaningful goals helps to illustrate the need for the service</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>7. The validity of a client’s <em>goal</em> does not change depending on their compensation status</td>
<td>True</td>
<td></td>
</tr>
</tbody>
</table>
Factors that Influence Goal Setting in Rehabilitation

- Client factors
- Level of client goals
- Service factors
Client centred Care

- Client has shared care of the consultation
- Problems are identified collaboratively
- Management is agreed to
- Client is focused on as a whole person
- Client’s motivation is explored
- Client’s concerns & need for information is respected
- Effort is made to understand the client’s emotional needs & life issues
client centred Goal Setting

A client centred goal is one that reflects the desires of the client - not the clinicians.

Goals influence what intervention is required.
client centred Goal Setting

Influences on activities

- need to fulfil social roles
- need to meet personal & environmental demands
- need to accommodate personal preferences

Social & cultural context
## Client Factors

<table>
<thead>
<tr>
<th>Pre-existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>personality type</td>
</tr>
<tr>
<td>lifestyle</td>
</tr>
<tr>
<td>health conditions</td>
</tr>
<tr>
<td>e.g. mental health, level of functioning</td>
</tr>
<tr>
<td>attitude to goal setting &amp; life planning</td>
</tr>
</tbody>
</table>
## Client Factors

<table>
<thead>
<tr>
<th>Pre-existing</th>
<th>Injury related</th>
</tr>
</thead>
<tbody>
<tr>
<td>• personality type</td>
<td>• cognitive impairment</td>
</tr>
<tr>
<td>• lifestyle</td>
<td>• insight into nature of disabilities &amp; impairments</td>
</tr>
<tr>
<td>• health conditions</td>
<td>• current level of function</td>
</tr>
<tr>
<td>e.g. mental health, level of functioning</td>
<td>• knowledge about anticipated recovery</td>
</tr>
<tr>
<td>• attitude to goal setting &amp; life planning</td>
<td>• adjustment to disability after injury</td>
</tr>
<tr>
<td></td>
<td>• mood / mental health issues</td>
</tr>
</tbody>
</table>
Client Goal
- Get back to work

Client Steps
- walk without assistance
- sit without pain
- get up on time
- catch bus to workplace to arrive on time
Engaging the Client in Goal Setting

▲ Informal Strategies

- Identity Oriented Goal Setting
- Motivational Interviewing
Engaging the Client in Goal Setting

▲ Formal Tools

- structure how to use goals in clinical practice
- need to have high quality goals to be useful
- can be used as outcome measures

- Canadian Occupational Performance Measure (COPM)
- Goal Attainment Scaling (GAS)
Tools for Engaging Clients in Goal Setting

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?
Continuum of Client Engagement in Goal Setting

- Impact of client factors on client engagement are **dynamic**
- Client engagement in goal setting process is **variable**
- A client may be able to **identify** some (or none) but not all goals at any point in time
- Level of client engagement can be thought of as a **continuum**
Continuum of Client Engagement in Goal Setting

clinician-generated  client focused  client generated
client generated Goals

- 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 re-worded by a health professional to maximise the usefulness of the goal statement
  - it directly relates to the anticipated level of change desired by the client
client focused Goals

- 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.
  - useful for clients who **lack insight** or have not come to terms with the impact of their injuries.
  - client may be able to identify importance of these goals over time.
Clinician-generated Goals

- **Clinician-generated goal** is determined by the clinician and often refers to what the clinician wants the client to do as part of therapy.

  - It does not identify how the client will benefit from therapy.

  - Just putting the client’s name in a goal does not make it client focused e.g. ‘Jack will participate in 6 therapy sessions’.
Levels of Client Goals

- ICF classifies experience of health
- Dynamic bio-psycho-social model
  - the experience of health and disability is dynamic
    - is influenced by environmental and personal factors and the context in which people live
  - components impact each other
ICF Model of Functioning, Disability & Health

A problem in body function or structure eg neck strength

Execution of a task or action by an individual eg working at computer

Involvement in a life situation eg returning to work
Levels of Client Goals

Rehabilitation goals can be set at each of these three levels:

- Participation level goals are considered best practice in rehabilitation.
Levels of Client Goals

Contextual factors are best recorded in the Action Plan rather than as a Goal

International Classification of Functioning, Disability and Health (WHO 2001)
## Levels of Client Goals

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate will be able to comprehend a 5-step written instruction</td>
<td>Kate will be able to follow a recipe to make a cake</td>
<td>Kate will make 2 cakes to contribute to her son’s school fete</td>
</tr>
</tbody>
</table>
# Levels of Client Goals

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven’s hip extensor strength will increase from 3/5 - 4/5</td>
<td>Steven will be able to independently transfer from wheelchair to car</td>
<td>Steven will be able to join his mates at their weekly outing to the pub</td>
</tr>
</tbody>
</table>
## Levels of Client Goals

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven’s hip extensor strength will increase from 3/5 - 4/5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- very specific details, scores on measures, discrete impairments
- relevant to a single discipline
- can be used as steps
### Levels of Client Goals

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven’s hip extensor strength will increase from 3/5 - 4/5</td>
<td></td>
<td>Steven will be able to join his mates at their weekly outing to the pub</td>
</tr>
</tbody>
</table>

- **Impairment**:
  - very specific details, scores on measures, discrete impairments
  - relevant to a single discipline
  - can be used as steps

- **Activity**:
  - broader, more complex
  - more clearly related to roles / lifestyle – more motivating for client
  - relevant to a multiple disciplines
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.
8 weeks of physiotherapy will improve your neck rotation by 30°

8 weeks of physiotherapy will enable you to commence a trial to return to driving
Client Goal
- participation level goal

Client Steps
- participation / activity
- impairment goals
- assessment results

Action Plan
- intervention and assessment re impairments
- other actions to achieve step
Activity 2:
Moving from Impairment to Participation
Goals

- **Aim:** Apply knowledge regarding levels of goals using ICF structure to guide goal setting
- Complete the activity on **Page 31** of your training workbook
- **Time available:** 5 mins
- **Discussion**
Approaches to Rehabilitation that Influence Goal Setting

- **Multidisciplinary**
  each different clinical discipline sets discipline-specific goals without collaboration with other therapists

- **Interdisciplinary**
  a group of health professionals from different disciplines work towards common goals that are set in collaboration with the client

- **Transdisciplinary**
  one team member acts as the primary therapist with other therapists providing information and advice
Benefits of a Collaborative Approach

- It emphasises the role of the client in the goal setting
  - ▲ ↓ client dependence on therapist
  - ▲ ↑ client outcomes

- Prevents the duplication of roles

- Facilitates a focus on participation-level goals
Benefits of a Collaborative Approach

- Non-collaborative goal setting cited as reason for failure of neuro-rehabilitation
Clinician-driven treatment plan

OT | Social Worker | Physiotherapist | Psychologist | Speech Pathologist

Goal 1 | Goal 2 | Goal 3 | Goal 4 | Goal 5
Client goals-driven treatment plan

Goal 1
Goal 2
Goal 3
Goal 4
Goal 5

OT
Social Worker
Physiotherapist
Psychologist
Speech Pathologist

ACI NSW Agency for Clinical Innovation
Client goals-driven treatment plan

- Improved relationship with family
- Goal 2
- Goal 3
- Goal 4
- Goal 5
- OT
- Social Worker
- Physiotherapist
- Psychologist
- Speech Pathologist
Does the client have any goals that require occupational therapy input?
Working Collaboratively

- Collaborative goal setting provides **structure** to existing discussions:
  - some services may need to allocate additional time to work in this way
  - clinicians report on progress / outstanding needs relevant to a goal

- Individual providers can instigate and maintain a collaborative approach
Break time!!!
Factors influencing goal setting in rehabilitation:

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

- Writing goals is a skill which requires a **novel problem solving approach** to **articulate clinical reasoning**

- SMARTAAR Goal Process and Worksheet developed in NSW BIRP (since 2009)

- It supports an **ACTIVE** process to translate SMART and quality criteria into elements that should be included within goal (knowledge into process) AND how goals should be **USED** in clinical practice
SMARTAAR Goal Process

- This process supports development of goals that are:
  - client centred, SMART participatory goals
- It can be used in rehabilitation to:
  - inform / support clinical practice and communication
  - evaluate client and service outcomes
  - reflect model of care for rehabilitation
SMARTAAR Goal Process

1. Write a **SMART Goal**
   - Worksheet considers elements of a SMART goal

2. **Review goal quality**
   - Refine goal if necessary

3. Use **goals to review** and report client progress, and inform rehab planning
   - Use goal achievement to measure client & service outcomes
# SMART Goals

<table>
<thead>
<tr>
<th>Letter</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
<td>Specific, Significant, Stretching, Simple</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Measurable, Meaningful, Motivational, Manageable</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Achievable, Attainable, Appropriate, Agreed, Assignable, Actionable, Adjustable, Ambitious, Aligned, Acceptable, Action-focused</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Relevant, Result-Based, Results-oriented, Resourced, Resonant, Realistic</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Time-bound, Timely, Time-oriented, Time framed, Timed, Time-based, Time-bound, Time-specific, Timetabled, Time limited, Trackable, Tangible</td>
</tr>
</tbody>
</table>
SMARTAAR

S = Specific
M = Measurable
A = Achievable
R = Relevant
T = Time-bound
A = Action Plan
A = Achievement Rating
R = Report progress & goal outcomes
SMART: Specific

- This must be based around a specific observable condition, activity or performance

- Examples:
  - standing up
  - grocery shopping
  - taking medication
  - looking after one’s children
SMART: Specific

- This must be based around a specific observable condition, activity or performance
- May also specify context and conditions required
- Examples:
  - standing up in the shower
  - grocery shopping by self
  - taking medication as prescribed
  - looking after one’s children every Saturday
SMART: Specific

- Is the client’s name included in the goal statement?
- Is the goal focused on participation or activity?
- Is the goal clear and well-defined?

This is the reason for providing and evaluating the intervention.
SMART: Measurable

- Need to be able to **objectively measure** whether the goal is achieved

- ‘Measurement’ approach must be **meaningful**

- May describe:
  - how achievement will be measured
  - criteria for acceptable standard of outcome performance
SMART: Measurable

- Is it easy to determine when the goal is achieved?
  ▲ linked to Specific

- How will you measure if the goal has been achieved?
  ▲ may need to refine your goal further if you can’t answer this
SMART: Measurable

- Describe level of competency, frequency, support, duration:
  - obtain **5 out of 6 items** on grocery list (competency)
  - do washing up **every morning** (frequency)
  - transfer bed to chair **with verbal prompting** (support)
  - work **4 hours per day**, 5 days per week (duration)
SMART: Achievable

Is the goal achievable given current resources?
- capacity of service, money, equipment, time
SMART: Achievable

Is the goal realistic for this client at this time?
- injury, age, stage of rehab
SMART: Achievable

Achievable + realistic

A goal is not achievable if the necessary resources are not available
SMART: Achievable

- Realistic, yet challenging:
  - specific, difficult goals result in better immediate performance on motor / cognitive tasks in people with ABI
SMART: Relevant

• Can the client answer ‘yes’ if asked:
  ‘Is this goal important to you?’

• Is the goal relevant for the services being requested?

• Is the goal within the scope of the service?

• Is the goal within the scope of the funding body?
SMART: Time-bound

- Need to set a time-frame that you think the goal can be achieved in
- Specify the date, rather than “in 3 months”
SMART: Time-bound

- Is the timeframe of goals service-driven or needs-driven?
  - timeframe for rehab service
  - timeframes for reporting / funding can be flexible

- Does the timeframe reflect how long you think it will take the client to achieve each of their goals?
SMARTAAR: Action plan

Action Plan

What needs to be done

Interventions
referrals
assessments
monitoring
home programs
liaison
SMARTAAR: Action plan

- What needs to be done
- Who does what
- Interventions, referrals, assessments, monitoring, home programs, liaison

client, family, clinicians, other services
SMARTAAR: Action plan

- What needs to be done
- Who does what
- When what is due
SMARTAAR: Action plan

- The client goal informs what actions are required
SMARTAAR: Achievement rating

- Goal achievement is important to:
  - enable goals to fulfil their purpose
  - measure client and service rehabilitation outcomes

- Multiple approaches exist e.g. Goal Attainment Scale (GAS)

- Goal achievement rating scales may be scheme-specific
SMARTAAR: Achievement rating

- Reporting reasons for not achieving a goal can enable goals to be used as an outcome measure:
  - to communicate with the client
  - to support ongoing clinical reasoning & service evaluation
SMARTAAR: Reporting

- For goals to be effective, **progress towards goals** (and steps) **needs to be monitored and reported on** to all stakeholders (including the client!)
SMARTAAR: Reporting

Who needs to know?

When are reports due?

What is the best way to communicate progress to different stakeholders?
SMARTAAAR Reporting

- How many goals were fully / partially achieved?
- What factors affected progress towards the goal?
- What are the implications for ongoing rehab?
- Does the action plan need to be amended?
The SMARTAAR Worksheet

- Developed by Helen Badge, ACI BIRD

- **Fast, practical tool** to assist in development, evaluation, and improvement of quality client centred goals that are meaningful to clients and those involved in their care and rehabilitation
The SMARTAAR Worksheet

- Can be used to develop, review and refine goals:
  - **Clinicians** are able to generate consistent high quality rehab goals, focused around client’s participation in things relevant to their life.
  - **Funders** can use it to review goals and provide feedback.
Features of SMARTAAR Goals

- The goal is SMART but still meaningful to client
- Describes how client will change, ideally at participation-level
- The client is at the centre of the goal
- The action plan is separate from the goal
Scope of SMARTAAR Worksheet

- **Checklist** of important elements of SMART client centred rehabilitation goals

- **Easy to use and flexible** enough to accommodate complexity of rehab goals and needs of different organisations, funders / providers/ mix of diagnoses (system wide benefits)

- **Highlights elements** in a goal statement that may need to be revised, added or deleted
Scope of SMARTAAR Worksheet

- Used to evaluate one goal at a time – whenever goal needs to be SMART and support rehab practice

- Can be used for a range of goal statements:
  - goals and steps
  - different levels e.g. ICF
  - with varying levels of client involvement

- Highlights the need to USE a goal in clinical practice – including measuring and reporting progress (but this is beyond scope of worksheet itself)
Limitations of SMARTAAR Worksheet

- Not validated
- It should not be used to make final decision on appropriate goals or therapy
- Provides framework but not a ‘one-stop’ shop – goal writing involves ART and science
- Just adding more information isn’t enough……
  Goals need to be SMART enough (fit for purpose) (but not too SMART). They need to succinctly tell you what the client wants / needs to be able to do!
- Takes time to develop skills using new approach
Additional Criteria

**client centred**
- reflect client preferences
- client generated – client focused

**ICF - participation**
- advocated as ideal in rehabilitation

**Benefits of writing goals**
- motivate the client
- support team planning & clinical decision making
- support requests for funding
SMARTAAR Goal Worksheet

See Page 56
Elements of SMARTAAR Worksheet

**S: Client name** (important)

- What is the purpose of intervention for the client?
- Does it focus on client’s Participation (ICF)?
- Context: Where will participation take place?

**M: Measurable:** What is the desired quality of performance: How well? How much
Elements of SMARTAAR Worksheet

• **A / R:** Achievable and relevant: Is this clearly documented in the plan / other information?

• **T:** Time bound?

• **A:** Action Plan (strategies to achieve goal)
Making Goals SMARTAAR

**SMART**
Jack will be able to articulate end consonants on 10 key words with 80% accuracy in next fortnight

**SMART & more client focused**
Jack will be able to greet his immediate family members & close friends by name with 80% intelligibility within 2 weeks

- Discipline specific
- Could be used by clinician to monitor client progress (an action)

- Starting to be more meaningful to client
Making Goals SMARTAAR

SMART

Jack will be able to greet his immediate family members & close friends by name with **80% intelligibility by 28th April 2013**

‘able to greet his family and friends by name at meals & social occasions’
SMARTAAR Goal

Jack will be able to greet his family and friends by name at meals & social occasions by 28/4/13
Formulating SMART, participatory goals. Example 2:

Original Goal: Jack will learn 2 anger management strategies within 8 weeks

Prompts: What situations does J’s anger impact on?
What will he be able to do that he can’t now?

Re-worked goal: Jack will reduce his anger outbursts with family members to $\leq x1$ / day over the next 8 weeks to enable him to continue living in the family home
Formulating SMART, participatory goals. Example 2:

- Jack will continue living in the family home for the rest of 2013
Instructions for Clinicians Using SMARTAAR Worksheet

1. Write goal in top box
2. Use “Existing Goal Elements” to record relevant parts of existing goals
3. Identify whether any ACTIONS or treatment plans are in goal statement. Move to action box.
4. Does current goal make sense?
5. Identify gaps in goal – what is missing?
6. Does it succinctly tell you what the client wants to be able to do?
7. Review as necessary
Example for Clinicians

Existing goal is:

“Client will improve by 10 points on self-rated anxiety assessment and enjoy playing golf three times per week”
Existing Goal Elements include:

Client name: “Client name”
Participation: Yes and no
What client outcome: “Will enjoy playing golf three times per week”
Where: implied (golf course)
How well: “enjoy”
How much: -
Time-bound: -
Action plan: Aim to achieve 10 point improvement on self rated anxiety assessment
Revised Goal

“Jack will enjoy playing golf twice a week by 31 March 2013”

- Goal is SMART enough and still meaningful to Jack
- Jack is happy he will know when the goal is achieved
- Objective assessment is required by clinician, not client
Instructions for Funders using SMARTAAR Worksheet

1. Write goal in top box
2. Use “Existing Goal Elements” to record relevant parts of existing goals
3. Does it succinctly tell you what the client wants to be able to do?
4. Does it provide sufficient information to justify requested services?
5. Use SMARTAAR Goal Column to identify questions that would clarify additional information you require
6. What information is provided in rest of report?
7. Who can provide required information?
Example for Funders (same goal)

- Existing goal is:

  “Client will improve by 10 points on self-rated anxiety assessment and enjoy playing golf three times per week”
Example for funders

Funders may ask the clinician:

- ‘Given the client’s high level of anxiety, is it realistic he could manage golf 3 times a week?’

- ‘To achieve this goal, you have requested XX sessions of therapy. What other things will Jack be able to do (more relevant to our criteria) when he can manage his anxiety better?’
Example for funders

Funders may ask the clinician:

- ‘How will Jack rate his ‘enjoyment’?’
- ‘What’s happening with the family situation? How will services requested for the family support the achievement of this client goal?’
- ‘How reliable is the anxiety scale to detect clinical change? How is it scored?’
"Lunch? Well, yes—But what are your long-term goals?"
Workshop Sessions
Example Using SMARTAAR Goal Worksheet

Existing Goal statement:

‘Increase client motivation to participate in physiotherapy by incorporating some of his therapy into his program at school and after school care centre’
Example Using SMARTAAR Goal Worksheet

- Identify distinct elements in existing goal worksheet
  - ‘Increase client motivation to participate in physiotherapy by incorporating some of his therapy into his program at school and after school care centre’
- Use worksheet to critique existing and missing elements
Example using SMARTAAR Worksheet

See Page 62
Example using SMARTAAR Worksheet

See Page 62
Example Using SMARTAAR Goal Worksheet

- 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, 18\textsuperscript{th} April 2014

- Check:
  ▲ is it clear and concise?
  ▲ does it tell me what the client wants / needs to be able to do?
Practical Exercise 1: Evaluate an existing goal  

1. Divide into groups (mix of roles)
2. Use the SMARTAAR Worksheet to EVALUATE and REVISE the goal provided. You need to develop your own ideas about the client, their rehab needs and situation
3. Give feedback to large group
4. DISCUSSION
Goal No. 1:

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.
Goal No. 1:
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 2013.
Discussion

- What issues did you consider in revising the goal?

- How did you find using the SMARTAAR goal worksheet?
Practical Exercise 2
Review Your Own Goal

- Use SMARTAAR Worksheet TO REVIEW AND IMPROVE one of your OWN goals
- Use the SMARTAAR Worksheet elements to record each ‘element’ of the goal, according to the boxes
- Clinicians – use worksheet to revise goal
- Funders – what questions do you want to ask to get information you think is missing?
- Make improvements to goals
Discussion

- What was different when you worked on your own goal?
- What did you consider when revising your goal or looking at what might need to be considered?
Putting It All Together
Structuring Rehabilitation Plans

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

Not just a document to request services
Structuring Rehabilitation Plans

- Consider number and level of goals
- Steps and elements of the action plan are likely to be included under multiple goals
- May be scheme / service specific
Structuring Rehabilitation Plans

- **Client Goal**
  - participation
  - more likely to be client generated

- **Client Steps**
  - participation / activity goals
  - more likely to be client focused

- **Action Plan**
  - actions to address impairments
  - assessment results
  - more likely to be clinician-generated
Rehab Plan Template

Client goals are the starting point for devising a rehab plan

Achievement is reported on ALL elements separately (goal, steps, actions)

Structure progress reports around progression towards achievement of steps / goals & review of relevance of action plan
Rehab Plan Template

Each client goal is numbered e.g. 1

Each step and corresponding action plan to support goal achievement are numbered e.g. 1a, 1b etc.
<table>
<thead>
<tr>
<th>Date of Plan:</th>
<th>Plan No:</th>
<th>Plan Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Goal: 1</td>
<td></td>
<td>Achievement</td>
</tr>
</tbody>
</table>

Refer to Page 76

<table>
<thead>
<tr>
<th>Client Step 1a)</th>
<th>Achievement</th>
<th>Client Step 1b)</th>
<th>Achievement</th>
<th>Client Step 1c)</th>
<th>Achievement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action Plan 1a)</th>
<th>Achievement</th>
<th>Action Plan 1b)</th>
<th>Achievement</th>
<th>Action Plan 1c)</th>
<th>Achievement</th>
</tr>
</thead>
</table>

Progress
DATE of PLAN: 30/6/13
Plan No: 1
Plan Period: 30/6/2013 - 30/9/2013

CLIENT GOAL: 1

Jack will be ready to return to living independently in his own home by September 2013

<table>
<thead>
<tr>
<th>CLIENT STEP 1a)</th>
<th>Achievement</th>
<th>CLIENT STEP 1b)</th>
<th>Achievement</th>
<th>CLIENT STEP 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack will be able to safely ascend and descend a flight of 16 stairs independently by 30/9/13</td>
<td>3</td>
<td>Jack will be able to independently perform the weekly shop using online ordering of home-delivery</td>
<td>3</td>
<td>Jack will be able to perform all aspects of his personal hygiene independently</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION PLAN 1a)</th>
<th>Achievement</th>
<th>ACTION PLAN 1b)</th>
<th>Achievement</th>
<th>ACTION PLAN 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly physiotherapy for weeks 1-6 to address deficits in balance and mobility - includes the prescription of a home-based exercise program</td>
<td>3</td>
<td>Weekly occupational therapy to improve memory and planning skills/ strategies</td>
<td>3</td>
<td>Weekly physiotherapy for weeks 1-6 weeks, to address balance issues that are currently impacting on ability to safely negotiate Jack’s home bathroom</td>
<td>3</td>
</tr>
<tr>
<td>Fortnightly physiotherapy for weeks 7-12 weeks to address deficits in balance and mobility - includes the prescription of a home-based exercise program</td>
<td>3</td>
<td>Fortnightly speech therapy to improve computer literacy</td>
<td>3</td>
<td>Fortnightly physiotherapy for weeks 6-12 weeks to address balance issues</td>
<td>3</td>
</tr>
<tr>
<td>Performance of home exercise program 4 days/week</td>
<td>2</td>
<td></td>
<td></td>
<td>Installation of a grab rail within the shower recess in both his mother’s home and his home</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Purchase of a shower chair</td>
<td>3</td>
</tr>
</tbody>
</table>

**Achievement rating: Page 74**

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.
**DATE of PLAN:** 30/6/13  
**Plan No:** 1  
**Plan Period:** 30/6/2013 - 30/9/2013

**CLIENT GOAL:** 1  
Jack will be ready to return to living independently in his own home by September 2013

<table>
<thead>
<tr>
<th>CLIENT STEP 1a)</th>
<th>CLIENT STEP 1b)</th>
<th>CLIENT STEP 1c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack will be able to safely ascend and descend a flight of 16 stairs independently by 30/9/13</td>
<td>Jack will be able to independently perform the weekly shop using online ordering of home-delivery</td>
<td>Jack will be able to perform all aspects of his personal hygiene independently</td>
</tr>
</tbody>
</table>

**ACTION PLAN 1a)** | **ACTION PLAN 1b)** | **ACTION PLAN 1c)** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly physiotherapy for weeks 1-6 to address deficits in balance and mobility - includes the prescription of a home-based exercise program</td>
<td>Weekly occupational therapy to improve memory and planning skills/strategies</td>
<td>Weekly physiotherapy for weeks 1-6 weeks, to address balance issues that are currently impacting on ability to safely negotiate Jack’s home bathroom</td>
</tr>
<tr>
<td>Fortnightly physiotherapy for weeks 7-12 weeks to address deficits in balance and mobility - includes the prescription of a home-based exercise program</td>
<td>Fortnightly speech therapy to improve computer literacy</td>
<td>Fortnightly physiotherapy for weeks 6-12 weeks to address balance issues</td>
</tr>
<tr>
<td>Performance of home exercise program 4 days/week</td>
<td>Installation of a grab rail within the shower recess in both his mother’s home and his home</td>
<td>Purchase of a shower chair</td>
</tr>
</tbody>
</table>

**Achievement rating:** 2

**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.
**DATE**: 30/9/13  |  **Plan No**: 2  |  **Plan Period**: 30/9/13 – 31/12/13

**CLIENT GOAL**: 1

Jack will be ready to return to living independently in his own home by December 2013.

<table>
<thead>
<tr>
<th>CLIENT STEP 1a)</th>
<th>Achievement</th>
<th>CLIENT STEP 1b)</th>
<th>Achievement</th>
<th>CLIENT STEP 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack's mother will only provide assistance to Jack that has been assessed as necessary by the OT</td>
<td></td>
<td>Jack will be able to independently shower at home</td>
<td></td>
<td>Jack will maintain the ability to ascend and descend a flight of 16 stairs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION PLAN 1a)</th>
<th>Achievement</th>
<th>ACTION PLAN 1b)</th>
<th>Achievement</th>
<th>ACTION PLAN 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack's mother will receive further education weekly from the OT regarding level of assistance for weeks 1-3</td>
<td></td>
<td>Fortnightly psychology sessions to help overcome the fear of falling.</td>
<td></td>
<td>Jack will perform a home-based exercise program 3 times per week as prescribed by the physiotherapist.</td>
<td></td>
</tr>
<tr>
<td>Jack's mother will receive further education weekly from the OT regarding level of assistance at week 7</td>
<td></td>
<td>Practice of independent showering with standby assistance from the occupational therapist to reinforce ability</td>
<td></td>
<td>Monthly review with the physiotherapy to monitor performance</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROGRESS**
Practical Exercise 3: Case Study

- Jack, 29 years old
- Father of two boys, aged 6 and 8
- 1 year post TBI and multi-trauma
- Pre-injury worked as a motor mechanic
Practical Exercise 3: Case Study

- Using the information presented (also included in your workbook):
  - formulate 2-3 goals that reflect Jack’s desires
  - document these (in SMART format) along with any steps/ sub-goals and action plans that will be needed for goal achievement

- You can make up any additional details that you feel are relevant to your rehab plan
Practical Exercise 3: Case Study

- Using the information presented (also included in your workbook):
  - formulate 2-3 goals that reflect Jack’s desires
  - document these (in SMART format) along with any steps/ sub-goals and action plans that will be needed for goal achievement

- You can make up any additional details that you feel are relevant to your rehab plan
Practical Exercise 4

- 3rd Rehab Plan provided reporting progress of Jill
- Sustained moderate TBI and orthopaedic injuries in MVA on way home from work 5 months ago

Instructions:
- 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?
Date of Plan: 15th March 2013  |  Plan No: 3  |  Plan Period:  

Client Goal: 1  

**Jill will return to work as waitress in city restaurant**

<table>
<thead>
<tr>
<th>Client Step 1a)</th>
<th>Achievement</th>
<th>Client Step 1b)</th>
<th>Achievement</th>
<th>Client Step 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill will be able to tolerate standing for 30 minutes</td>
<td>2</td>
<td>Jill will be able to take accurate notes of verbal information</td>
<td>2</td>
<td>Jill will be able to drive to and from work 5 times a week</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan 1a)</th>
<th>Achievement</th>
<th>Action Plan 1b)</th>
<th>Achievement</th>
<th>Action Plan 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 25 sessions physio - gym programme - Counselling for parents</td>
<td>2</td>
<td>- 6 x Speech therapy</td>
<td>1</td>
<td>- OT and driving assessment - Back cushion</td>
<td>1</td>
</tr>
</tbody>
</table>

Progress: Client’s cognitive, physical and psychological problems continue to interfere with her ability to resume work.
<table>
<thead>
<tr>
<th>Client Goal: 1</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jill will return to work as waitress in city restaurant</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Step 1a)</th>
<th>Achievement</th>
<th>Client Step 1b)</th>
<th>Achievement</th>
<th>Client Step 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill will be able to tolerate standing for 30 minutes</td>
<td>2</td>
<td>Jill will be able to take accurate notes of verbal information</td>
<td>2</td>
<td>Jill will be able to drive to and from work 5 times a week</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan 1a)</th>
<th>Achievement</th>
<th>Action Plan 1b)</th>
<th>Achievement</th>
<th>Action Plan 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>-25 sessions physio gym programme -Counselling for parents</td>
<td>2</td>
<td>- 6 x Speech therapy</td>
<td></td>
<td>-OT and driving assessment -Back cushion</td>
<td></td>
</tr>
</tbody>
</table>

Progress: Client’s cognitive, physical and psychological problems continue to interfere with her ability to resume work.
### Client Goal: 1

**Jill will return to work as waitress in city restaurant**

<table>
<thead>
<tr>
<th>Client Step 1a)</th>
<th>Achievement</th>
<th>Client Step 1b)</th>
<th>Achievement</th>
<th>Client Step 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill will be able to tolerate standing for 30 minutes</td>
<td>2</td>
<td>Jill will be able to take accurate notes of verbal information</td>
<td>2</td>
<td>Jill will be able to drive to and from work 5 times a week</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Plan 1a)</th>
<th>Achievement</th>
<th>Action Plan 1b)</th>
<th>Achievement</th>
<th>Action Plan 1c)</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 25 sessions physio - gym programme - Counselling for parents</td>
<td>2</td>
<td>- 6 x Speech therapy</td>
<td>1</td>
<td>- OT and driving assessment - Back cushion</td>
<td>1</td>
</tr>
</tbody>
</table>

**Progress:** Client’s cognitive, physical and psychological problems continue to interfere with her ability to resume work.
When all elements are more closely related, it is easier to:

• report progress
• plan / evaluate action plans
• for funders to approve requested services
Facilitating high quality goal setting

- You may need to revise processes to incorporate SMARTAAR Goal Process into how you work.
- Internal policies and practices will influence if any change is required.
Facilitating high quality goal setting

- All clinicians discuss goals with client
- More than one meeting may be required with client
- Discussing client goals is leading part of process
- Both client goals and results of clinical assessments inform development of treatment plan
- Client involved in agreeing to goals, steps and action plan
- Goal setting process is cyclical
Take home messages

- Effective goal setting is a vital part of rehabilitation as it can **motivate the client, support team planning and funding applications**

- **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

- **IDENTIFY** the client’s activity or participation level goals wherever possible
Take home messages

- Write **SMART** goals that describe what the client needs and wants to be able to do that fulfil the purposes of goal setting.

- The **SMARTAAR Goal Worksheet** can be used to both write and assess the quality of goals.

- Client **goals are broken down**:
  - steps describe the smaller components of achievement that will contribute to goal attainment.
  - the action plan details those actions that need to be completed to achieve each of the steps and goal.
Take home messages

- **MEASURE** client progress on goal achievement, **EVALUATE** issues impacting on progress, and **REPORT** to all relevant stakeholders.

- A **collaborative** approach to rehabilitation and goal setting is recognised as best practice.

- **Rehab Plans** 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.
Take home messages

- **Reviewing** team processes may be necessary to incorporate SMART client centred goal setting / or to use the SMARTAAR Goal process
Any Questions?

Please complete your
Post-Training Knowledge Assessment
&
Training Evaluation form
I WILL ORDER THE CHICKEN SALAD AND IT WILL BE THE GREATEST CHICKEN SALAD MAN HAS EVER TASTED! I WILL NOT BE DENIED!!!

After the goal-setting workshop, Larry’s life was never quite the same.