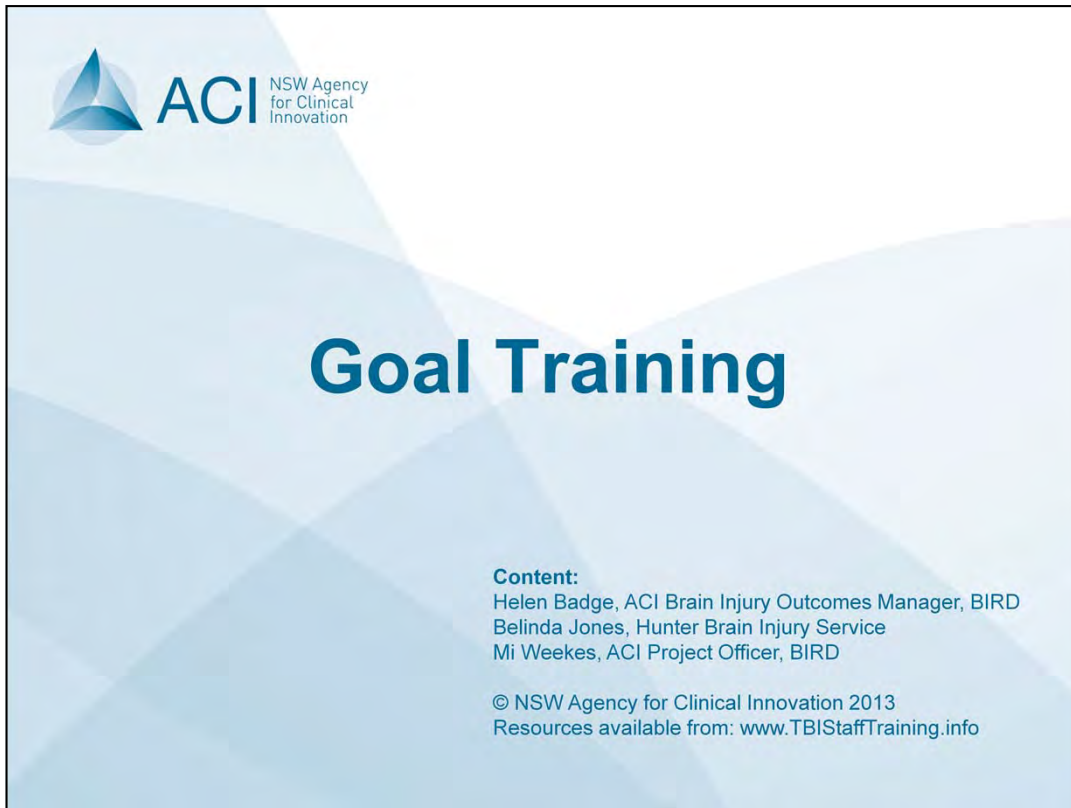


Goal Training

Slides and Presenter Notes

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.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



SAY Fourteen training sessions will be provided throughout NSW to clinicians and funders working with clients with a range of injuries, from mild, single-injuries such as whiplash to complex cases of TBI, SCI, burns and amputations. Because of the large variation in clientele of training clients, it is impossible to provide examples of every type of condition for each point – we'd be here all day! If a discussed example is not helpful for you in understanding how to apply a principle to your work, please let me know and we can work through a real-life example of yours. The activities will also provide an opportunity for you to work through your own examples.

ASK For a show of hands who works in each scheme: CTP, Workcover and MAA as a private/public clinician or funder – bit of an ice breaker and also lets trainers know who is who as the needs of clinicians / funders for the training is different.

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



KNOW This slide identifies the sources of input into the training content

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

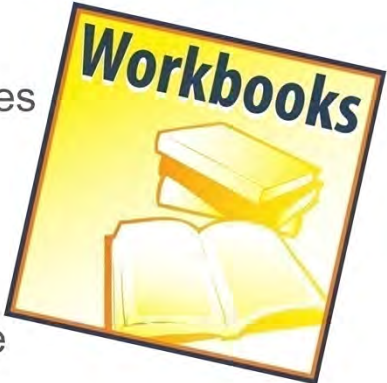


SAY Explain to participants that this is a pilot training project and that we need to assess what they have learnt in the training.


SAY Explain that their assessments will be matched anonymously to compare any change.

ASK Participants to complete the pre-knowledge assessment now and the post-knowledge assessment at the end of the training session.

ASK Participants to complete the forms themselves, and not ask anyone else for the answers



- Section – tips, summary, notes
- Activities & exercises
- All documents mentioned are referenced in the Workbook



SAY (Introduce workbook) Explain that the presentation closely follows each section in the Workbook and that each new section in the presentation will identify the corresponding page in the Workbook, so that participants could follow it if they wanted.

SAY Explain that, at the end of each section, there are tips, a summary and space for notes.

SAY Inform participants that all documents mentioned are referenced in the training workbook.

Training Objectives Page 2

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



KNOW Refer to Page 2 in the Workbook

DO Point out the corresponding page number in the Workbook.

DO Read the Training Objectives from the slide.

SAY Five training objectives have been identified

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



DO Continue to read the Training Objectives from the slide.

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



SAY This training aims to provide concepts related to writing client centred goals. Because of the varying nature of the requirements of the insurers and individual organisations, this training does not provide information on scheme-specific reporting needs or specific reasonable and necessary criteria. Consequently, I will not be able to answer any such questions in this training. Any scheme-specific reporting needs and specific organisational practices could be a training session in itself.


SAY In a similar vein, this training does not cover in any depth strategies for engaging clients in discussions about goal setting.

Training Agenda	
Time	Topic
10.30 – 10.45	Introduction and Background
10.45 – 11.45	Goal Setting Theory
11.45 - 12.00	Evaluating Goal Quality using SMARTAAR Goal Process (including Mini break)
12.00 – 12.20	SMARTAAR Goal Worksheet
12.20 – 1.00	LUNCH
1.00 - 3.15	Practical Sessions: <ul style="list-style-type: none"> • SMARTAAR Worksheet • Mini break • Formulating Rehab Plans
3.15 – 3.30	Conclusions and Evaluation


SAY This training focuses on goal setting theory in the morning, with practical sessions after lunch

SAY You may find that some of the material we will cover today you already know so it will be a refresher for you.

Definitions - Client Page 4



- 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



KNOW Refer to Page 4 in the Workbook

SAY We are starting with definitions so that we have the same understanding of the terms that will be used in this training. It is important to know who is the client so goal setting can be client centred. Family can be involved in the process with the client. Family members can be clients in their own right and receiving services, provided their goals are linked to the client goals eg the client wants to live with their family, and the family require sessions with a clinical psychologist to assist in learning how to manage the client's behaviour. Clients may have a shared or substitute decision maker, who may have have a role in determining goals.

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



KNOW These definitions have come from the Oxford Dictionary, and Wade 2009 (referring specifically to rehabilitation goals).

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 (eg 'sub-goals', 'objectives')



SAY You may know a step as a 'sub goal' or an 'objective' depending on your specific discipline or the specific scheme you work with.



SAY The relationship between a goal and its steps can be illustrated in this diagram. It shows the relationship between each of these elements. A goal can be broken down into one or more steps.

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



SAY In order for Jack to return to TAFE, he needs to be able to walk > 200m unassisted, use the basic functions of MS Word unassisted and manage his anxiety at home and TAFE. If he successfully completes each of these steps (and nothing untoward has happened), he should be able to return to TAFE.

SAY These are the steps to achieve his goal



SAY We can illustrate the relationship between each of these elements using the previous model. A goal can be broken down into many steps. Depending on the client, there may be more steps than are illustrated here.

SAY Notice that both the goal and the steps describe the expected change in Jack, not clinician actions.

KNOW A participant may comment on the situation of a client, in the early stages of rehabilitation, who is not able to identify any goals. Or the participant may ask if clinician actions can ever be written as a goal. Acknowledge the comment, noting that it will be addressed later in the training.

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')



SAY Just as there may be a number of steps needed to achieve a goal, there may be many actions needed to achieve a step. These actions form the action plan.

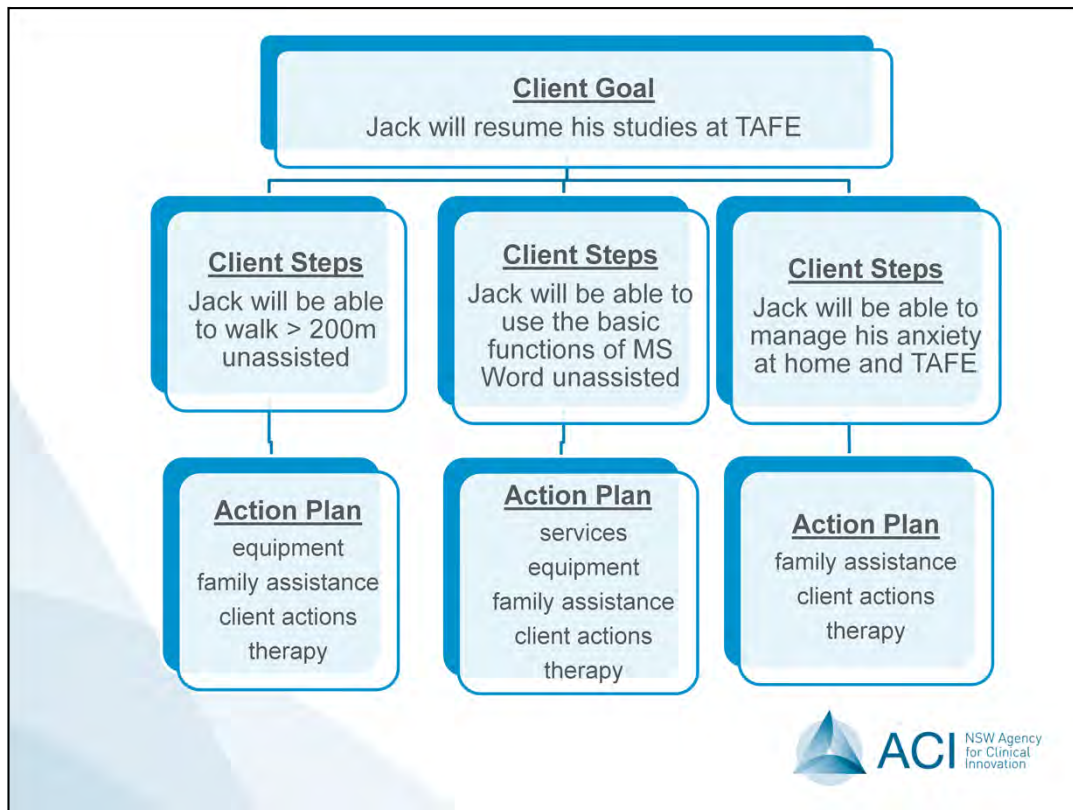
Definitions – Action Plan



- Includes:
 - ▲ accessing services
 - ▲ obtaining equipment
 - ▲ engaging family assistance
 - ▲ identifying client actions
 - ▲ organising therapy



SAY Actions assist in achieving the steps towards the identified goal




SAY Just as we broke down a goal into its necessary steps, each step is now broken down into actions that are needed to achieve it. One particular action may be common to more than one step. For example, family assistance is required in each of these steps. It may be the same across all of the steps eg all the family may need to do is to remind Jack to practise his walking exercise, his computer skills and his stress management exercises.


SAY Notice that clinician actions are identified in the Action Plan and not in the goal.

KNOW A participant may comment on the situation of a client, in the early stages of rehabilitation, who is not able to identify any goals, or the participant may ask if clinician actions can ever be written as a goal. Acknowledge the comment, noting that it will be addressed later in the training.

Goal Setting

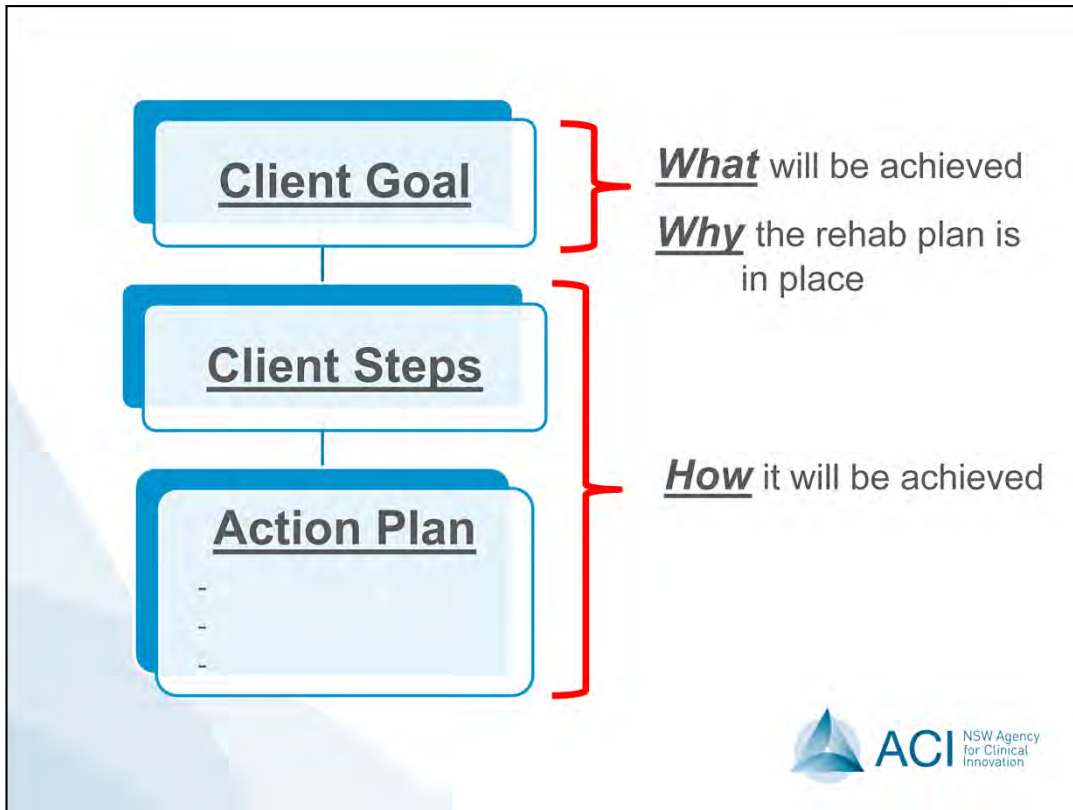


- The formal process whereby a rehabilitation professional or team, together with the client and/or their family, negotiate goals
- Includes:
 - ▲ identifying a client's goals
 - ▲ establishing steps
 - ▲ designing an action plan

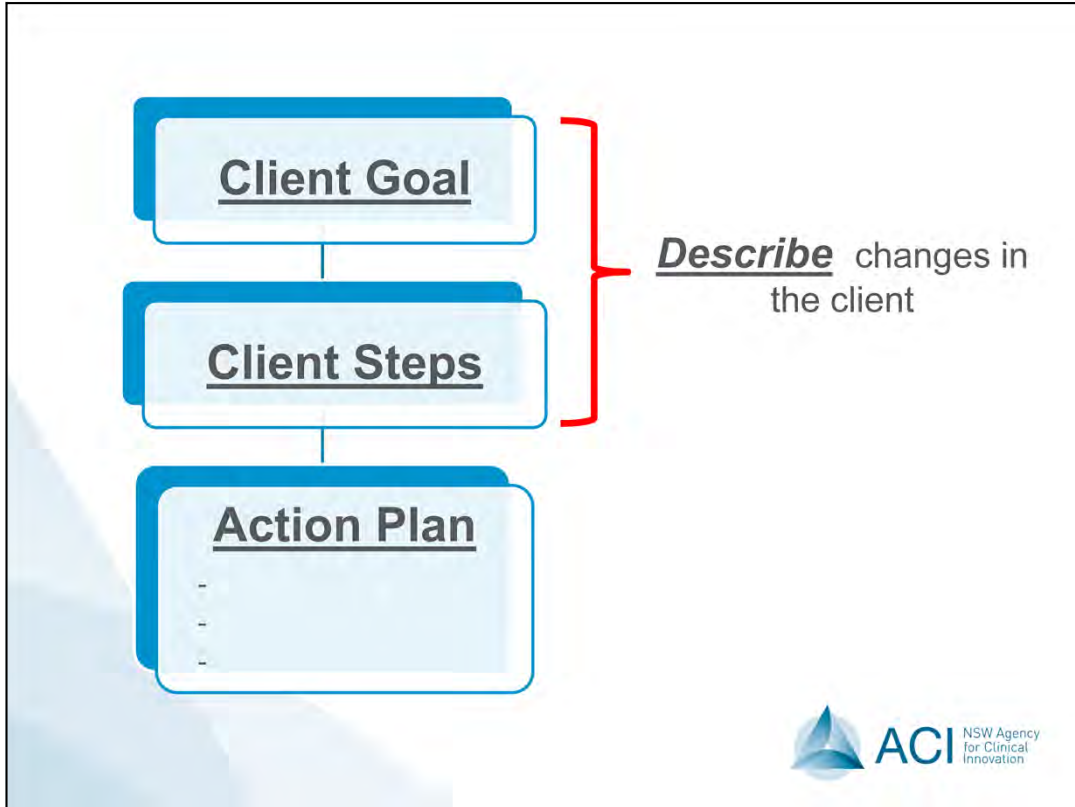


SAY The process of identifying a client's goals, establishing the steps to achieve this goal and designing an action plan to achieve these steps is known as goal setting.

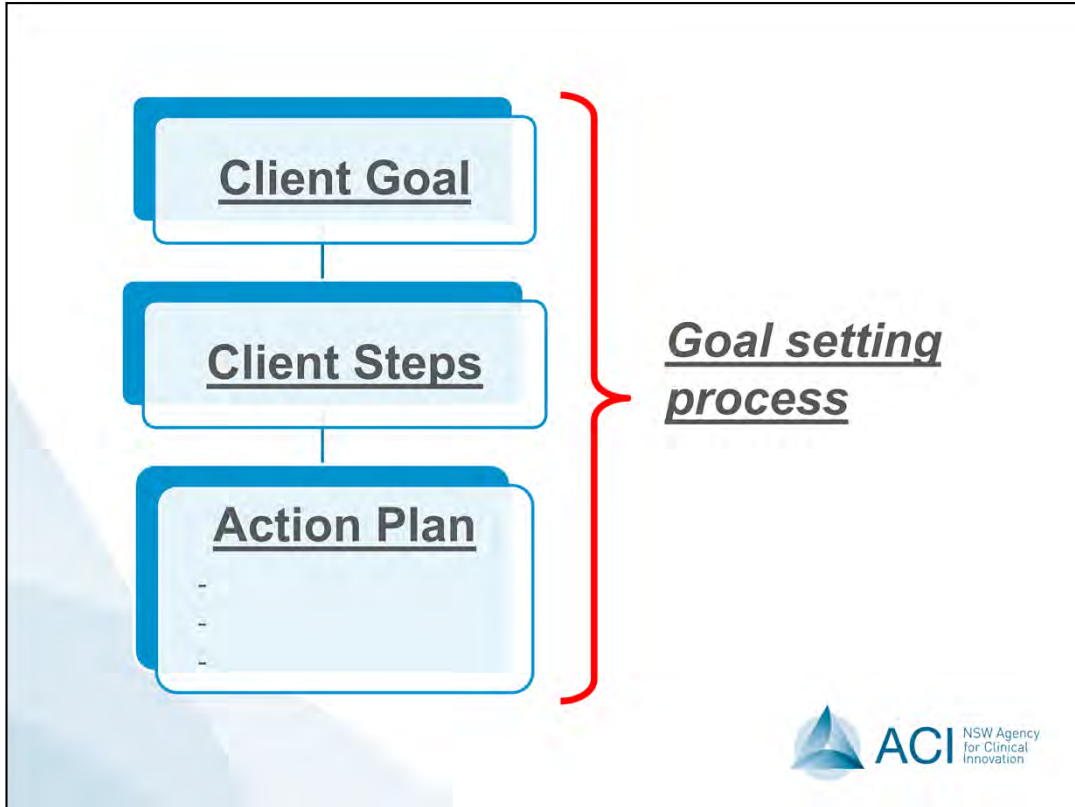
SAY So goal setting is not merely identifying a goal with the client – it includes steps and actions.



SAY The goal is ‘what’ will be achieved or ‘why’ the rehab plan is in place. The steps and action plan are ‘how’ the goal is going to be achieved. This is an important distinction as, in the past, the ‘how’ (often clinician actions) has been written as the goal.




SAY The steps and goals describe how the client will change as a consequence of this action plan being implemented.



SAY The whole process is the goal setting process.

The Role of Goal Setting in Rehabilitation Page 7

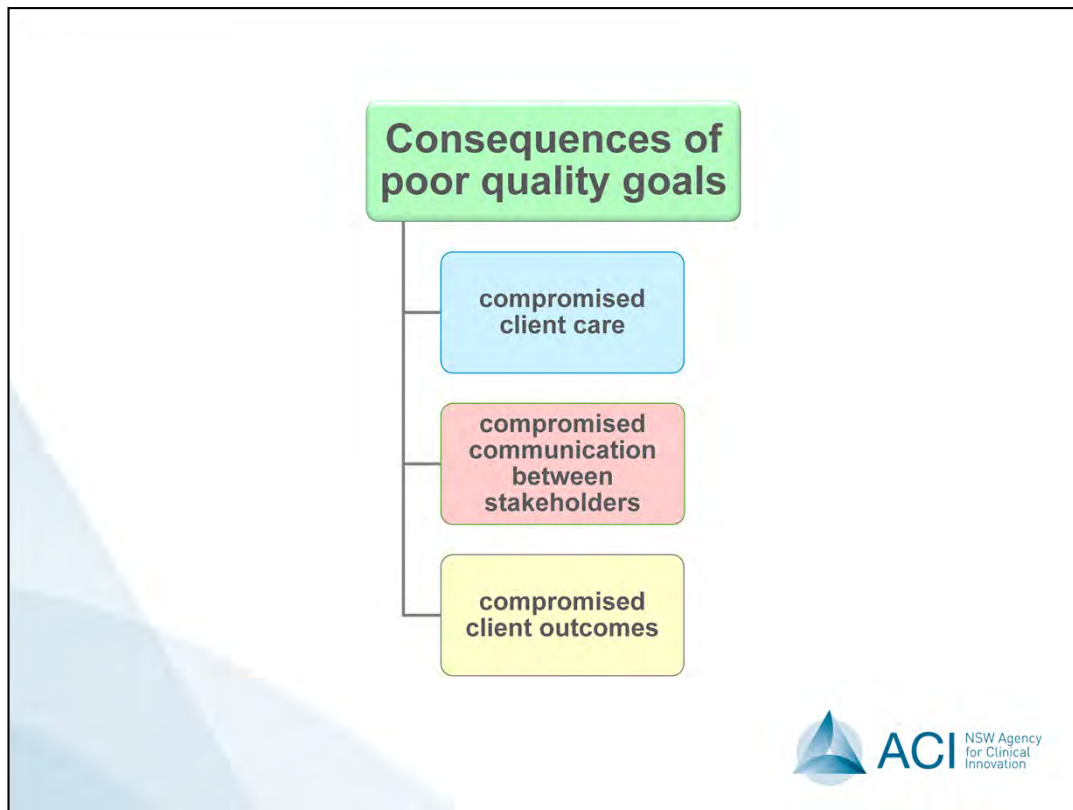
- Goals:
 - ▲ are the essence of rehabilitation
 - ▲ facilitate client centred rehabilitation
 - ▲ empower and motivate clients
 - ▲ provide structure to team planning and communication



KNOW Refer to Page 7 in the Workbook

SAY Now that we have looked at the goal setting process and definitions, we are going to look at the role of goal setting in rehabilitation.

KNOW The references for these definitions are Barns & Ward (2000), Malec (1999), and Doig et al (2010).



DO Advance only the first box 'Consequences of poor quality goals'

ASK For a show of hands of who has had experience with poor quality goals?

KNOW Usually the majority of the participants have experienced poor quality goals

ASK Before advancing the remaining boxes, ask the participants what have been the consequences of these poor quality goals?

KNOW The common responses are lack of direction for rehabilitation, clinicians working independently of each other, money wasted, services not getting funded, client frustration, clinician frustration, rehab plans being rejected and not rewritten


DO Advance the remaining boxes

SAY 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. This training aims to increase the consistency of goal

setting practice and reduce the risk that poor quality goals result in compromised client outcomes.

Benefits of Goal Setting

-  1. Client participation
-  2. Planning within a team context
-  3. Funding



SAY We have looked at the role that goal setting has in rehabilitation. We are now going to look at the benefits of goal setting.

DO Advance the boxes.

SAY We will now look at each of these benefits in more detail. Importantly, these three benefits will also be used to assess the quality of our goals

1. Benefits Related to Client Participation



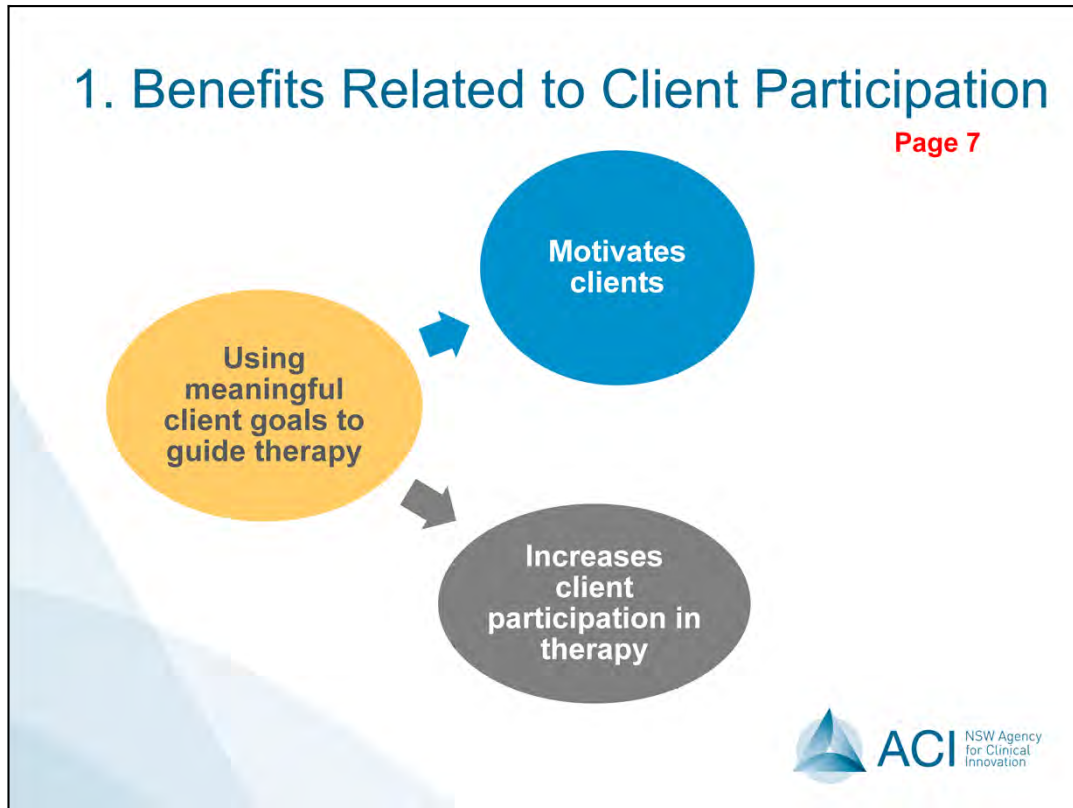
ASK Who has felt like this with a client in regards to therapy?

KNOW You will probably get a few participants acknowledging they have felt like this.

SAY You try really hard to motivate clients to attend therapy. You try a range of different approaches; you try to think of what will motivate your client. Sometimes it feels like a battle between you, the clinician, and the client.

ASK What are the consequences of this type of interaction?

KNOW The common answers are client and clinician disengagement, poor outcomes, conflict between client and clinician, client burnout



KNOW Refer to Page 7 in the Workbook

DO Advance only the first oval 'Using meaningful client goals to guide therapy'


ASK Before advancing the remaining ovals, ask the participants what are the consequences of using meaningful client goals to guide therapy?

DO Advance the remaining boxes


SAY This not being surprising because therapy in and of itself is rarely enjoyable, especially in the long-term. Furthermore, the link between therapy activities, functional outcome and client goals, while obvious to the therapist, is often not inherently clear to the client.

1. Benefits Related to Client Participation

relevant + challenging
+ still achievable




clients are more likely to
change their behaviour to
achieve their own goals



SAY We are looking for some form of behaviour change (ie compliance with the Action Plan) – clients will be more likely to work towards their own goals than a goal set for them by someone else

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



Leave it alone, it's MY goal!

No, it's MY goal!

ACI NSW Agency for Clinical Innovation

DO Ask the following question before advancing the slide.

ASK Who owns the goal?

KNOW Generally someone identifies that it is the client who owns the goal. You might get someone saying that it belongs to the client and the clinician. If someone argues that it is the clinician's goal as well, you could say that, whilst our work is also focused on the client achieving the goal, it remains the client's goal. Clinicians are enablers and facilitators.

KNOW If someone mentions that clients in early recovery are not always able to identify their goals, you could say that in this situation, clinicians may set goals, preferably as a team and involving people who know the client. However, as soon as possible, clinicians should work with clients to identify their goals. Mention that we will be looking at factors that affect goal setting later on.


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



SAY I'm now going to get you to turn to Page 9 of your workbook and ask you to do a quick activity to look at how goal statements can be improved to make them more meaningful to the clients we work with. You need to think about what most clients would be motivated to turn up to and complete therapy to achieve, rather than what clinicians and funders might like the clinician to be working towards.

Initial goal statement	More meaningful and motivating goal statement
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	



DO Read out the example of the initial goal statement

ASK Who do you think wrote this goal – a clinician or a client?

KNOW A clinician wrote it

SAY Whilst it may be important that Jill's balance improves, it may not be particularly motivating for Jill. What she is interested in, however, is being able to play with her children.

SAY For two of the other examples, write more meaningful and motivating goal statements for the client. Make sure that it is written in a positive way eg 'Jack will ...', 'Jill will ...' Make up what ever background information that you need to

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?



KNOW This activity has a different focus for clinicians and funders

DO After 4-5 minutes, come back for quick discussion about how people find this – was it easy or hard, what issues came up as they were doing this. The questions should be asked separately for clinicians and funders.

KNOW Some clinicians and funders find this easy to do, others find it a bit difficult to do

KNOW Don't worry if the reworked goal is still in 'clinician-speak' ie it doesn't sound as though a client wrote it. It is the start of the learning process.

Activity 1: Writing meaningful goals to motivate clients

Funder

- What was your experience of trying to make a goal more meaningful for a client?



DO After 4-5 minutes come back for quick discussion about how people find this – was it easy or hard, what issues came up as they were doing this. The questions should be asked separately for clinicians and funders.

KNOW Funders can provide feedback to clinicians when goals are not client centred and to better understand the relationship between client goals and funding requests. This is the different focus of this activity

2. Benefits Related to Planning within a Team Context Page 11



- Health service providers are a 'team' – even if not working within the one organisation



SAY This section is on Page 11

SAY For example, a client may have a GP, and medical specialist, a psychologist and a case manager. These people should be considered the client's "rehabilitation team".

KNOW The references for this are Cole (2001), Salas et al (1992) and Demming (1993)

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?



SAY 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 lasagna, 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.

SAY The same principles apply to rehab. In addition, knowing the planned outcome assists in identifying who needs to be involved and why.

2. Benefits Related to Planning within a Team Context

John and Jim
example

Page 12



ASK Participants to turn to Page 12 and look at the example of John and Jim.

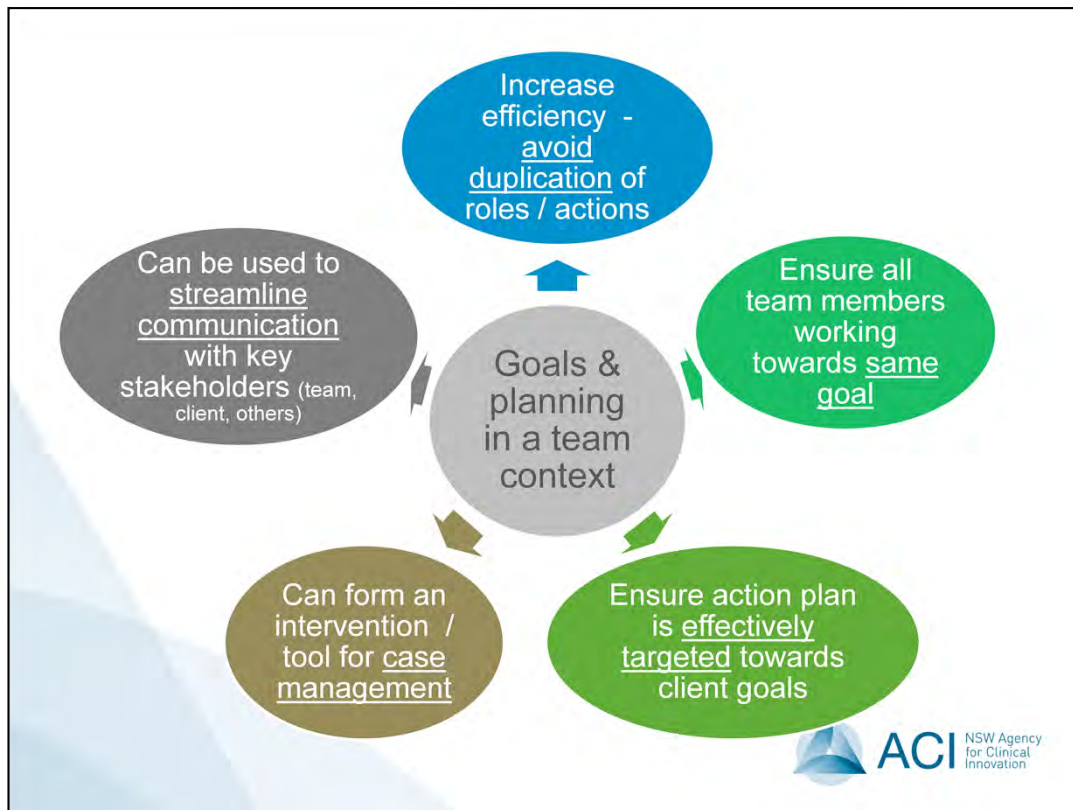
DO Read out the example

SAY If both patients had had the same rehabilitation, that was based on their injuries and impairments and not directed towards their individual goal, then perhaps neither of them would have achieved their goal.

2. Team Collaboration



SAY We are now going to look at the impact of setting goals on team collaboration



DO Advance the slides to 'Goals and planning in a team context'


ASK How do you think setting goals can help your team planning?

KNOW You might need to advance to 'Increase efficiency – avoid duplication of roles / actions' to give an example.

Page 14

Measuring Goal Achievement to Inform Clinical Planning

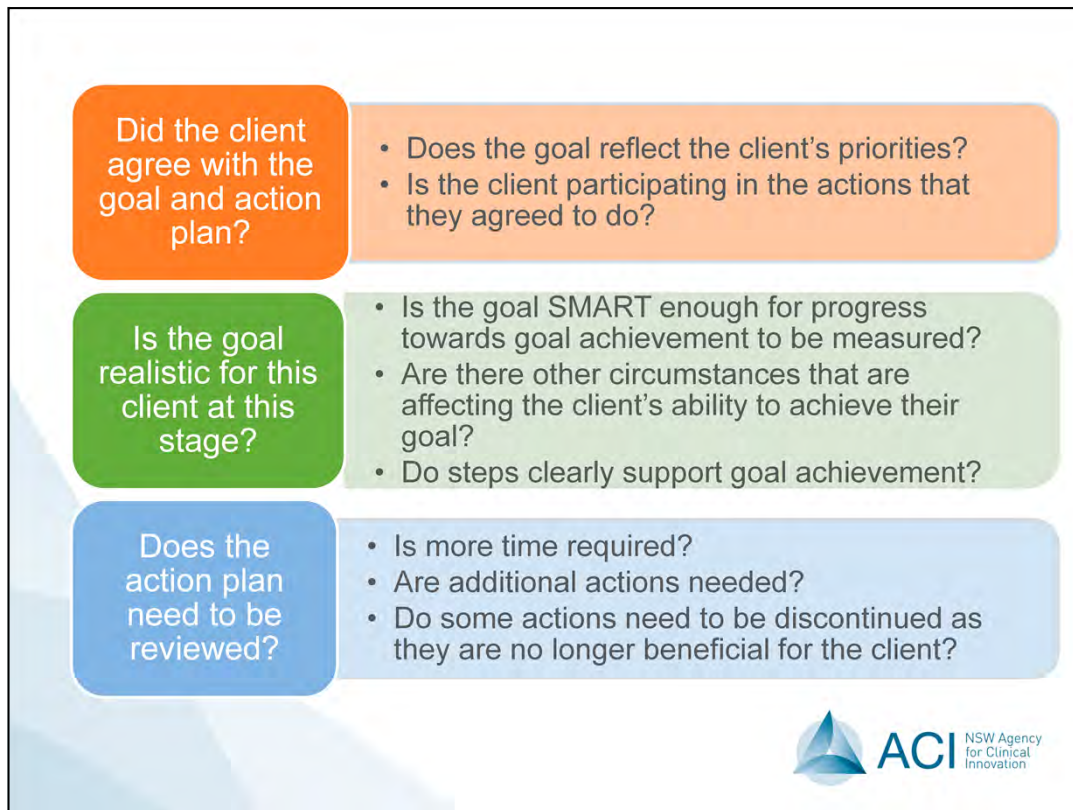
<u>motivate</u> clients by providing evidence of progress made to date	incorporate the client's <u>changing status</u> into future plans	<u>effectiveness</u> of the intervention provided to date - indicates ineffective actions that need to be discontinued	reflect whether the action plan is <u>appropriate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



SAY This is on Page 14

SAY An important aspect of goal setting is assessing client achievement towards each goal. Doing this can provide us with information that can be used in our clinical planning

DO Advance each panel individually





SAY There are several questions you or the team can ask when reviewing the implications of goal achievement and progress that can support team planning. Essentially, it involves you critiquing how well each of the elements of the plan sit together to tell a cohesive story about the client's progress and needs.

DO Advance each panel individually

3. Benefits Related to Funding Page 16

Funding bodies generally require clinicians to describe how requested services will benefit the client

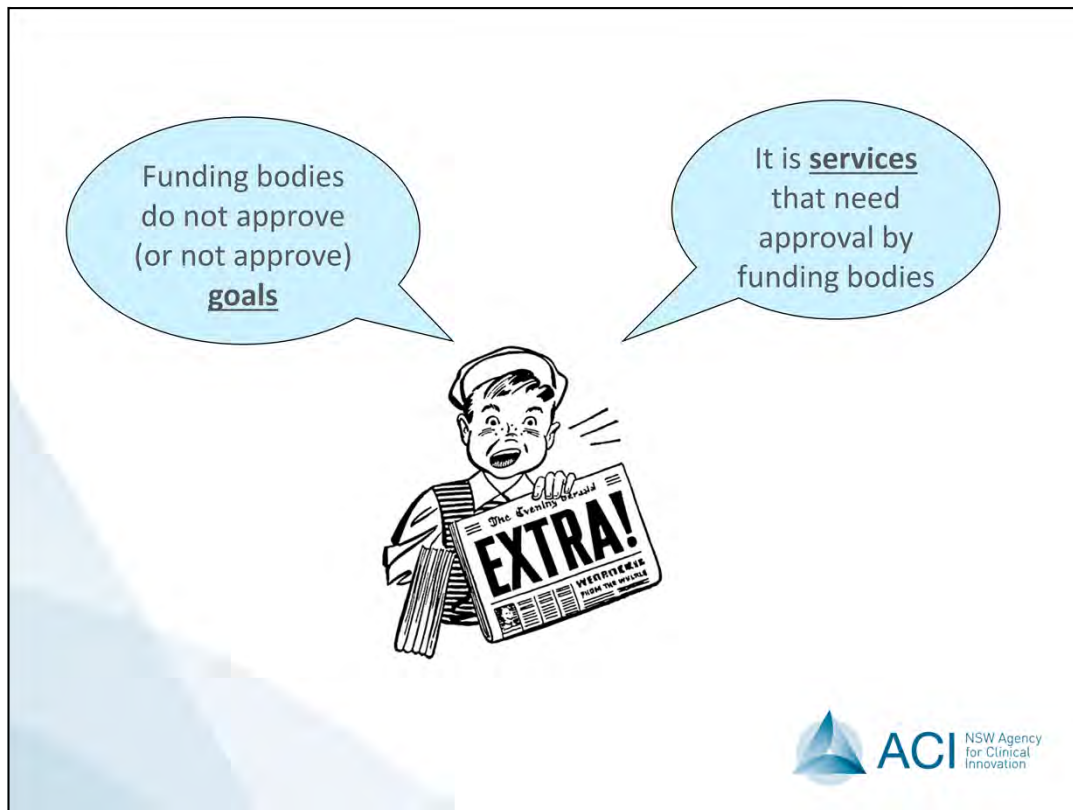


SAY This section is on Page 16

DO Read out the quote

ASK What do you think of this statement? Is this what is always presented in a rehab report? Do clinicians always describe the link between requested services and the benefit to the client?

KNOW Funders may respond that, often, this doesn't happen – that sometimes they have to search in the report for the 'whole story'



DO Advance the first slide

ASK If it is not goals that funders are approving or not approving, what is it that they approve?

SAY This is an important distinction, between a client's goals and requested services. Funders use the description of the goals, in conjunction with the description of the client's impairments, to determine whether the requested services are reasonable and necessary.


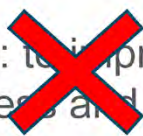
3. Benefits Related to Funding

- Relating requested services to meaningful goals helps to illustrate the need for the service




SAY Let's look at an example. Here we have a mother and her son, and a funder. The mother's goal is to accompany her son on his way to and from school. In order to achieve this, she needed improved cardiovascular endurance and improved upper limb strength.

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?



SAY A rehabilitation plan requesting a gym membership was submitted.

ASK How does the funder respond?

DO Advance to the funder's response - is the gym just a leisure option?

DO Advance to the next slide - request denied

SAY There is no explanation of why the gym pass is needed.

DO Advance to the next slide – to improve her cardiovascular fitness and upper limb strength

ASK What does the funder say?

DO Advance to the next slide – why is this important to her?

DO Advance to the next slide - request denied

SAY A plan that states that the client needs a gym pass in order to improve her cardiovascular fitness and upper limb strength still doesn't convey the importance to the client of overcoming these impairments

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!



ASK What does the funder say?

DO Advance to the next slide – now I understand why this is important to her!

DO Advance to the next slide - request funded

SAY This rehab plan now conveys the importance to the client of overcoming these impairments

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



SAY A client's goal is still valid, whether or not they receive compensation. The only difference should be that, for the compensable client, funding is requested for all or some of the required actions.

DO Advance to the next point

SAY The 'reasonable and necessary' criteria of funding bodies refers to the relevant legislation for approving requested services and equipment, **not** to the goal itself. A client's goal is still valid, even if the services required to achieve the goal are not the responsibility of the funding body.

SAY Ethical practice would be to acknowledge the client's goal, formulate an action plan and then explain to the client which parts warrant application for funding, which don't and what alternatives exist to achieve non-funded goals/steps.

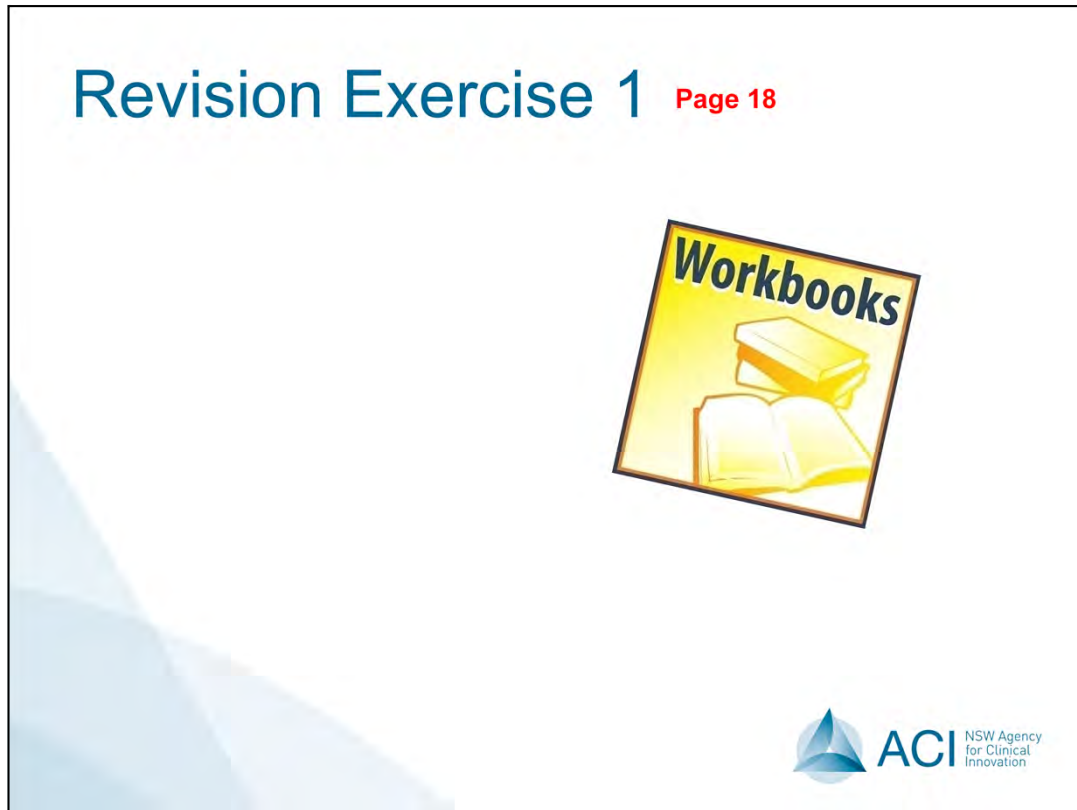
SAY The client's goal is a key part of their rehabilitation story that reflects their needs and progress. In relation to a funding requests, there should be a clear connection between the therapy and services requested and what the client wants to achieve from these.

Review

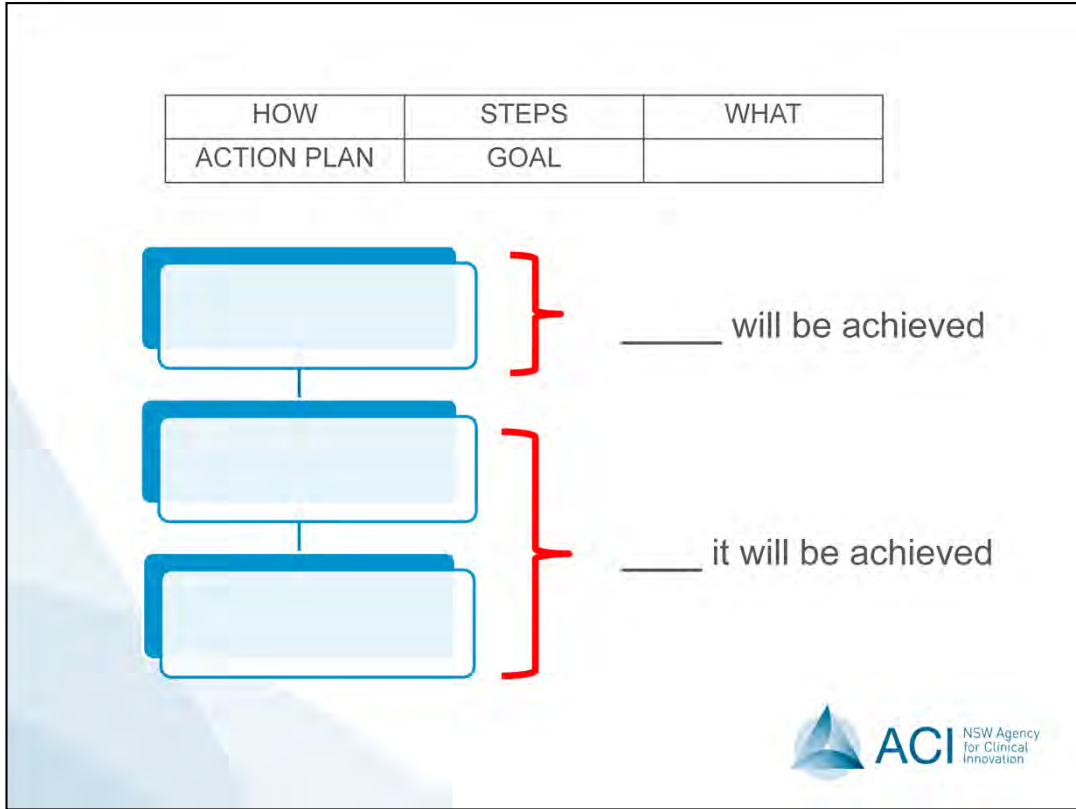
- Definitions
- Role of goal setting in rehabilitation
- Benefits of goal setting



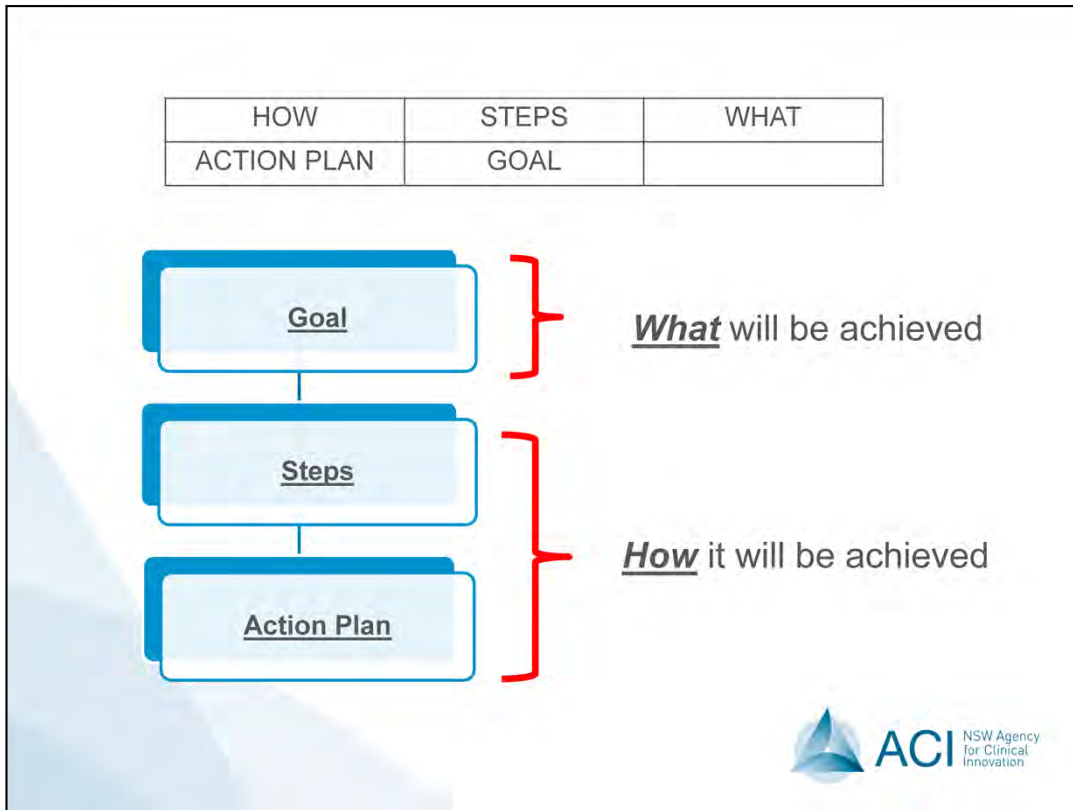
SAY We are going to pause here and look at what we have covered so far



SAY Please turn to Page 18. Complete the word placement activity and the true / false questions




SAY Place each word in its correct space



SAY This is what it should look like

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



DO Read out each statement individually and ask the participants for the answer

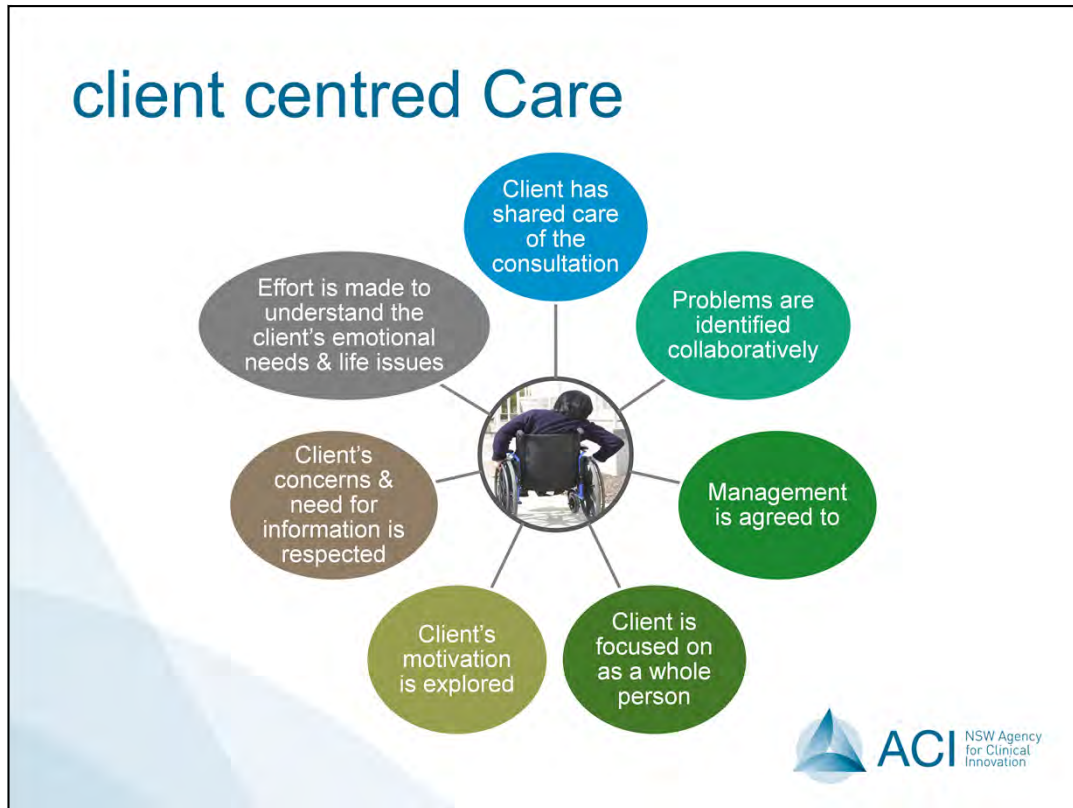
Factors that Influence Goal Setting in Rehabilitation Page 19

- Client factors
- Level of client goals
- Service factors



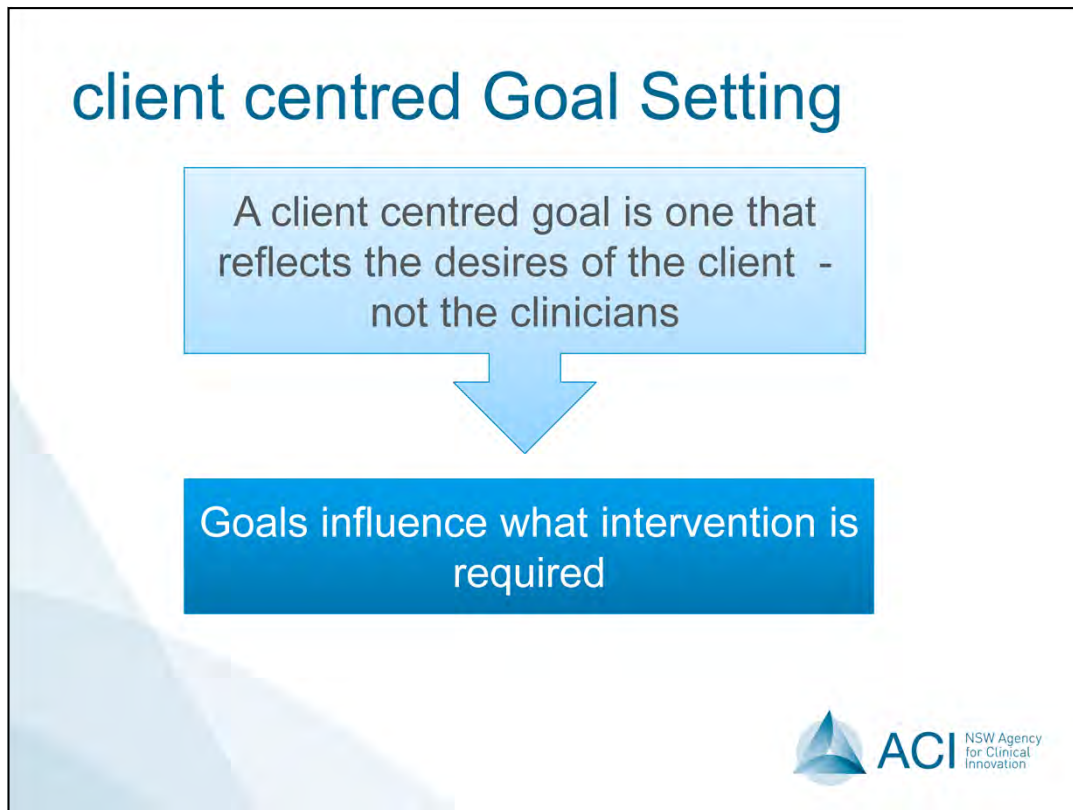
KNOW Refer to Page 19 in the Workbook

SAY We have looked at the role and benefits of goal setting in rehabilitation. Now we are going to look at factors that impact on goal setting

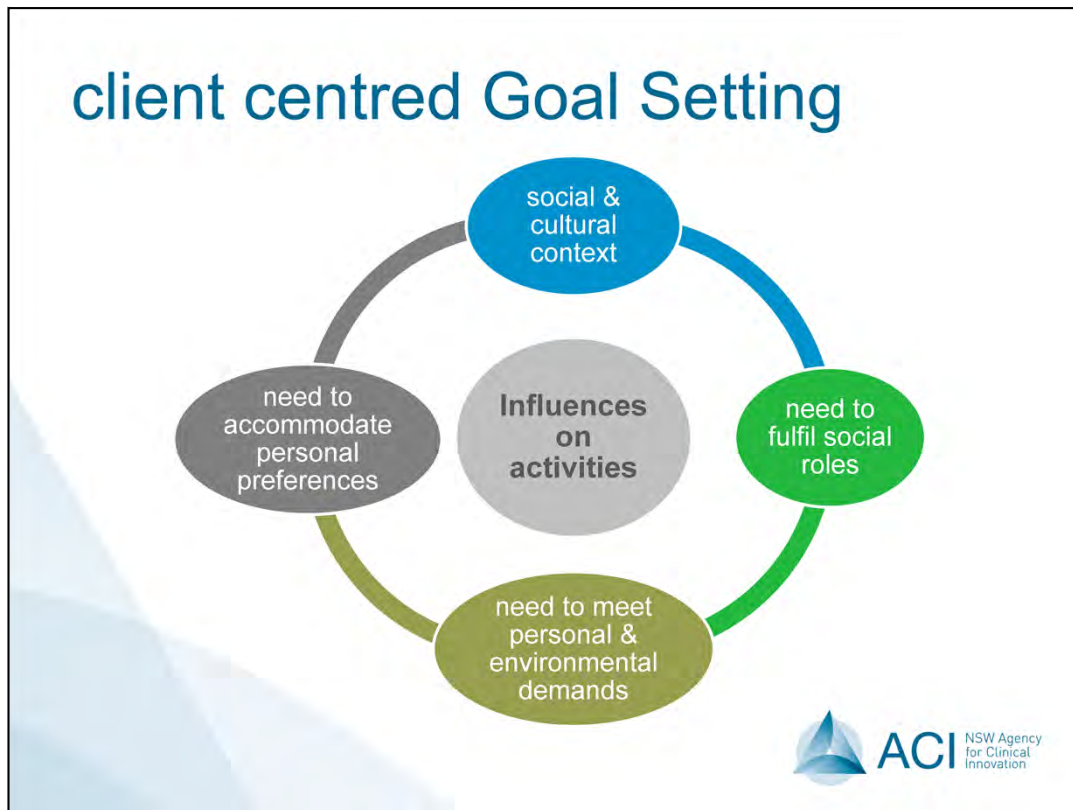


SAY Working with clients to identify goals that are meaningful to them and to ensure that rehabilitation addresses relevant aspects of their life are features of client centred care. In this approach, the client is at the centre of the rehabilitation process. The client is empowered to engage as a partner in making decisions about their own rehabilitation and needs.

DO Briefly discuss each of the aspects of client centred care




SAY At times, goals have been written that outline what the clinician thinks the client should achieve. Goals are important because they determine what intervention is required



SAY client centred goal setting is important because only the client knows what activities are relevant to their own life. There are numerous influences on the type of activities and tasks people choose as relevant to their own life. 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. Clients can invite others to assist them with this process.

Client Factors Page 20

Pre-existing	
<ul style="list-style-type: none"> personality type lifestyle health conditions e.g. mental health, level of functioning attitude to goal setting & life planning 	



SAY This section is on Page 20

SAY Some of these factors existed prior to the client's injury. These include their personality and lifestyle; they may have had a mental illness before their injury.

SAY Even before their injury, an individual may not have set goals for themselves – they might have had an attitude of 'Whatever happens, happens', of going wherever life takes them. Then, they have an injury and, suddenly, health professionals are asking them to set goals.

Client Factors

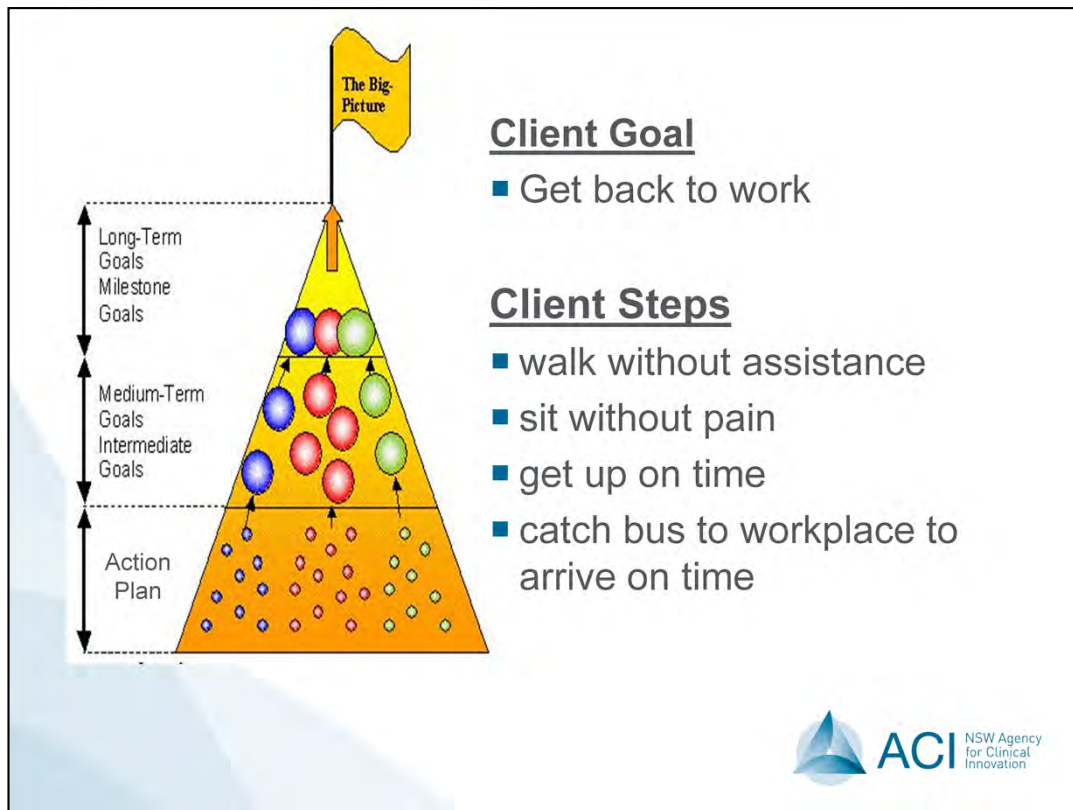
Pre-existing	Injury related
<ul style="list-style-type: none"> • personality type • lifestyle • health conditions e.g. mental health, level of functioning • attitude to goal setting & life planning 	<ul style="list-style-type: none"> • cognitive impairment • insight into nature of disabilities & impairments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



SAY A client may have some injury-related factors that will affect their ability to set goals

DO Read out each of these factors

SAY This training is aimed at working with a client in an ideal situation – you will need to adapt what we talk about to each client individually



SAY All of these factors can reduce a 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 possible

SAY Another example is the client who wants to 'get a girlfriend', but has poor personal hygiene. The clinician will need to discuss with the client that addressing personal hygiene may be a step towards this goal

Engaging the Client in Goal Setting
Page 22

▲ **Informal Strategies**

- Identity Oriented Goal Setting
- Motivational Interviewing

ACI NSW Agency for Clinical Innovation

SAY We are not going to go into any detail about how to engage client's in goal setting, as that could be a whole training session in itself. However, there are a variety of different approaches that can be used. Two informal strategies are Identity Oriented Goal Setting and Motivational Interviewing.

SAY We don't advocate any particular approach, different ones, or a combination of them, will be appropriate for different clients and service settings. As long as the client is given some opportunity to identify their preferences and what they want to achieve from therapy, you're going in the right direction.

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)



SAY Two formal tools are COPM and Goal Attainment Scaling

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?

ACI NSW Agency for Clinical Innovation

SAY There is a lot of experience in this room. So that we can learn from each other, what are some of the ways you engage your clients in a discussion around what they would like to achieve?

DO Encourage the participants to share their 'favoured' methods / questions for finding out a client's priorities for rehabilitation

DO Only advance the slide after participants have shared their methods / questions

Continuum of Client Engagement in Goal Setting Page 23

- 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**

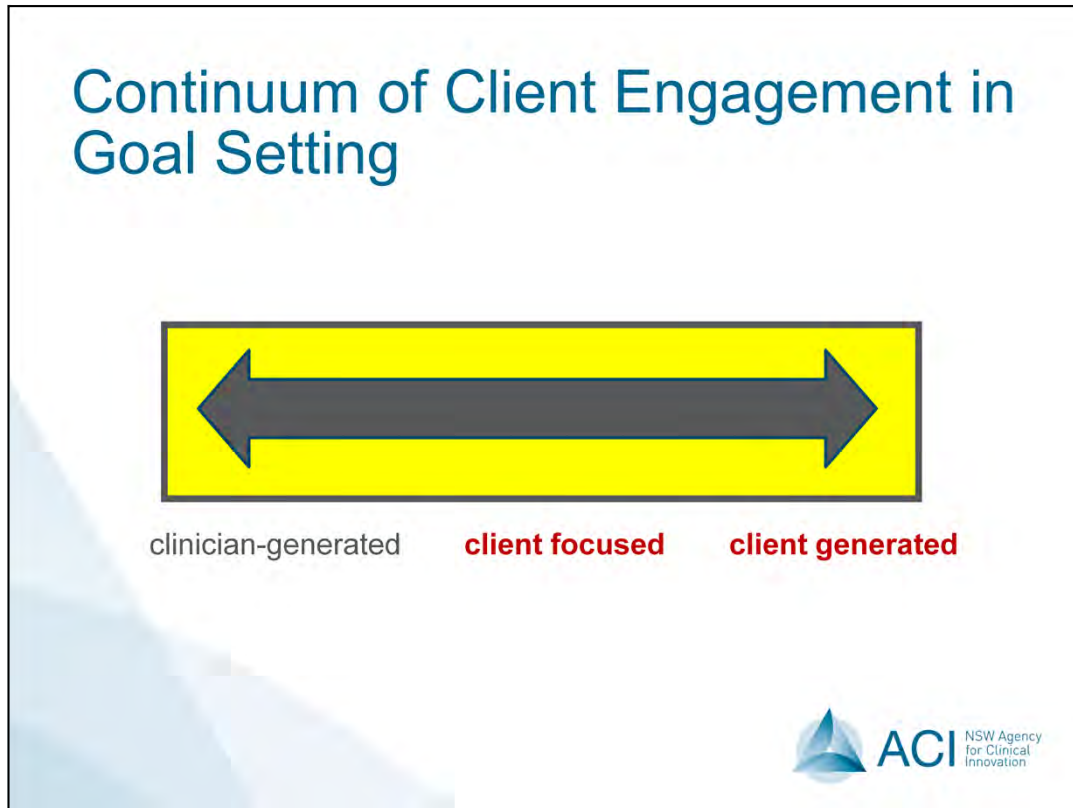


SAY This section is on Page 23

SAY Because those client factors that we discussed are dynamic and not static, the ability of a client to engage in the goal setting process may be variable.

SAY Furthermore, a client may not be able to identify all of their goals.

SAY If you want, we can think of a client's engagement as falling on a continuum



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

client generated goals

client focused goals

Clinician goals

SAY 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 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**



KNOW The important points to emphasise are that the goal incorporates the client's priorities and that it identifies the change that the client wants to see

SAY An example of this type of goal is one that was submitted to LTCSA – the client wanted to 'eat shit, shoot shit and drink shit'. This goal was not reworded by the clinician when submitted within a rehabilitation plan. Because of the way it was written, the requested services were funded

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



SAY An example of this type of goal is the client who wants a girlfriend but is not showering regularly. Although attending to personal hygiene was identified by the clinician and not expressed by the client, the client can benefit from this goal.

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'



SAY These goals are determined by the clinician and don't reflect how the client is going to benefit eg how is Jack going to benefit from attending the 6 therapy sessions?

DO Emphasise that more than the client's name is needed to make it client focused

Levels of Client Goals Page 26

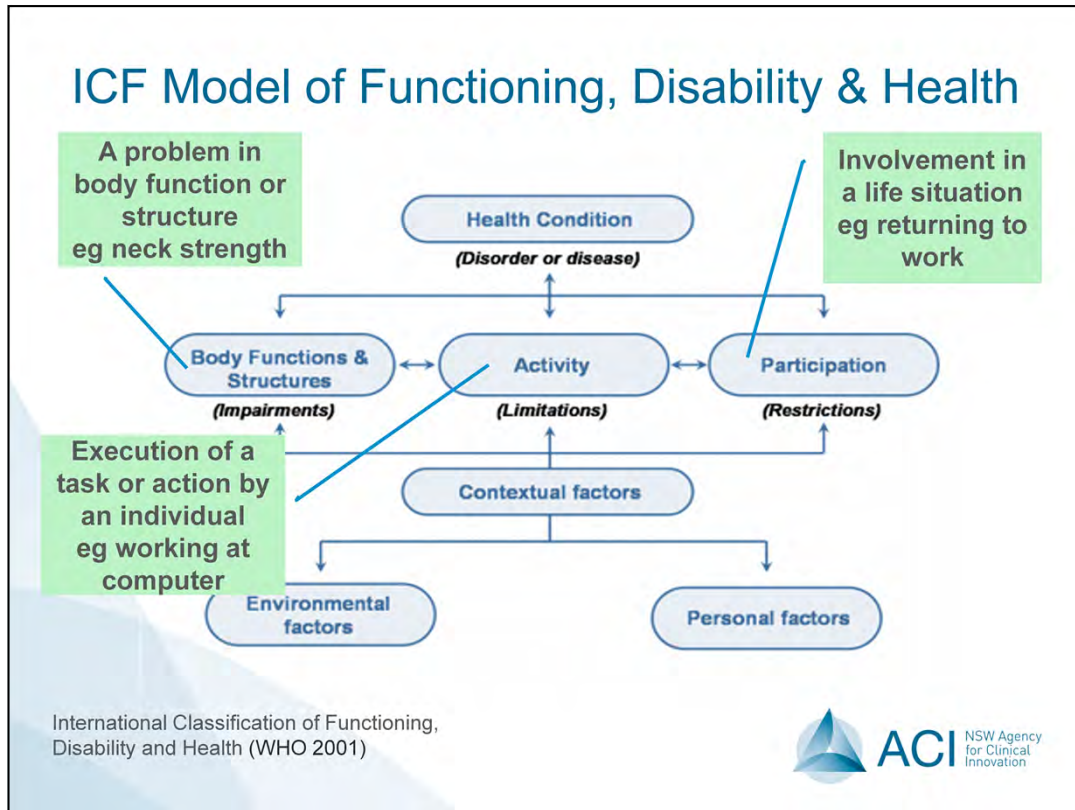
- ICF classifies experience of health
- Dynamic bio-psycho-social model
 - ▲ the experience of health and disability is dynamic
 - is influenced by environmental and personal factors and the context in which people live
 - ▲ components impact each other



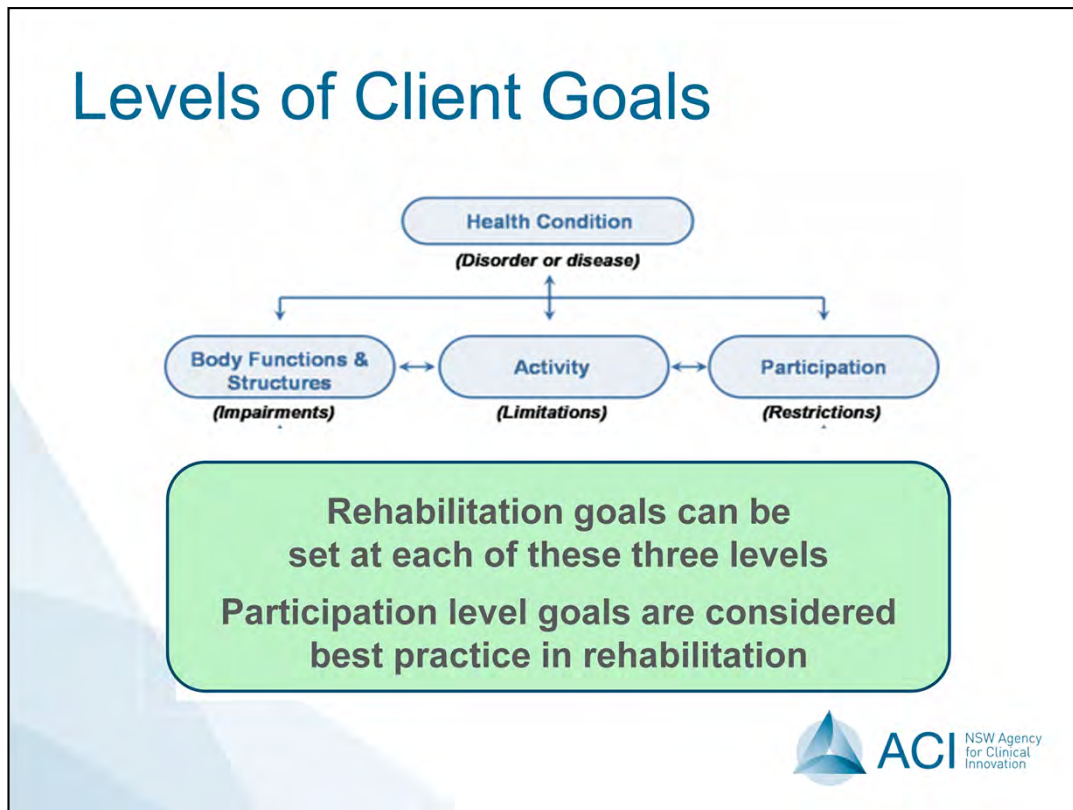
SAY This section is on Page 26

SAY We have looked at one of the factors that can influence a client's ability to set goals – that of pre-existing and injury-related aspects. We are now going to look at the different levels of goals that you can write

KNOW Occupational therapists are familiar with the ICF. Generally, other disciplines are not familiar with it.



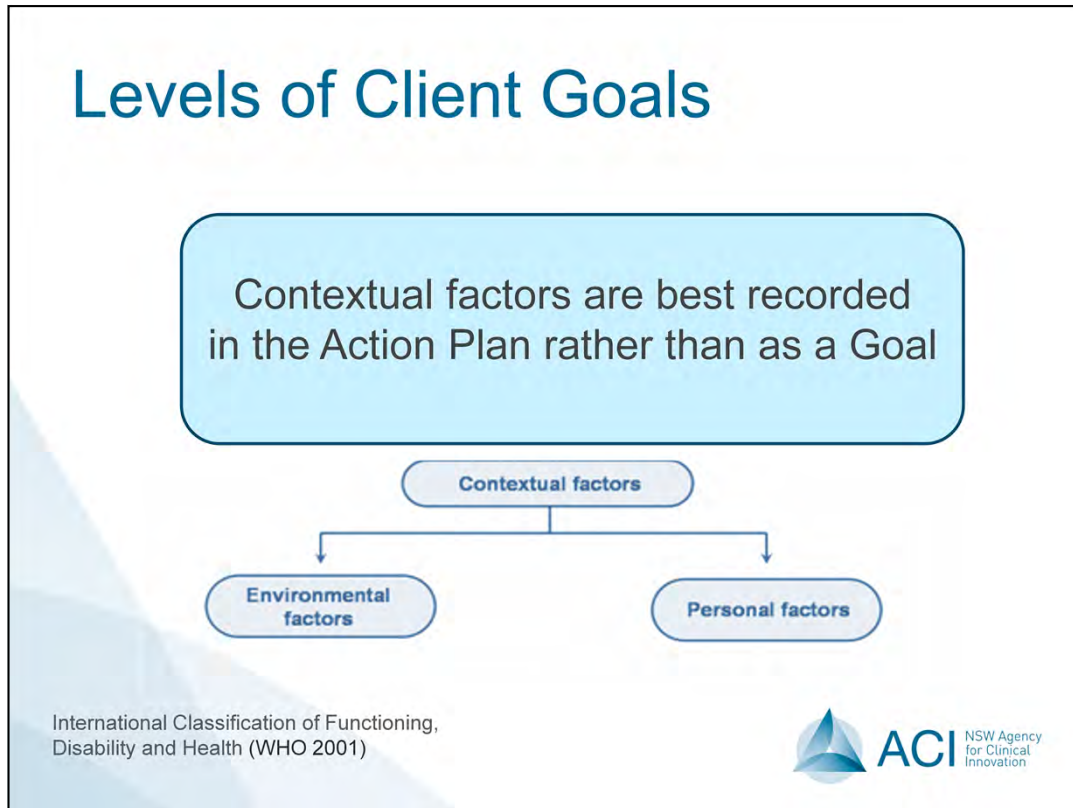
DO Advance the slide one by one, explaining the consequence of health on each level of functioning



SAY 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:

- Degree of **impairment to body functions and structures**
- Limitations in the person's level of **activity**
- Restrictions at the level of **participation**, where performance of activities and behaviours occur in the context in which they live. This level is considered most appropriate for rehabilitation given rehab aims to improve people's functioning and 'make life worth living'.

SAY It is important to note that impairment goals can be appropriate in the early stages of recovery and when ongoing levels of disability are very severe. If you are tempted to write impairment levels goals, ask yourself: are there barriers to using participation level goals now and can these be addressed? Even very severely disabled people can have client focused participation goals, they just become very broad – living in community, maintain health, establish daily routine.



SAY The provision of equipment and therapy is a contextual factor in the ICF –they are actions that support the client to achieve their goal. An example is the purchase of a shower chair

SAY The application of ICF levels for goal setting is best explained through examples – *on to next slide*

Levels of Client 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 make 2 cakes to contribute to her son's school fete



SAY In Kate's case, the speech therapist is keen for Kate to be able to comprehend a 5 point written instruction. The OT knows Kate likes baking cakes and this can help her integrate her OT and speech therapy in rehab. However why making cakes is an important skill is that she wants to provide cakes for her son's upcoming school fete – this has a bigger purpose in the context of her family life and role as mother.

Levels of Client Goals

Impairment	Activity	Participation
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



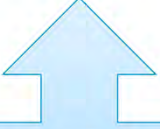
SAY Here is another example.

DO Go through the example


SAY One way of looking at this is to ask: what activity will my client be able to do once their impairment is addressed? Then ask: once they can carry out this activity, what will they be able to participate in that is meaningful to them?

Levels of Client Goals

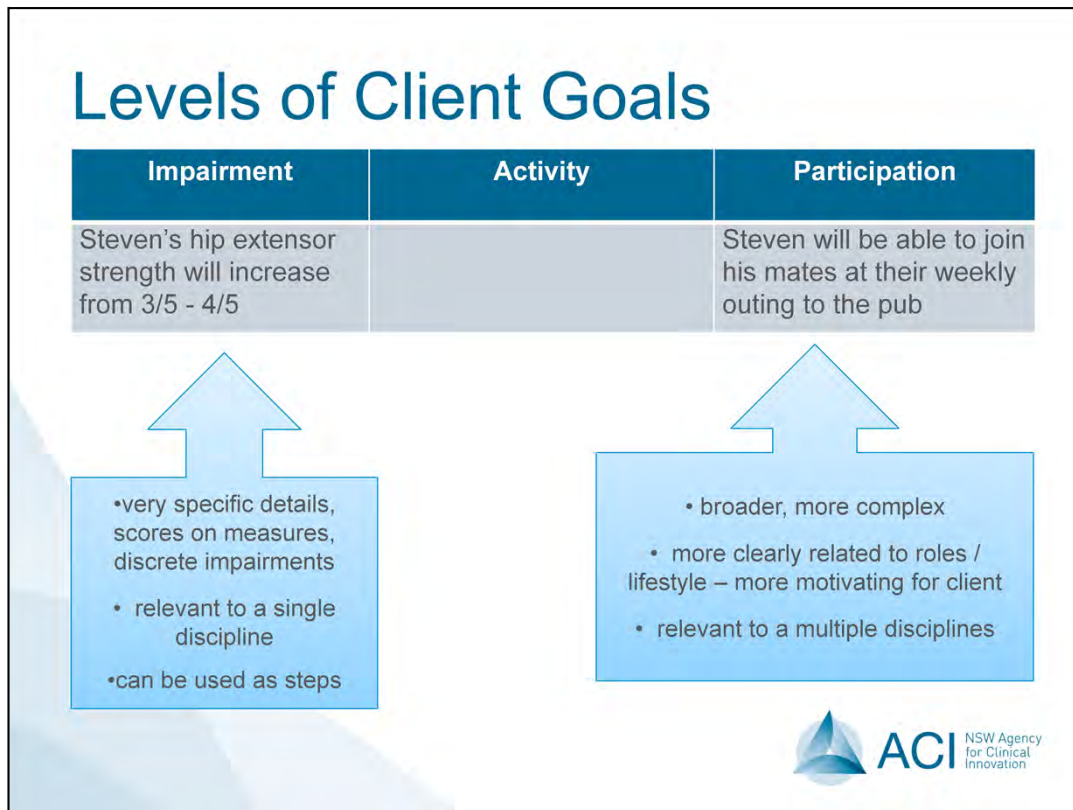
Impairment	Activity	Participation
Steven's hip extensor strength will increase from 3/5 - 4/5		



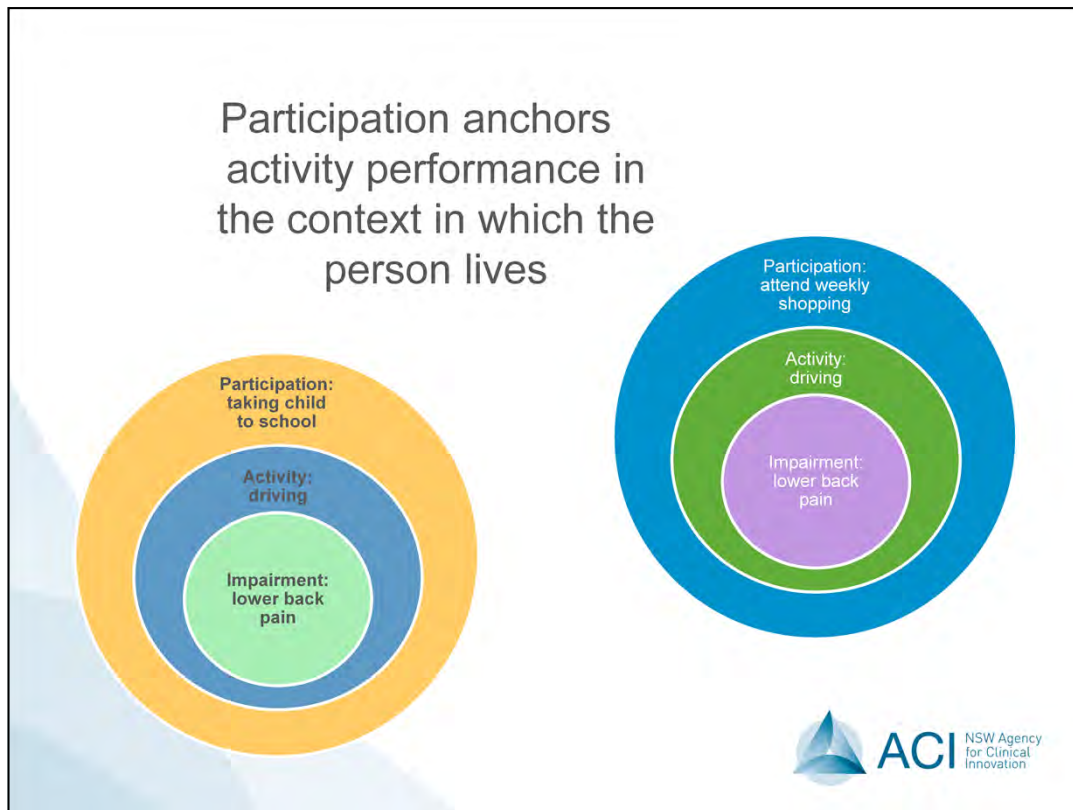
- very specific details, scores on measures, discrete impairments
- relevant to a single discipline
- can be used as steps



SAY At the impairment level, goals are usually very specific and highly measurable. They are usually related to a single discipline. Goals at this level can be useful as steps towards higher level goal achievement.



SAY At the level of participation, goals are often broader and more complex. Participation level goals are more likely to motivate clients as they demonstrate how rehabilitation can help them achieve meaningful outcomes. They are more likely to involve several disciplines.



SAY A client's participation level goal gives individual meaning to an activity

SAY For this client, being able to drive means that they will be able to take their child to school

DO Advance the slide

SAY For this client, being able to drive means that they will be able to get to their weekly shopping

- Participation level goals are more likely to motivate clients as they demonstrate how rehabilitation can help them achieve meaningful outcomes



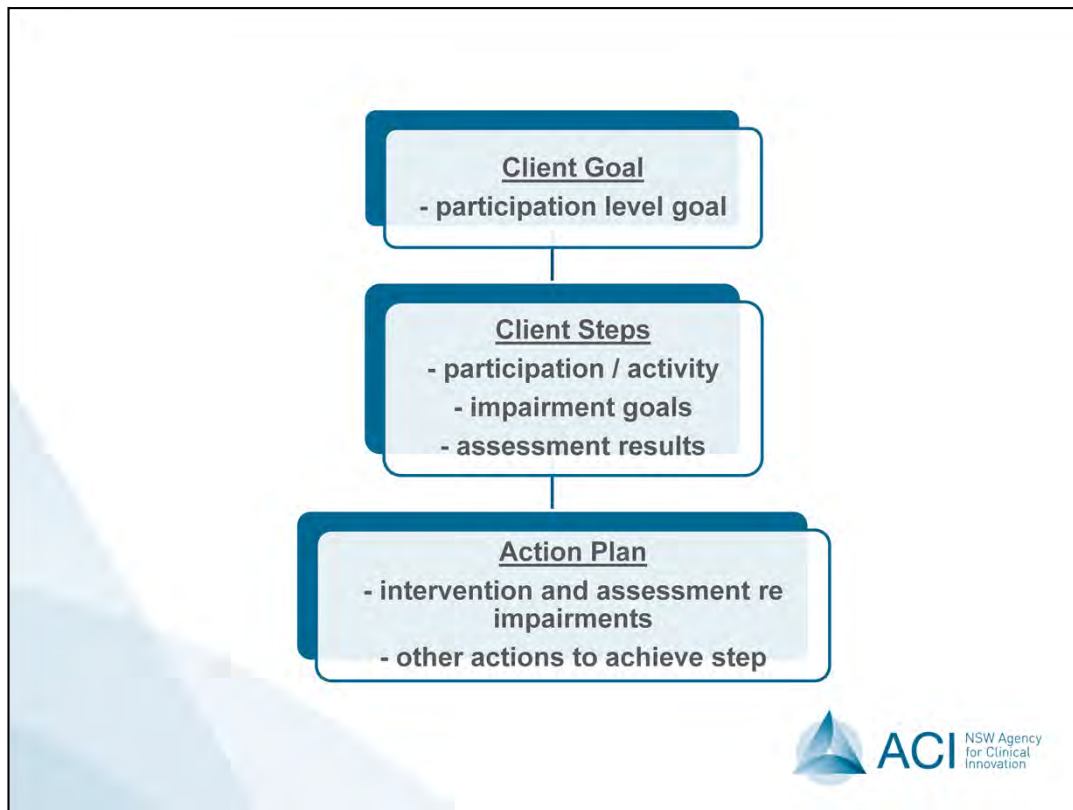
SAY If a client can see that rehabilitation can help them achieve something that is important to them, they are more likely to be motivated to participate in rehabilitation

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

 **ACI** NSW Agency
for Clinical
Innovation

SAY Here is another example of a client's possible reaction to an impairment level goal and an activity / participation level goal



SAY Let's recap. This is how our goal setting process could look in an ideal world. The client sets a participation level goal. The steps to achieve this may be viewed as activity level (or participation or impairment, depending on the client), whilst the action plan is comprised of interventions, assessments and other actions necessary to achieve the 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**



SAY You are now going to get some practice writing goals at the different levels. Turn to Page 31

DO Allow participants 5 minutes to complete the activity

ASK Participants for feedback: What level of goals did they find easiest to write? What issues did they find when changing a goal from impairment to participation level? What goals would they find more motivating?

KNOW Some participants may start the exercise by writing a participation level goal and work backwards to an impairment level goal. They may already be writing participation level goals in practice

ASK Participants what they get if they read the activity from the participation level goal to the activity level goal to the impairment level goal. Answer: the beginnings of a rehabilitation plan

Approaches to Rehabilitation that Influence Goal Setting Page 33

■ **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



SAY This section is on Page 33

SAY There are 3 approaches to rehabilitation that influence the goal setting process at a service level.

DO Describe definitions.

SAY It is the interdisciplinary approach that is recognised as best practice. The Rehabilitation Model of Care released by NSW Health recommends that an interdisciplinary approach be used.

KNOW The reference is Melvin, 1980

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



SAY For example if goals and action plans are discussed collaboratively, you're not going to end up with situation of both the physio and the occupational therapist providing sessions of the same upper limb strengthening activities

KNOW The references are: ↓ client dependence on therapist (Bergquist & Jacket 1993); ↑ client outcomes (Webb & Glueckauf 1994; Ven den Broek 2005); prevents the duplication of roles (Powell et al 1994)

Benefits of a Collaborative Approach

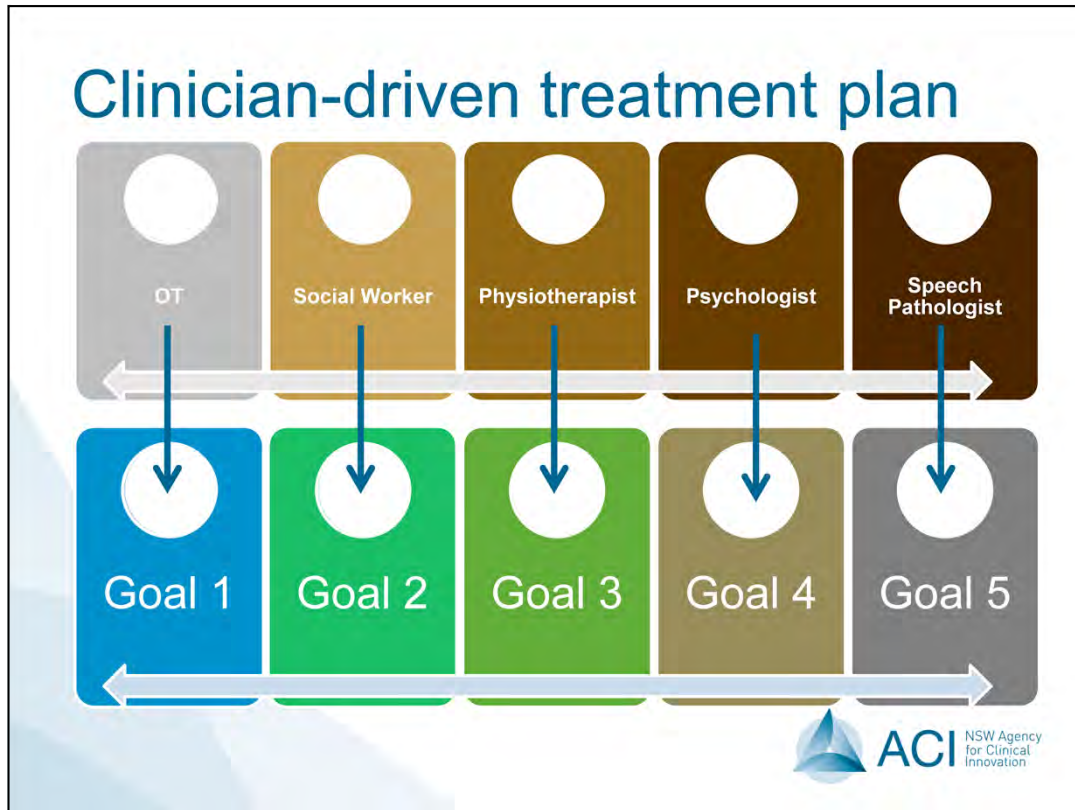


- Non-collaborative goal setting cited as reason for failure of neuro-rehabilitation

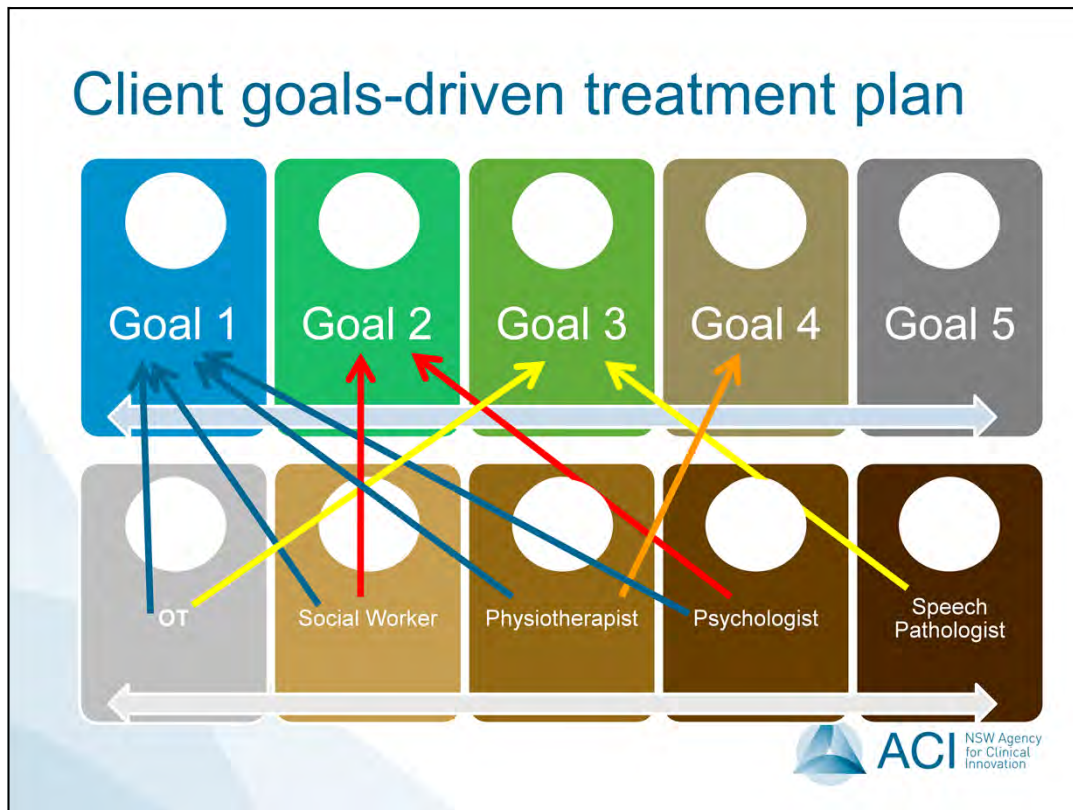


SAY One research study actually found that non-collaborative goal setting actually contributed to the failure of neuro-rehabilitation

KNOW Van den Broek, M.D. (2005). Why does neurorehabilitation fail? *Journal of Head Trauma Rehabilitation*, 20, 464-473.

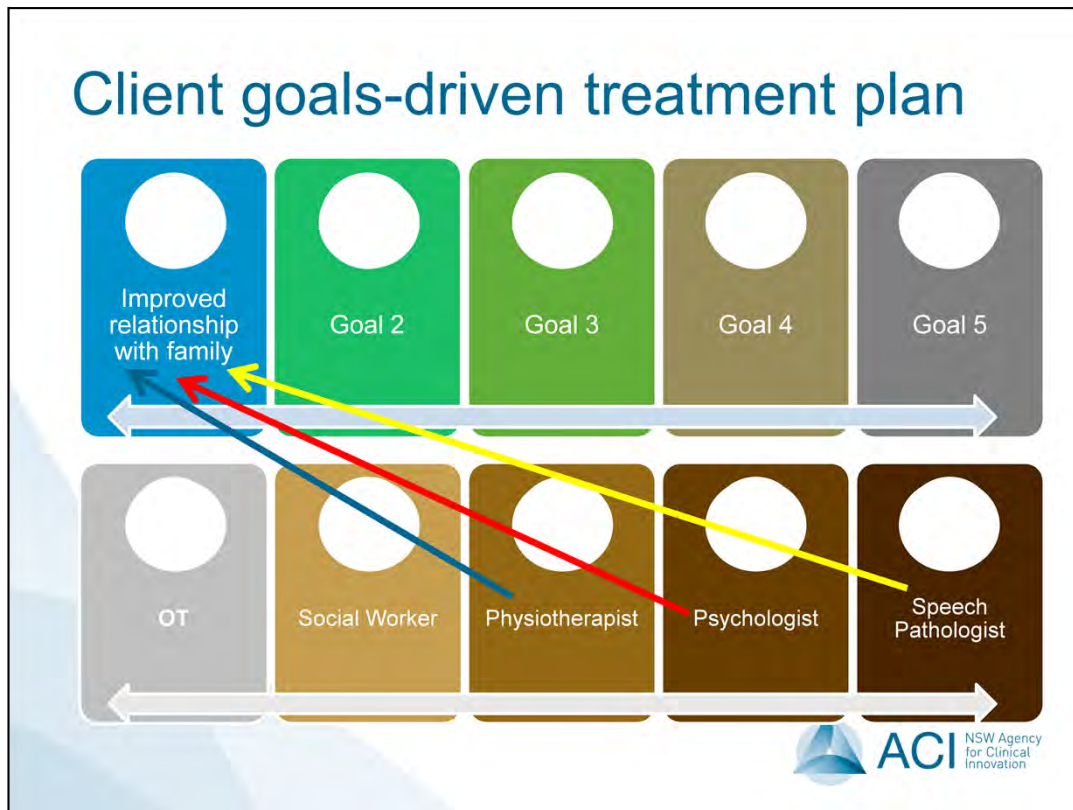


SAY Using a more traditional approach, clinicians drive the treatment plan. Discipline specific goals and interventions direct team and client communication.



SAY Using an interdisciplinary collaborative approach, client goals direct the action plan rather than individual disciplines identifying goals for the client specific to their role.

SAY A goal may be related to the client's function with self-care, but this does not mean that the goal is only relevant for the occupational therapist. For example, the client's goal of dressing themselves may require physio input to improve shoulder range of motion and social work support of the client's husband to help him to let his wife practice the task at home rather than doing everything for her.



SAY A goal client's goal of wanting an improved relationship with his family may require physiotherapy to improve ability to engage in previously enjoyed joint leisure activities, **psychology to address anger issues**, and also speech therapy to improve communication. When therapists become possessive of goals, it hinders the identification of other input required, and jeopardises or delays the client's chance of achieving the goal.



SAY When communication is structured around the client’s rehabilitation goals, each discipline identifies if and how they can contribute to each goal. Instead of asking if the client has any OT goals, the OT asks ‘Does the client have any goals that require OT input?’

DO Provide the example of the client who pre-injury was quite an accomplished Karate performer. He had identified with the physio that his goal is to return to practicing Karate at his local Dojo. The physio assisted him to recover his physical ability to enable a return to Karate and gave him the all clear to return to Karate at the Dojo. Each week the client came in and reported that he hadn’t returned to Karate at his Dojo yet. After a few weeks, the physio questioned him as to what was preventing him from going to the Dojo. The client responded that the people at the Dojo knew him before his accident, when he was performing at a high level. He expressed that he does not want these people to see how he is now. Clearly he needs some input from the psychologist to help with adjustment to help him achieve his goal of returning to Karate at the Dojo. The client had not mentioned his goal of returning to the Dojo to the psychologist because he felt it was a “physio goal”. If the physio had contacted the psychologist when the goal was first identified, the psychology sessions could have been working towards this goal concurrently with the physio sessions, and the goal would have been achieved much earlier.

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



SAY The impact of 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.

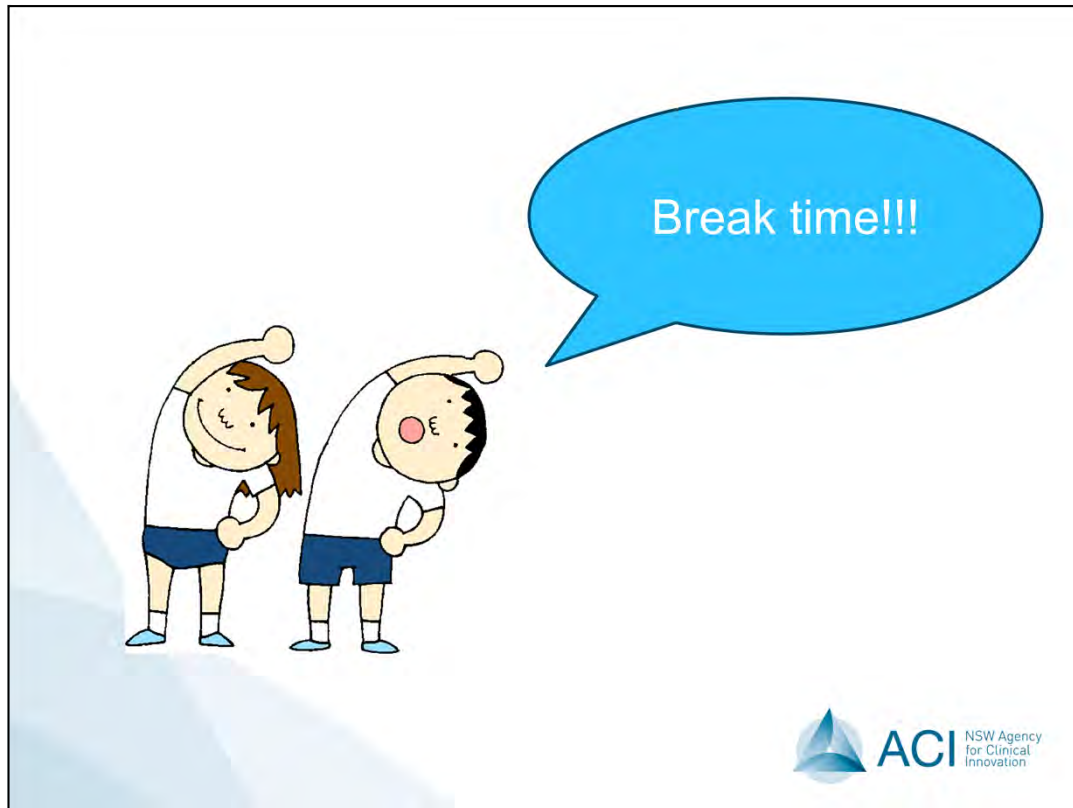
KNOW A common response to the suggestion that goal setting be a collaborative approach is that it will take more time and client meetings already take too long.

SAY Discussions about goals should not be separate to other discussions about clients. All discussions about clients should be relevant to their goals. Goals offer structure and focus to the client discussions that are already occurring.

SAY Rather than case conferences being structured by headings of each therapist involved, 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 – it provides the opportunity for each therapist to provide any input relevant to that goal that other therapists may not have considered.

SAY When clinicians are not part of the same multidisciplinary unit and don't have the benefit of regular case conferences, it becomes each clinician's responsibility to inform others of any goals identified in their sessions. Even within a multidisciplinary unit, it is not realistic to think that clients will only identify

new goals at times that correspond with planned case conferences. If a new goal is identified by any therapist, it is their responsibility to ensure all involved in the client's rehab are aware of the goal.



SAY Before we go any further, would you like a five minute break?

KNOW There is approximately 30 minutes to go before the lunch break. Leave it up to participants if they want to take a break or not

Review

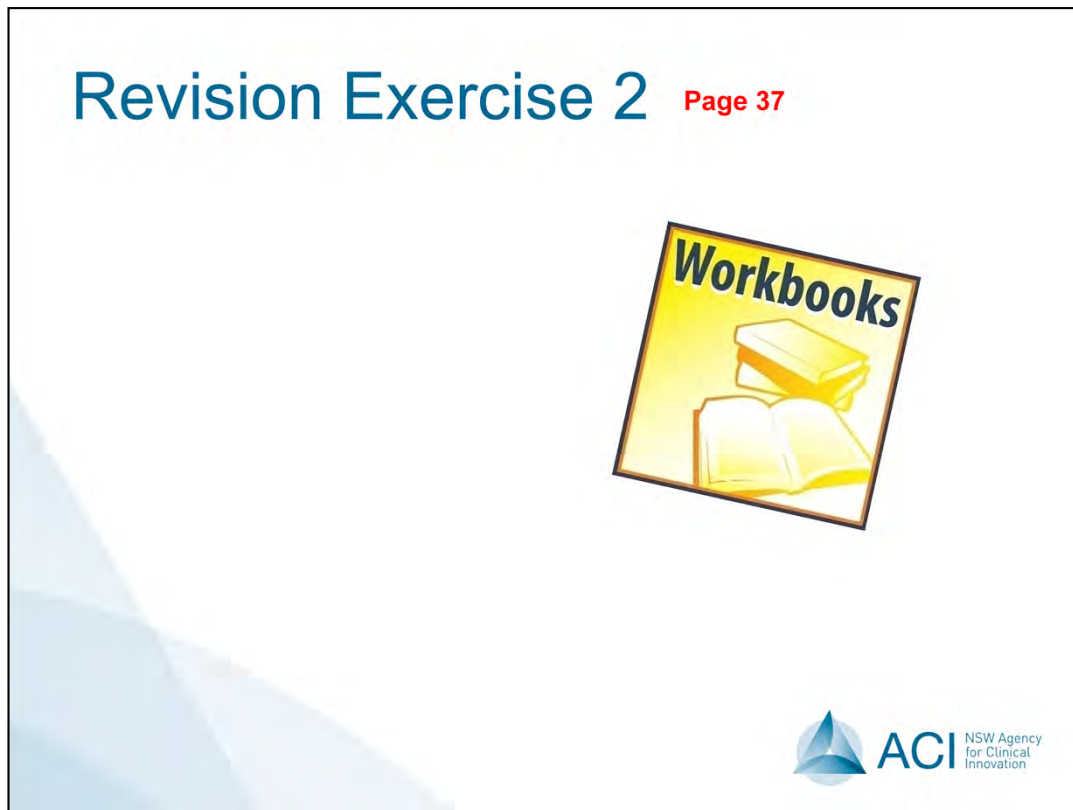
Factors influencing goal setting in rehabilitation:

- client factors (client generated and client focused goals)
- level of goals (ICF)
- service factors



SAY We have looked at the factors that can impact on goal setting in rehabilitation: client factors, level of goals and service factors

SAY We will now review these.



SAY Please turn to Page 37 and complete the true / false activity

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

DO Read out each statement individually and ask the participants for the answer

Assessing Goal Quality

Page 38

- 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



SAY This section is on Page 38

SAY Writing goals is a skill which requires a novel problem solving approach to articulate clinical reasoning. It does not take away or replace your clinical reasoning but enables you to articulate how your planned intervention will help the client achieve their goals.

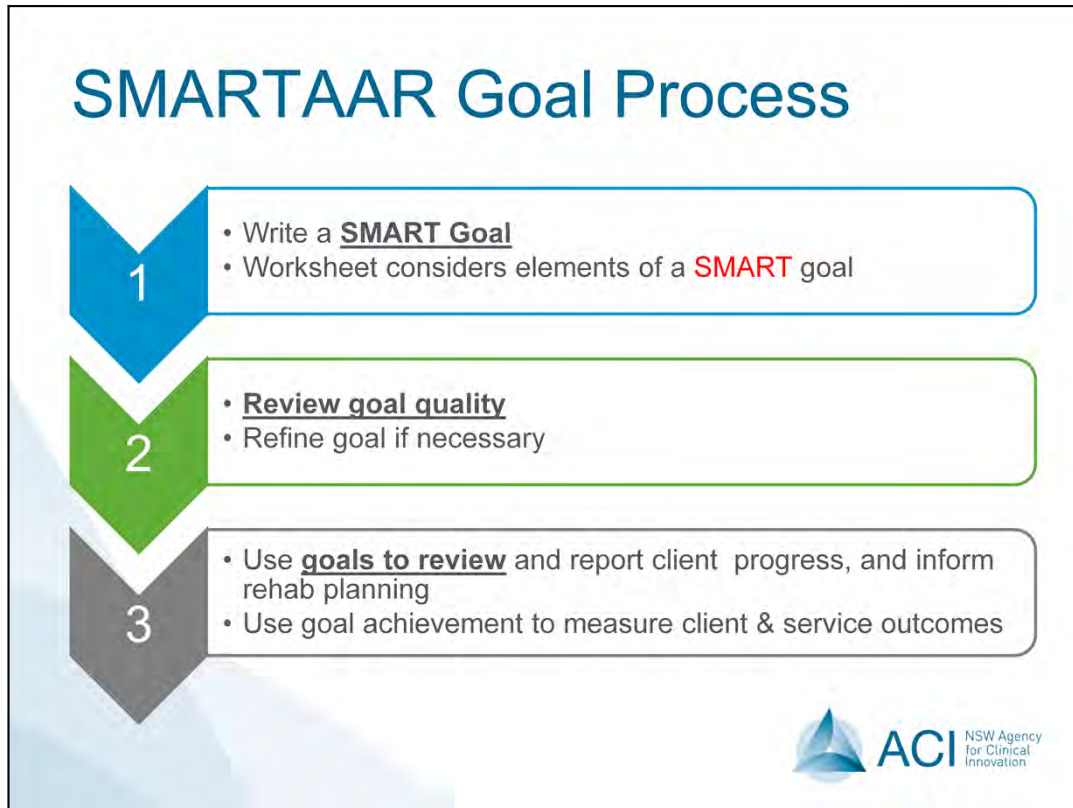
SAY Based on an identified training need, and feedback from clinicians that other goal writing training and presentations lacked ideas to translate into practice, Helen Badge (Outcomes Manager for the ACI BIRD) developed the SMARTAAR Goal Process and Worksheet in conjunction with the BIRP state-wide goal group.

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



SAY The SMARTAAR Goal Process is an active process, providing a structure to use the theory and criteria for quality goals and writing a goal statement that is client centred, participation level, SMART. It can then be used to guide clinical practice.



SAY The SMARTAAR Goal process includes the goal setting process and extends this to look at how goals can be improved and refined and then used in clinical practice.

DO Advance the slide step by step

SMART Goals Page 40

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



SAY This section is on Page 40

ASK Is everyone familiar with SMART? SMART is an acronym for the elements that should be included when formulating goals.

KNOW Nearly all participants have been trained in writing SMART goals.

SAY This section might be a revision for you, although we are going to add some additional information to each element.

SAY Numerous definitions have been applied to each aspect of the acronym. There are over 30 or so meanings for the SMART acronym.

A presentation slide titled "SMARTAAR" in large blue letters. Below the title is a dark grey rectangular box with a gold border containing the following text: S = Specific, M = Measurable, A = Achievable, R = Relevant, T = Time-bound, A = Action Plan, A = Achievement Rating, R = Report progress & goal outcomes. In the bottom right corner of the slide is the ACI logo, which consists of a blue stylized triangle and the text "ACI NSW Agency for Clinical Innovation".

SMARTAAR

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

ACI NSW Agency for Clinical Innovation

DO Advance the slide so that only SMART is showing

SAY For the purposes of this training, these are the elements that we will be using: specific, measurable, achievable (or attainable), relevant (we include realistic with achievable), and time bound

SAY SMART criteria provide a useful foundation for writing goals, but clinicians still had trouble writing goals. The SMARTAAR Goal Approach and Worksheet extends the idea of SMART goals and identifies additional criteria for quality goals and how they should be used in rehabilitation.

DO Advance the slide to show action plan, achievement rating and report progress

SAY A goal may be perfectly written in SMART format but it may not necessarily constitute a useful rehabilitation goal, so the SMARTAAR approach includes additional criteria. These aspects relate to issues about processes that support the implementation and use of goals to support clinical reasoning and measurement of both client and service 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



SAY The activity / performance / goal needs to be observable

ASK Why do we need to be able to observe the activity?

KNOW Usually a participant answers so the it can be can measured.

SAY This is linked to the next element, measurability. If we cannot measure it, how will we know if it has been achieved? For example, a goal was written 'Think about going to the gym'. We can't observe this, so how can it be measured?

ASK Why else do we need a goal to be specific?

SAY So that everyone knows where the outcome they are working towards

DO Read out the examples

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




SAY But we can make these activities even more specific by including the context and conditions under which they occur

DO Read out the new examples

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

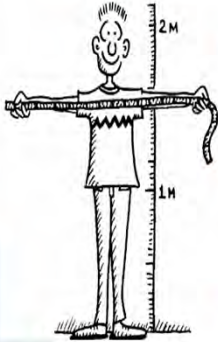


SAY We are now going to make the goal even more specific by including the client's name, making it a participation / activity level goal and ensuring it is clear and well defined


DO Advance the slide

SAY Our goal statement is the reason we are providing the intervention. The achievement of the goal also enables us to evaluate our 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



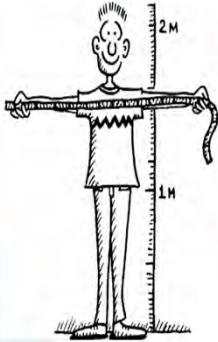
SAY We need to be able to objectively measure our goal so that we know if it has been achieved or not – it is our criterion for success. The form of measurement needs to be meaningful and may describe how achievement will be measured and what the criteria is

DO Advance the slide


SAY Our goal statement is the reason we are providing the intervention. The achievement of the goal also enables us to evaluate our intervention

KNOW The reference is Mogenson 2008

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



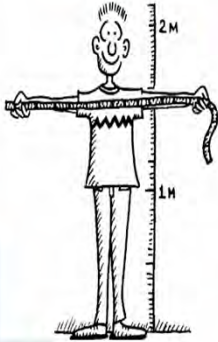
DO Advance to the first point

SAY Don't forget that measurability is linked to specificity. Going back to our earlier example of 'Think about going to the gym' – we can't measure thinking


DO Advance to the second point

SAY If you can't measure your goal, rewrite it until it can be measured objectively

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)



SAY Measurability can be improved by including the desired criteria


DO Read out each of the examples

SAY Note that for each of these examples, we can 'tick the box' if each one has, or has not, been achieved

SAY However, just having numbers in a goal doesn't make it measurable, and often reduces how meaningful a goal is to a client.

SMART: Achievable

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




ACI NSW Agency for Clinical Innovation

SAY Goal should be action oriented and needs to consider available resources.


R = Realistic / Relevant: Does goal take into account client needs, preferences and the context in which they live? Ensuring goals are based on client and what they are aiming to achieve should support goals being relevant. The degree to which goals will be client generated or focused on client needs as identified by the clinical team or others will vary. **Goals need to be realistic but challenging.**

SMART: Achievable

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



The diagram shows three scenarios of goal setting. On the left, a person is standing in front of a very tall yellow and blue striped barrier, labeled 'Too High'. In the middle, a person is standing in front of a very short yellow and blue striped barrier, labeled 'Too Low'. On the right, a person is standing in front of a barrier of medium height, labeled 'Just Right'. Below these three scenarios is the text 'GOAL-SETTING'.



ACI NSW Agency for Clinical Innovation

SAY Goal needs to consider client potential. This criterion can only be evaluated by people who know the client and service context. Goals need to be realistic but challenging.

SAY The degree to which goals will be client generated or focused on client needs (as identified by the clinical team or others) will vary.

SMART: Achievable

Achievable + realistic

A goal is not achievable if the necessary resources are not available



The diagram shows three scenarios of goal-setting. On the left, a person is standing in front of a very tall barrier labeled 'Too High'. In the middle, a person is standing in front of a very short barrier labeled 'Too Low'. On the right, a person is standing in front of a barrier at a medium height labeled 'Just Right'. Below these three scenarios is the text 'GOAL-SETTING'.



ACI NSW Agency for Clinical Innovation

DO Advance to the first point

SAY We now link achievable and realistic together

DO Advance to the second point

SAY If the resources are not available, the goal is not achievable

SMART: Achievable

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



KNOW Levack et al 2006: systematic review of 19 studies that investigated goal setting in rehab settings. Found strong evidence that for people with ABI prescribed, specific, difficult goals result in better immediate performance on motor and cognitive activities.

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?



DO Ask the following question before advancing the slide

ASK Who does the goal need to be relevant to?


KNOW The initial response usually is 'client'

ASK Who else does the goal need to be relevant to?


DO Prompt the participants to identify each of the stakeholders

SAY The goal needs to be relevant to all stakeholders - client, therapist, family, funding body. In regards to the client, does the goal take into account the client's needs, preferences and the context in which they live?

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”




ASK Why do we need to set a time-frame?

KNOW It provides a deadline for review of the goal for all stakeholders. Goal may then be continued /revised or stopped. Also, it prevents procrastination – ‘I’ll do it tomorrow’

SMART: Time-bound

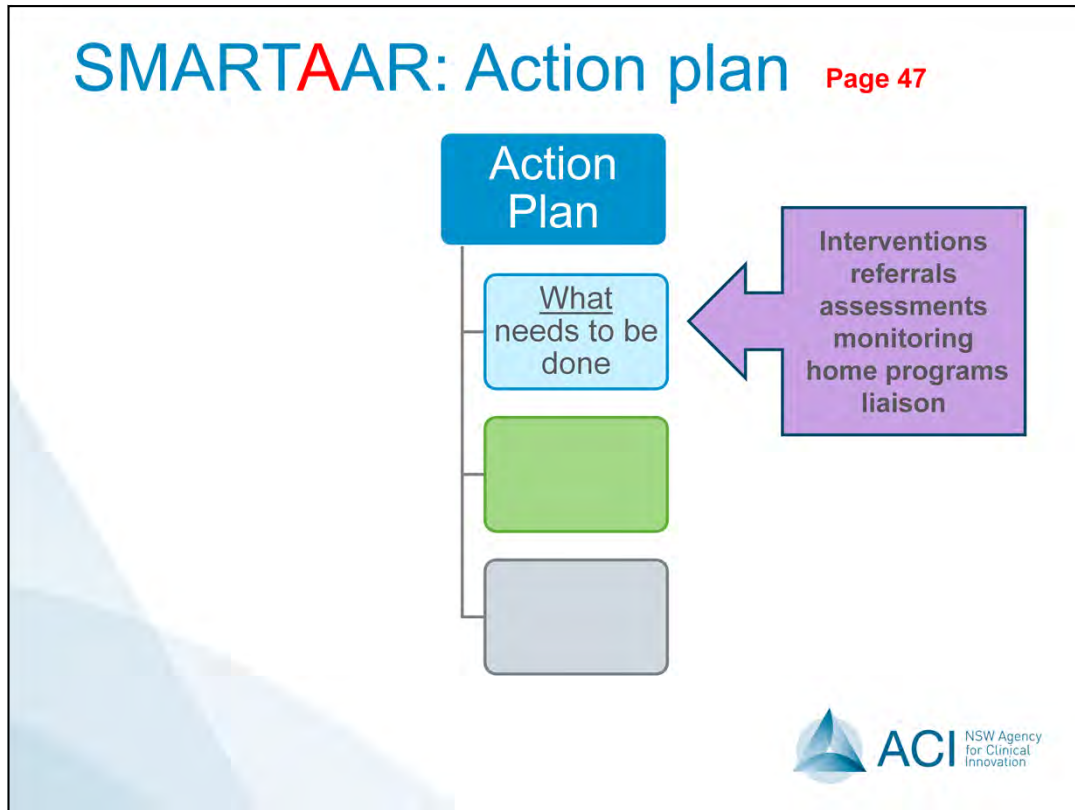


- Is the timeframe of goals service-driven or needs-driven?
 - timeframe for rehab service
 - timeframes for reporting / funding can be flexible
- Does the timeframe reflect how long you think it will take the client to achieve each of their goals?



SAY Sometimes, the timeframe for goal achievement is dictated by funding body requirements. Some clinical services also have time constraints e.g. 12 month maximum program.

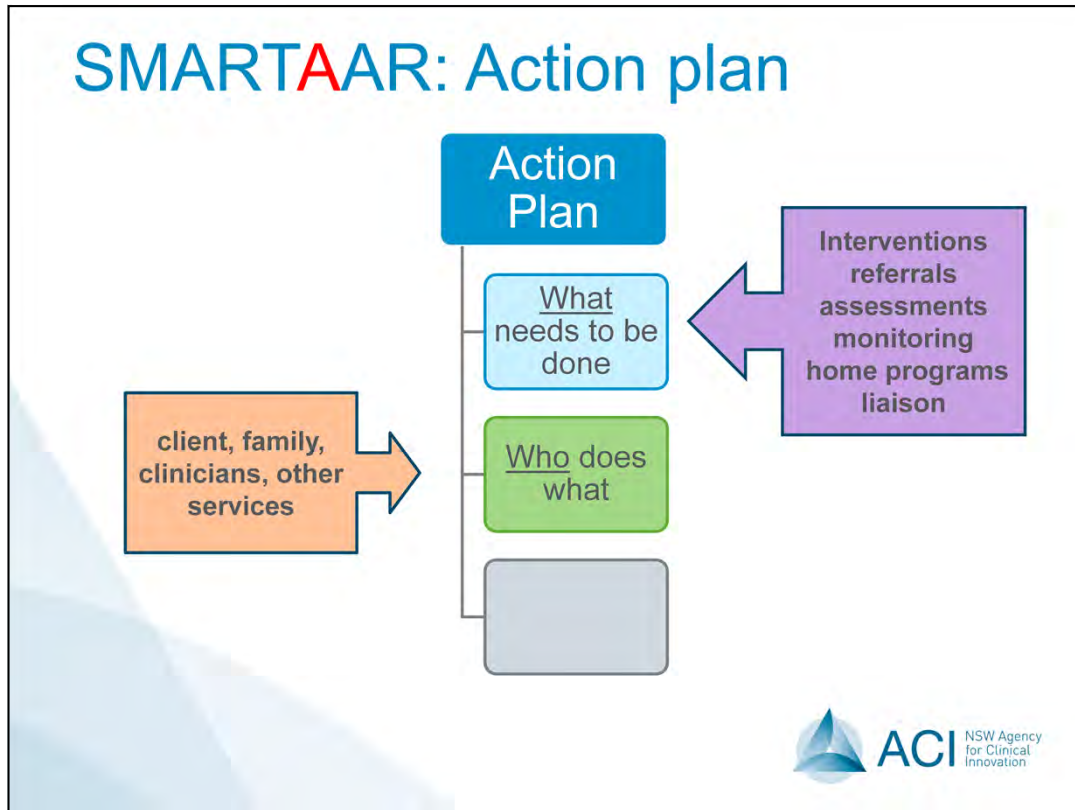
SAY When there are no external constraints, the timeframe for goal achievement can be set to match each goal the client identifies, no matter how long this may take. A client may have several goals with different expected timeframes for achievement.



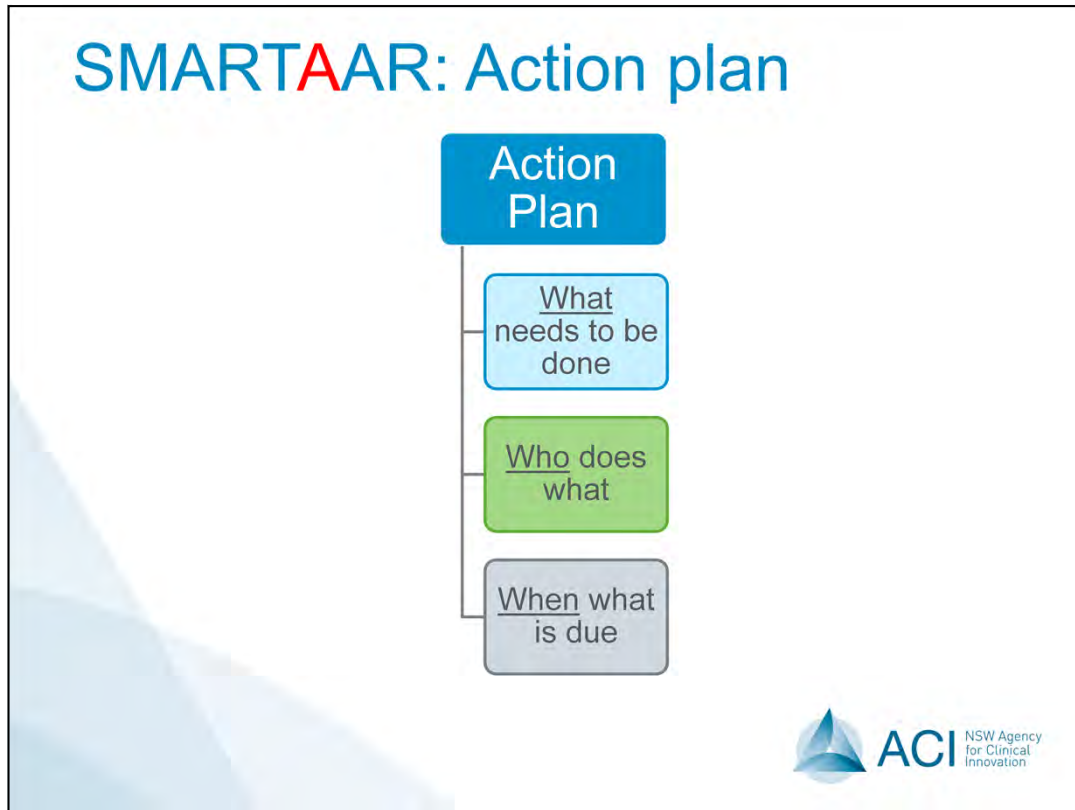
SAY This section is on Page 47

SAY Earlier, we defined the term action plan for the purpose of this training. In the SMARTAAR Goal Process, the action plan is separated from the goal statement. This highlights that writing an action plan with a timeframe does not make a clinically useful client centred goal.

KNOW BIRP clinicians reported that it is easier to write action plans than goals.



SAY Any action by any person that contributes to the client achieving their goals and steps should be included in the action plan.



SAY This could be the inclusion of a date, the frequency of service delivery or the funder review period eg 'speech therapy sessions weekly for weeks 1-6' or the funder review period

SMARTAAR: Action plan



- The client goal informs what actions are required



SAY The action plan flows on from the goal statement

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



SAY Goal achievement needs to be measured if goals are to fulfil their purpose to guide further rehabilitation. Funding bodies often have scheme specific rating scales to use, but generally involve ‘achieved, partially achieved, not achieved’.

KNOW Turner-Stokes, L. (2009). Goal attainment scaling (GAS) in rehabilitation: a practical guide. *Clinical Rehabilitation*,23,362-370

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



KNOW Non achievement of goals can be useful to communicate with the client and identifying whether anything else can be done to improve outcomes.

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!)



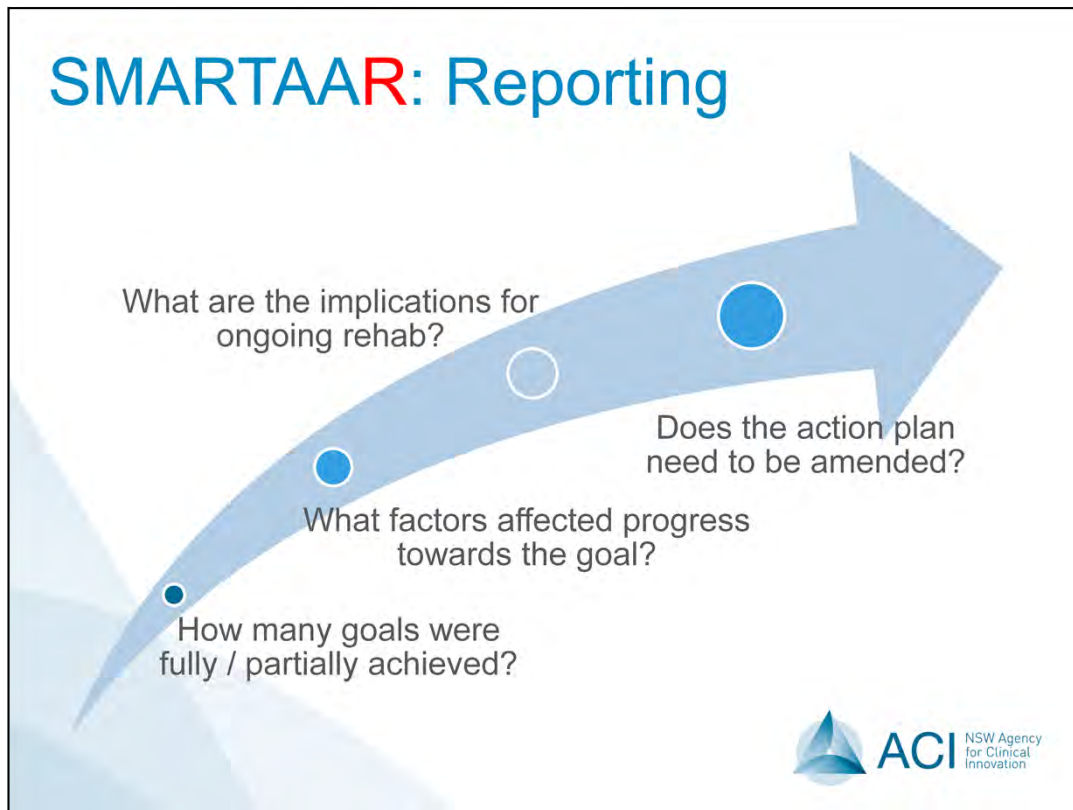
SAY All stakeholders need to be informed of any progress towards a goal (including steps and actions)

SAY Reporting on goal achievement and progress is essential to secure funding for many clients and to realise potential benefits of goals for clients.



SAY There are various factors that need to be considered when reporting.

DO Advance the slides question by question, reading out each one



DO Advance the slides question by question, reading out each one

ASK Think of your own or team processes – how does goal achievement get reported? Can communication on goals progress be improved?

SAY We will touch on team processes at the end of today's session. The take home message is that when writing goals, it's helpful to get in the practice of using them as the starting point for all communication about a client, including client meetings and funding reports.

The SMARTAAR Worksheet Page 52

- 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



SAY This section is on Page 52

SAY We have talked about the elements of SMARTAAR. Before we look at the worksheet, I'll talk about various aspects of it. You have a copy of the SMARTAAR Worksheet in your manual and in the separate handouts.

SAY The worksheet was developed to address needs identified in the NSW BIRP: clinicians were asking for training in goal writing that would help them write rehab plans. Additionally, a review of goals indicated many were clinician goals, not client goals. Also, there was inconsistency in approach and practice

SAY Feedback from funders and private and public clinicians has been that it is a handy and useful tool.

SAY The worksheet will enable you to review or develop client centred goals

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



SAY The aim of the SMARTAAR Goal Worksheet is to provide a framework by which clinicians can translate their knowledge about their client's desires and rehabilitation needs into a client centred participation level SMART goal. Funders can also use it to identify other information they require from clinicians to support decision making.

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



SAY The SMARTAAR Worksheet really addresses the goal statement itself. It does remind you that progress towards goal achievement needs to be measured and reported. However, while this fits in our process, the worksheet does not address how this is implemented in practice.

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



SAY The SMARTAAR Worksheet is essentially a checklist and a reviewing tool.

SAY The worksheet is easy enough to use and flexible enough to accommodate the complexity of rehab goals and the needs of different organisations, funders / providers/ mix of diagnoses. The real benefit is everyone using a similar approach to evaluating goal quality will generate system wide benefits.

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)



SAY The SMARTAAR Worksheet can be used for either goals or steps, different levels of goals and of client involvement - you need to decide what is most useful. We don't expect you will use a separate worksheet for every goal and every step in a rehab plan.

SAY Goals are one piece of the 'story' you need to articulate in reports / plans and can be useful to justify why type / amount of therapy / services are requested

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



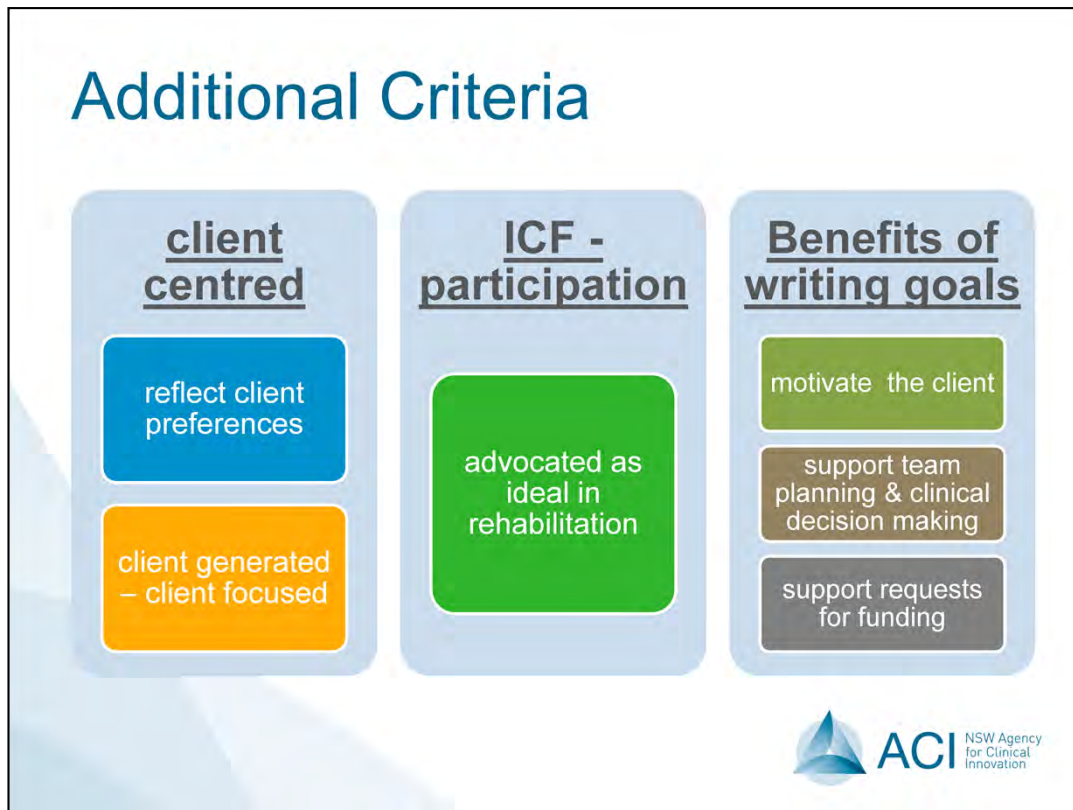
SAY However, the Worksheet is not perfect. We'll go through its limitations - it hasn't been formally validated but the overwhelming feedback is it fits the purpose; participants find it useful. It can guide on how to structure goals but isn't a tool to replace your clinical reasoning. You will need to make the final decisions about appropriate therapy to support goal achievement.

SAY Goal setting is a complex skill. The SMARTAAR Worksheet provides a framework but is not a one-stop shop for every answer about setting goals with your clients. There is both art and science in goal setting, as it needs to incorporate the complexity of disability after a range of conditions and the array of different services to support people.

SAY We'll go through the elements in the worksheet in a moment. But first I'll point out that simply adding more information isn't enough to make a goal meaningful or useful. It needs to be SMART enough but not too SMART, so that it still holds true to the priorities identified by the client and *succinctly tells you what the client wants / needs to be able to do!* 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.

SAY Finally, as you learn the approach we are training, it takes time to learn new skills, dependent on how much of a shift this approach is from your current practice. It can be useful to allocate specific time for using the SMARTAAR Goal Worksheet as a learning

time while you get familiar with the approach. Once you are more competent, the approach will become a mental process and you may not need a worksheet at all, or only rarely for very difficult goals.



DO Don't advance the slide until you have said and asked the following:

SAY We have considered the purposes of goal writing, SMART approach, the factors that affect goal writing and the importance of a collaborative approach. We now incorporate these into a multifaceted approach to measuring goal quality.

ASK What are the criteria by which you will now assess a goal?

DO Once participants have provided some answers, advance the slide panel by panel

SAY The criteria are multifaceted and provide framework for evaluating rehabilitation goals that are useful for rehabilitation.


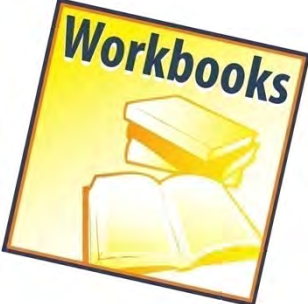
KNOW The process supports goals that: 1) reflect principles identified as SMART goals, 2) are client centred, i.e. reflect the clients priorities and are meaningful to the client, 3) are useful for rehabilitation i.e. support use of goals to motivate client, enhance client participation, team planning and requests for funding, 4) direct what action is provided, 5) supports clinicians to use their high quality SMART goals to: i) inform and support clinical practice, ii) evaluate the degree to which the rehabilitation provided is client centred, iii) measure the effectiveness of the rehabilitation for each client (goal achievement), iv) support team coordination, clinical decision-making and communication, v) support service evaluation through monitoring service-wide goal achievement, vi) 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.

SAY We'll now describe the separate elements addressed in the SMARTAAR Goal

Process. After this, we'll describe the practical tools to implement this in practice. After lunch, you'll be able to have a go using these approaches.

SMARTAAR Goal Worksheet

See Page 56



The image is a slide with a white background and a light blue abstract shape in the bottom-left corner. At the top, the text 'SMARTAAR Goal Worksheet' is written in a blue, sans-serif font. Below this, the text 'See Page 56' is written in a red, sans-serif font. To the right of the text is a yellow icon with a black border, tilted slightly. The icon contains the word 'Workbooks' in black, bold, sans-serif font at the top, and below it, a stack of three yellow books. In the bottom-right corner of the slide, there is a logo for the NSW Agency for Clinical Innovation (ACI). The logo consists of a blue, stylized triangle or leaf shape to the left of the text 'ACI' in a bold, blue, sans-serif font. To the right of 'ACI' is the text 'NSW Agency for Clinical Innovation' in a smaller, blue, sans-serif font, arranged in three lines.

ASK Participants to turn to Page 56

Elements of SMARTAAR Worksheet

Page 56

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



SAY This section is on Page 56

DO Go through each element of the worksheet.

SAY When reviewing a goal, the first step is to identify what elements are already in the goal – record these in the blue column. Once you have analysed the goal in this way, record the required elements in the white column. Once completed, you will notice that a goal is forming in this white column. Before recording it as the revised goal, check that it is clear and concise, and that it identifies what the client needs/wants to be able to do (the second bottom row of the worksheet)

SAY We want a SMART goal but not too smart. It still has to have meaning for the client

Elements of SMARTAAR Worksheet

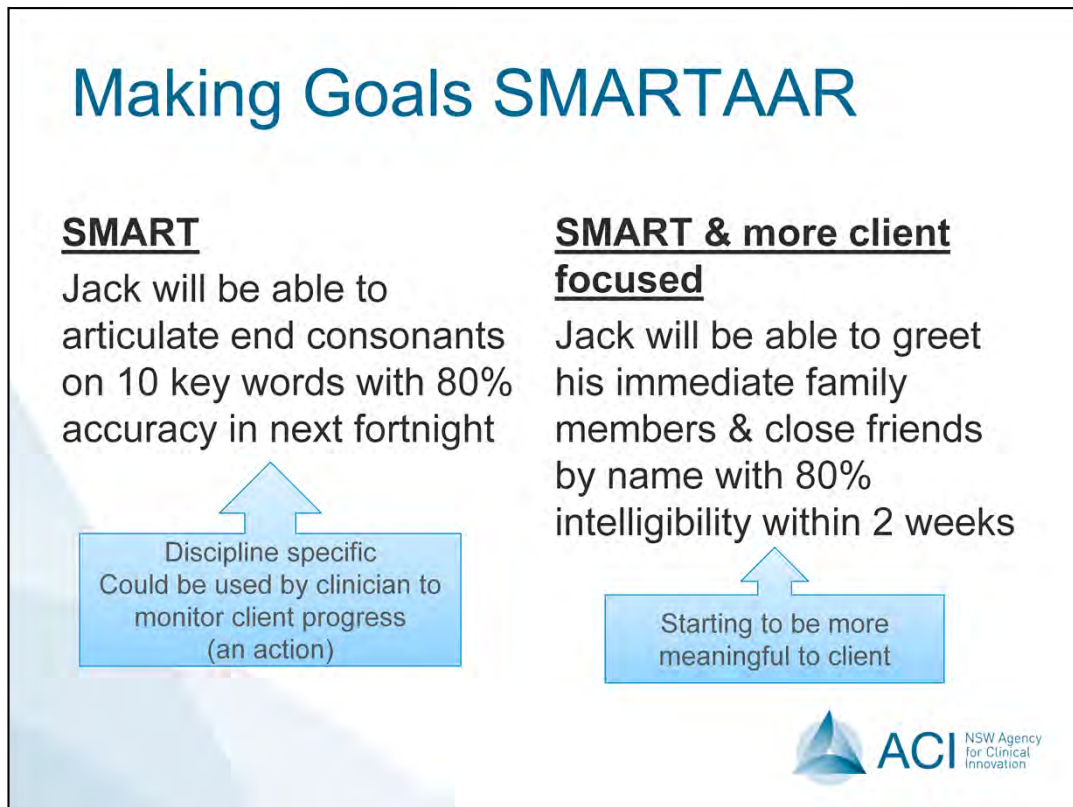
- **A / R:** Achievable and relevant: Is this clearly documented in the plan / other information?
- **T:** Time bound?
- **A:** Action Plan (strategies to achieve goal)



DO Go through each element of the worksheet.

SAY When reviewing a goal, the first step is to identify what elements are already in the goal – record these in the blue column. Once you have analysed the goal in this way, record the required elements in the white column. Once completed, you will notice that a goal is forming in this white column. Before recording it as the revised goal, check that it is clear and concise, and that it identifies what the client needs/wants to be able to do (the second bottom row of the worksheet)

SAY We want a SMART goal but not too smart. It still has to have meaning for the client



SAY So, what does a goal that meets these criteria look like, and importantly, how can we improve goals to improve their quality? We'll start by looking at some examples.

DO Advance to the first SMART goal

ASK Participants what they think of this goal

SAY In this example, the goal starts as discipline specific, and describes how the clinician will objectively measure success of intervention. However, it is not related to the client's life or preferences. It is a SMART goal, but is unlikely to be meaningful or motivating to the client.

SAY To make it more participatory, the clinical team considered what the client wanted to be able to do – and what achieving the impairment based criterion would enable him to do.

DO Advance to the second SMART, more client focused goal

SAY While this revision isn't perfect, it is more client focused.

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'



SAY Now, we have a definite date included. However, it is unclear what 80% intelligibility relates to – 80% frequency, says 80% of name so it is understandable, can only greet others until 5.00pm. Perhaps being able to greet his family and friends by name at meals and social occasions will have greater meaning to the client.

DO Advance to what Jack wants to be able to do

KNOW Some participants comment that this doesn't indicate how well Jack is saying the names. Respond that, for Jack, this means that he is saying the name well enough for his family and friends to understand him

SMARTAAR Goal

Jack will able to greet
his family and friends by name
at meals & social occasions
by 28/4/13



SAY This is now our goal

ASK How does this goal meet our criteria?

KNOW Check it against SMART, client centred, participation level, motivating for client, usefulness for team planning, and for funding

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**



DO Show only Original Goal

SAY Improving goals is not always straightforward. From today's training, you will have learned some information and tools that you can use to improve goals, give feedback about how goals can be improved, and understand the complexity of writing goals in clinical practice.

ASK What do you think of this goal?

KNOW Usually a participant answers that anger management strategies belong in the action plan, not the goal statement

SAY What we want to know is, what does Jack's anger impact on? In other words, what does it prevent him from participating in?

DO Advance slide to Prompts

SAY Jack's mother can cope with him losing his temper only once a day; any more frequently than this and he will have to move out of home. Jack doesn't care if he yells and screams at his mother more than once a day. His mother set the limit on what she could manage rather than Jack, but he was very keen not to be kicked out of home.

DO Advance slide to Reworked goal

SAY In this example, there have been 2 revisions we've described: the expected change in Jack's behaviour and the reason why. The revised section in italics is a monitoring strategy by the clinician - it was ultimately taken out. The goal of therapy is not to count behaviours, although this can be useful to monitor progress with therapy.

SAY The goal was revised to describe how Jack will benefit from therapy. The action plan includes how progress towards goal achievement is measured

Formulating SMART, participatory goals. Example 2:

- Jack will continue living in the family home for the rest of 2013



SAY This is now the final revised goal for example 2

ASK How does this goal meet our criteria?

KNOW Check it against SMART, client centred, participation level, motivating for client, usefulness for team planning, and for funding

Instructions for Clinicians Using SMARTAAR Worksheet Page 58

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



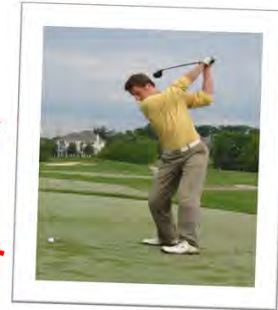
SAY These are in the workbook on Page 58 and you have a handout for these to refer to in this afternoon’s practical activities.

SAY We are going to look at how to use the worksheet to improve a goal

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”



ASK What do you think of this goal?

KNOW Usually a participant answers that the anxiety assessment belongs in the action plan, not the goal statement

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



SAY When we analyse an existing goal, record all those elements that are already in the goal statement

SAY Note that it is not necessary to record where the activity will take place nor is 'how much' relevant. Also, the self rated anxiety assessment is recorded in the action plan

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



SAY This is what the revised goal is. We don't need to qualify 'enjoy' any further as Jack will know when he is 'enjoying' his golf. The frequency has been reduced to twice a week, after discussion with Jack who felt that three times a week was a bit too much at this stage. It is okay to perform better than the standard as this may be a trigger for goal review

Instructions for Funders using SMARTAAR Worksheet Page 59

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?



SAY Let's look at how funders can use this worksheet on Page 59

SAY Note that you can use it to identify:

- if there is sufficient information to justify the requested services
- any questions that could clarify the additional information you would need
- who could provide that 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”



SAY We will use the same goal

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?'



DO Read out each of these questions

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?'



DO Read out each of these questions

ASK Any funders are there any other questions they would ask regarding Jack?



ASK Are there any questions before we break for lunch?

SAY After lunch, we will practice reviewing and writing a goal using the SMARTAAR worksheet



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’



SAY We'll use this example to illustrate how you would go about using the SMARTAAR Goal Worksheet in practice.

Example Using SMARTAAR Goal Worksheet

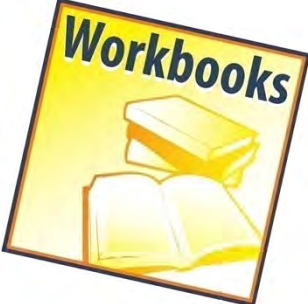

- Identify distinct elements in existing goal worksheet
 - ▲ 'Increase client motivation to participate in physiotherapy by incorporating some of his therapy into his program at school and after school care centre'
- Use worksheet to critique existing and missing elements



SAY Start by underlining the separate elements and phrases within the current goal statement. These usually become the elements you record into the separate boxes on the worksheet.

Example using SMARTAAR Worksheet

See Page 62

SAY Turn to Page 62 in the Workbook

SAY We work through each box in the blue column on the worksheet:

- **Name**: just client in this example. All we know is that the client is a male
- Does it focus on client participation? NO, it focuses on participation in therapy, but not participation as defined in ICF – an activity relevant to his own life.
- **Where**: the current goal statement says *at school and after school care centre*. But this is referring to where the therapy will be completed.
- **How well or how much**? Not described.
- Is it achievable and relevant. This goal doesn't really talk about how the client will benefit, and may not be seen as relevant to this client.
- **Time bound**: Not described.
- **Action**: There are two actions in this goal statement: The first is to participate in physio, the second is to incorporate home program into routine at school and Aboriginal after care centre.


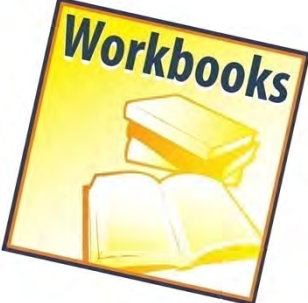
SAY When we think about the current elements, we'd replace:

- Client for the kid's name: Jack
- We probably need other information to revise this goal into something meaningful. We know a few things about Jack – he is probably Aboriginal, he needs support at school and after school. The language used seems to fit with a clinician generated goal rather than a client centred goal.

- When we ask Jack what he wants to be able to, he says he wants to play footy with his mates after school. When talking about how often, he says that on Tuesdays and Fridays he's really tired after school because they do sport at school on those days. You might know how much the school and after school staff can assist with his home progress and how quickly he might make progress.

Example using SMARTAAR Worksheet

See Page 62



SAY If we go down SMARTAAR Goal (white) column: the goal may start to emerge:

- Client name: Jack
- Outcome: Will be able to play footy with his mates
- Where: at after school care
- How well, how much? For 20 minutes three times a week.
- Timeframe: by Easter (29th March 2013).
- Participation goal? YES, it is now

SAY Check if the goal is clear and concise, and that it identifies what the client needs / wants to be able to do

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, 18th April 2014**
- Check:
 - ▲ is it clear and concise?
 - ▲ does it tell me what the client wants / needs to be able to do?



ASK Is the goal is clear and concise, and that it identifies what the client needs / wants to be able to do

ASK Do you think Jack will be more motivated to do his physio if he can achieve this goal, rather than the original one?

ASK How does this goal meet our criteria?

KNOW Check it against SMART, client centred, participation level, motivating for client, usefulness for team planning, and for funding

Practical Exercise 1: Evaluate an existing goal Pages 65 - 66

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



SAY This exercise begins on Page 65

SAY You will now practise using the SMARTAAR worksheet in small groups

SAY Revise the goal, considering:

- purpose of goal
- is it meaningful
- if revisions make it better (or worse)

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



DO Read out the goal

SAY This is a very big goal, submitted to LTCSA. You need to decide on what 'size' of goal will enable you to succinctly describe what Penny will be able to do as a consequence of a period of rehabilitation. If it's helpful for you, you can decide Penny's age and diagnosis, but we don't think this is necessary to write a client centred participation goal.

KNOW You can point out that in this very long and complex goal, there are things about accessing her yard and local community. There is also something about engaging in family activities on weekends and holidays.

SAY Start by analysing the goal statement, recording each element in the blue column on the worksheet. Once you have done this, identify an element of the current goal and use the worksheet to refine that.

SAY I am deliberately not going to tell you Penny's age or diagnosis. When writing a client centred goal, people rarely start with this information – when writing client centred participation goals these are not dependent on the client's diagnosis or age. However these factors will influence the action plan to enable the client to achieve their goal.

KNOW Penny is a teenage girl with a recent spinal injury. She has just gotten home from acute rehab

Goal No. 1:

Is it SMART?

Can you describe discreet steps to achieve this goal?

Is it client generated or client focused?

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

Is it a participation level goal?

Will this goal support your request for services?

Will this goal help team planning?

ACI NSW Agency for Clinical Innovation

DO Advance the slide to the goal statement only

ASK How does this goal meet our criteria?

KNOW Check it against SMART, client centred, participation level, motivating for client, usefulness for team planning, and for funding

DO Advance the slide to each question

Discussion

- What issues did you consider in revising the goal?
- How did you find using the SMARTAAR goal worksheet?



DO As participants do the exercise, go around to each group. Ask them:

- ‘What does your Penny want to be able to do?’
- ‘Have you given her any history or context (age, diagnosis, living situation etc)?’

KNOW The goal reads like a whole rehab plan in a single goal statement so it is too ‘BIG’ to tell a coherent story about Penny’s immediate rehab needs.

KNOW All the existing elements may be achieved at very different times e.g. Penny may be able to get into her backyard quickly, but it may be years before she can fully function in family activities. Penny may be partially achieving this goal for years even though she’s actually making great progress.

KNOW For those who started writing about the whole existing goal, you can point out that even though they may have a lot of information in boxes, it doesn’t necessarily guarantee the goal is SMART, client centred and useful for rehabilitation.

SAY Make sure you balance what is SMART with what is still meaningful to the client. Make your goal SMART but not too SMART

ASK Participants to describe their examples of revised goals. How did they decide to work on that?

ASK Participants how they found using the worksheet

Practical Exercise 2 Review Your Own Goal

Page 68

- 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



SAY Please turn to Page 68

ASK Each group if one member has a real patient goal that they can review.

DO For those groups who don't have a goal, provide them with one from 'Sample Goals for Practical Sessions'

SAY Using the SMARTAAR worksheet, review the goal and rewrite it. You can use the Worksheet either in your Workbook or on the handout

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?



DO Ask each group to read their initial goal and reworked goal. Point out bits that are good examples.

KNOW Sometimes unnecessary information is included in the reworked goal eg 'prepare lunch for her family in the kitchen' ('in her kitchen' is redundant). This is a good example of being too SMART, of not being concise.

KNOW Sometimes a group might write an activity level goal. Try to prompt them to identify what meaningful life situation they will be able to participate in if they achieved this activity/task eg activity: 'able to present reports at business meetings', – participation: 'maintain current employment'.

KNOW Less frequently, a group might include an action that belongs in the action plan. Ask them what the expected benefit is to the client from this action. What activity / task will they be able to carry out? What meaningful life situation they will be able to participate in if they achieved this activity/task?

ASK For those groups who provided their own goal, how was it different working on this compared to the previous exercise?

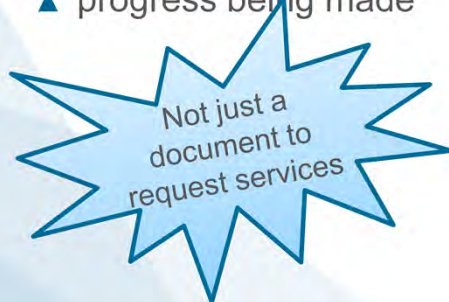
KNOW Generally participants find it easier when some background / context is provided



SAY We are now going to put it all together in a rehabilitation plan

Structuring Rehabilitation Plans Page 69

- 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



SAY This section is on Page 69

DO Advance the first points only

SAY Rehabilitation plans incorporate the elements that we have been talking about – goals, steps and actions – as well as any progress towards them

DO Advance the next point

SAY Rehabilitation plans are not just to request service

ASK Funders if they find that missing information is often embedded elsewhere in reports and they have to search for it

Structuring Rehabilitation Plans

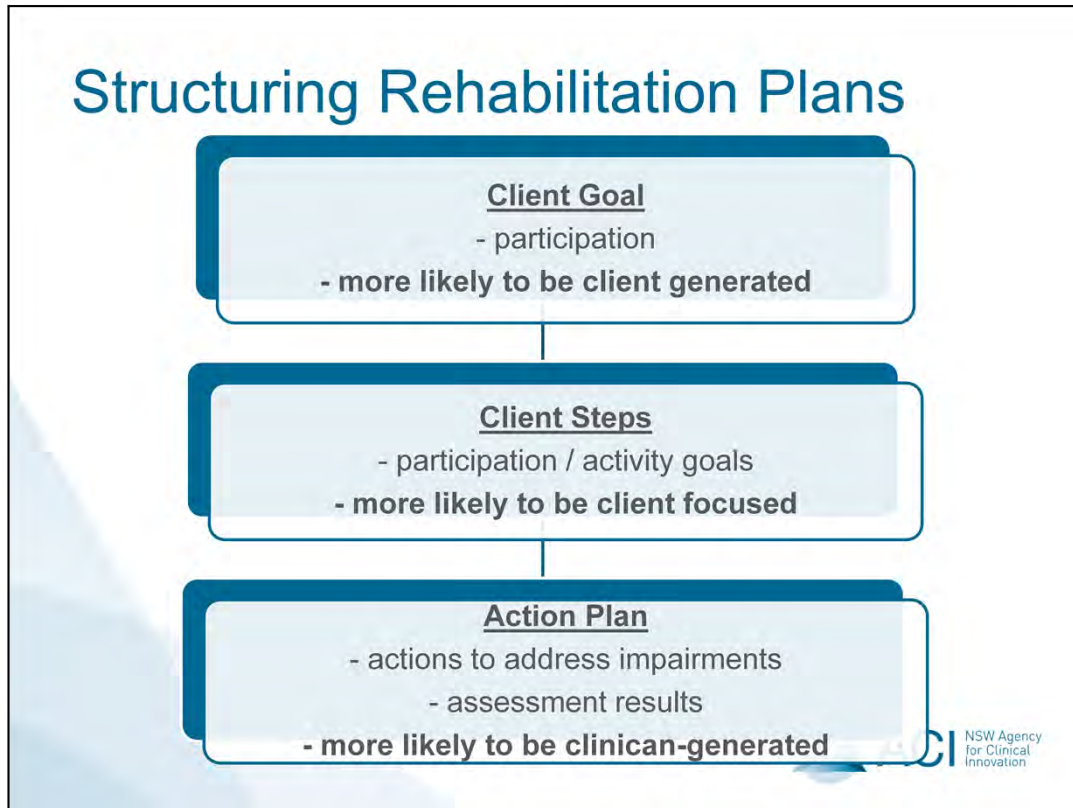
- Consider number and level of goals
- Steps and elements of the action plan are likely to be included under multiple goals
- May be scheme / service specific



SAY When writing rehabilitation plans, you need to be aware of how many goals you are writing as well as the level of the goals.

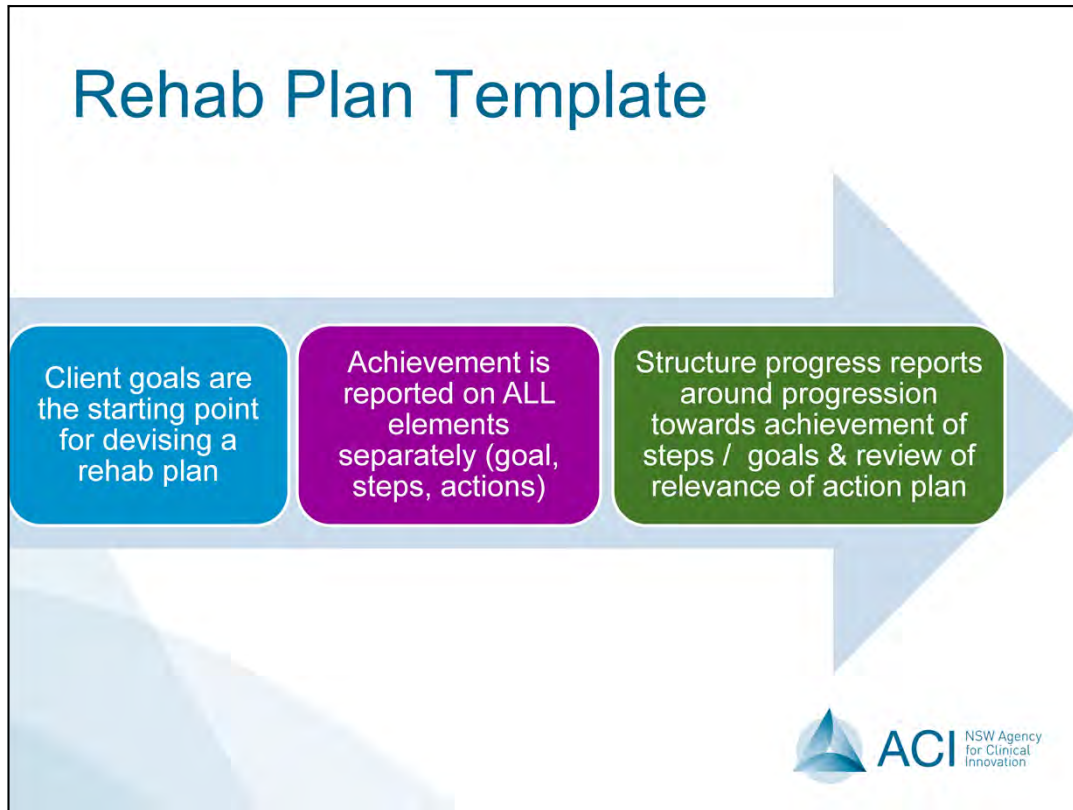
SAY Some steps and actions may apply to a number of goals

SAY The particular scheme that you work with will have their own format for rehabilitation plans. We are going to look at a different approach



SAY The rehabilitation plan that we are going to look at is based on the format that we have been using throughout this training.

DO Go through each of the panels, highlighting the level of goal and who generates it




DO Advance the slide, one by one, explaining the content of each box

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.

 **ACI** NSW Agency for Clinical Innovation

DO Advance the slide, one by one, explaining the content of each box

Date of Plan:		Plan No:		Plan Period:	
Client Goal: 1					Achievement
Refer to Page 76					
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					



ASK Participants to turn to Page 76 for the Rehabilitation Plan template


DO Starting top left, highlight each element of the rehabilitation plan, explaining as follows -

- Date of plan: when the plan was written
- Plan no: the number of the plan for a particular client
- Plan period: dates of the plan period
- Client goal: number the goal, as well as recording the goal statement.
Comment that participants have used the SMARTAAR worksheet to write a high quality goal that is recorded here
- Client Step: note that each step is numbered and labelled eg 1a, 1b etc
- Action Plan: note that each action plan is numbered and labelled eg 1a, 1b etc
- Progress: written comment on client progress on the rehabilitation plan
- Achievement: record client progress on the goal, each step and each action plan

SAY We will now look at how this looks for a client

Page 77

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					Achievement 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	Achievement rating: Page 74		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>					



ASK Participants to turn to Page 74 for the achievement rating, then to Page 77 for a completed Rehabilitation Plan

SAY Point out the date of the plan, that it is the first plan and the plan period -

- Client goal: read out client goal
- Client Step: read through step 1a
- Action Plan: read through action plan 1a

DO Read through the other two steps / action plan in the same manner

SAY When reviewing client progress / achievement, start with the action plan, then review progress / achievement on the related step -


- Action Plan 1a: Jack has attended all of his physio appointments but has not completed all of his home exercises
- Step 1a: even though Jack hasn't done all of his home exercises, he is still able to get up and down the stairs. Perhaps he didn't need to practice his exercises as often as thought

SAY When reviewing client progress / achievement, start with the action plan, then review progress / achievement on the related step -

- Action Plan 2a: Jack has attended all of his OT and speech therapy appointments
- Step 2a: Jack is able to order his shopping online

Page 77

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	Achievement rating: Page 74		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>					



SAY When reviewing client progress / achievement, start with the action plan, then review progress / achievement on the related step -

- Action Plan 3a: all of the actions have been achieved
- Step 3a: Jack is not yet able to independently perform all aspects of his personal hygiene

SAY Something has prevented Jack from achieving this step

ASK Participants to read the Progress report

ASK Participants what has happened to Jack


KNOW Jack is anxious about falling in the shower. His mother is still helping him in the shower

SAY These were two issues that weren't accounted for in this plan so they need to be addressed in the next plan.

SAY So Jack has only partially achieve his goal of living independently. We need to address the issues in the subsequent plan

Page 78

DATE of PLAN: 30/9/13		Plan No: 2		Plan Period: 30/9/13 – 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					



ASK Participants to turn to Page 78 for the follow up plan

SAY

- Date of plan: the date has been extended
- Plan no: this is the second plan
- Plan period: this is the next 3 month period
- Client goal: this is still the first goal but the due date has been extended

SAY Point out that the issues identified in the previous Progress report will now be addressed –

- Client Step 1a: addresses the assistance provided by Jack's mother
- Action Plan: read through action plan 1a

DO Read through step1b / action plan 1b in the same manner

SAY Point out that Jack needs to maintain his ability to get up / down the stairs so step 1c / action plan 1c is focused on maintenance. Note that Jack was previously able to achieve the step of ascending and descending the flight of stairs with fewer episodes of home-based exercise program than anticipated so in this plan this has been reduced from 4 to 3 episodes/week.

SAY Notice that this plan has not yet been reviewed

ASK Participants for feedback on what they think of this template for a rehabilitation plan

Practical Exercise 3: Case Study

Page 82

- 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



SAY You will now have an opportunity to practise using this rehabilitation plan using the case study of Jack on Page 82

ASK Participants to work in a small group and identify two goals (and related steps and action plans) for Jack. It can be written either in your Workbooks or on the handout

KNOW Participants usually don't have any difficulty writing action plans. Depending on time, you might ask them to write action plans for one goal only

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



ASK Participants to work in the same group and identify two goals (and related steps and action plans) for Jack.

KNOW Participants usually don't have any difficulty writing action plans. Depending on time, you might ask them to write action plans for one goal only

KNOW Participants usually identify the following:

Goal 1: Jack will accompany his sons to soccer by (date)

Step 1a: Jack will obtain his driver's licence by (date)

Action Plan 1a: have OT driving assessment / attend physio sessions to address neck mobility

Step 1b: Jack will increase his physical endurance by (date)

Action Plan 1b: attend physio sessions to increase physical endurance / practice home based exercises

Step 1c: Jack will increase his time management skills by (date)

Action Plan 1c: attend OT sessions / practice home based activities

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



KNOW Participants usually identify the following:

Goal 2: Jack will return to work, 4 hours/day, 3 days/week by (date)

Step 2a: Jack will obtain his driver's licence by (date)

Action Plan 2a: have OT driving assessment / attend physio sessions to address neck mobility

Step 2b: Jack will increase his time management skills by (date)

Action Plan 2b: attend OT sessions / practice home based activities

Step 2c: Jack will be able to manipulate work tools by (date)

Action Plan 2c: attend physio sessions to increase hand strength / practice home based exercises

ASK A group to read out one goal, steps and action plan.

ASK The other groups if they had any different steps or actions for that goal.

ASK Another group to read out their second goal, steps and action plan.

ASK The other groups if they had any different steps or actions for that goal.

Practical Exercise 4

Page 86

- 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?



SAY As a group, we will now critique a rehabilitation plan on Page 86

Date of Plan: 15 th March 2013		Plan No: 3		Plan Period:	
Client Goal: 1					Achievement
Jill will return to work as waitress in city restaurant					1
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
-25 sessions physio - gym programme -Counselling for parents	2 1 1	- 6 x Speech therapy		-OT and driving assessment -Back cushion	
Progress: Client's cognitive, physical and psychological problems continue to interfere with her ability to resume work.					

ASK What issues can you identify with this plan?

KNOW Issues to identify -

- Goal could well be identified by Jill, but we're not sure how realistic this goal is for the current foreseeable future
- When we look at the three steps described, they each describe the expected change in Jill's level of function, but only the last one (1c) looks like it was identified by Jill. The others look like the clinician described them.
- We need to think about whether Jill would be able to get back to working in her job as waitress in the city if she achieved these three steps:
 - Jill will be able to tolerate standing for 30 minutes
 - Jill will be able to take accurate notes of verbal information
 - Jill will be able to drive to and from work 5 times a week
 - The steps appear to indicate Jill is still substantially disabled. This is her 3rd plan, so she may be at least 9-12 months since her injuries.
- Step 1a: Jill will need to be able to stand for >30 minutes if working as a waitress
- The first two steps are very low level, impairment based steps: the 3rd step seems a very 'big' step, compared to these.
- Step 1c: Jill may need to be physically much better as well in order to tolerate the driving time (if you think about her poor standing tolerance, her sitting tolerance is probably also very limited)

Date of Plan: 15 th March 2013		Plan No: 3		Plan Period:	
Client Goal: 1					Achievement
Jill will return to work as waitress in city restaurant					1
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
-25 sessions physio - gym programme -Counselling for parents	2 1 1	- 6 x Speech therapy		-OT and driving assessment -Back cushion	
Progress: Client's cognitive, physical and psychological problems continue to interfere with her ability to resume work.					

ASK Do you think Jill will be able to work in a city restaurant as a waitress if she can achieve these 3 steps? What other steps do you see as being important to achieve her goal?

KNOW Issues to identify in the action plans -

- Action Plan 1a: 25 sessions seems a lot of physio in one plan. Why is this intensity is needed after so long? Perhaps other information in the report describes this but its not clear in this example. The level / intensity of therapy / services needs to be congruent with the desired outcome for the intervention
- Action Plan 1a: why are Jill's parents having counselling?
- Action Plan 1a: more detail required for the gym sessions
- Action Plan 1b: 6 sessions of speech therapy to be able to take accurate notes may be reasonable, but if this is the level she's at, and she can't stand for 30 minutes, it seems that the goal of return to work is not an achievable or short term goal.
- Action Plan 1c: we don't know if Jill needs a back cushion because she hasn't had her driving assessment yet

KNOW Issues to identify in the Progress report -

- Jill's psychological problems are not addressed in the rehabilitation plan

Date of Plan: 15 th March 2013		Plan No: 3		Plan Period:	
Client Goal: 1					Achievement
Jill will return to work as waitress in city restaurant					1
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
-25 sessions physio - gym programme -Counselling for parents	2 1 1	- 6 x Speech therapy		-OT and driving assessment -Back cushion	
Progress: Client's cognitive, physical and psychological problems continue to interfere with her ability to resume work.					

KNOW Issues to identify re achievement -

- only some of the elements have been assessed for achievement

SAY The rehab plan should tell us a cohesive story about Jill's goal for rehab, her current status and rehabilitation needs to help her achieve her goals.

ASK Does this plan do this?


ASK Funders: would you like to receive this report? What questions would you ask?

ASK Clinicians: would you like to be handed this plan? Would you understand Jill's current status and where she was at in her rehabilitation ?

SAY Overall, the gap between the goal and steps, and steps and action plans is so big in some areas that it doesn't clearly tell the story about what is needed to help Jill achieve her goals. There appears to be quite a lot of missing information. When these elements of the rehab plan are more closely related, it's easier to report progress, plan and evaluate action plans and for funders to approve the requested services.

When all elements are more closely related,
it is easier to:

- report progress
- plan / evaluate action plans
- for funders to approve requested services



DO Read out the slide

Facilitating high quality goal setting

Page 87

- 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



SAY This section is on Page 87

SAY If you wanted to incorporate the SMARTAAR goal process and rehabilitation plan into your workplace, you might need to review your current processes and how these relate to your internal policies and practices

SAY We are going to briefly comment on these processes

Facilitating high quality goal setting

Pages 89 - 91

- 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



SAY Pages 89 and 91 outline an example of a goal setting process in both rehabilitation teams and for sole workers

ASK What needs to be considered to ensure that the goal training appraisal is part of local work practice and the processes facilitate clinical practice in both rehabilitation teams and for sole workers?

DO After getting answers from participants, advance the slide point by point

KNOW - team meetings: involve client and/or stakeholders

- plan review: occurs with the clients and stakeholders
- some organisations may have sole practitioners/key workers and processes (including policies and procedures) to support communication pathways
- cyclical: steps are repeated as the patient makes progress and new goals are set

Take home messages Page 93



- 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



SAY I'll now go through the points that I want you to take away with you from this training. This section is on Page 93

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



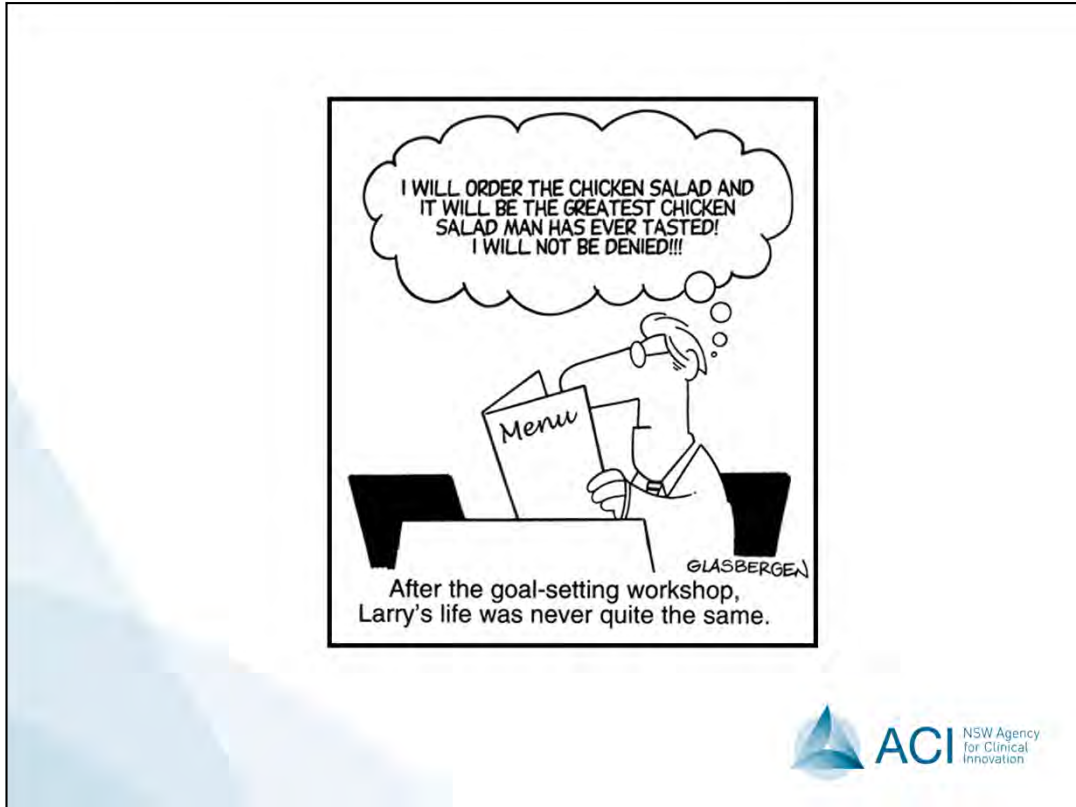
Any Questions?

Please complete your
Post-Training Knowledge
Assessment
&
Training Evaluation form



ASK Any further questions?

SAY Thank you for your participation today



KNOW No comment is needed. This is a slide to end the day