

The Tyranny of Goals

*Good goals for great
outcomes*

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Structure of Talk

The Rehabilitation Approach

Outcome Measurement

Goal-setting and measuring progress

The Tyranny of Goals

Case Examples

Questions

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DJ and Radio Presenter



The rehabilitation approach

Effective rehabilitation is *underpinned by a goal-focused philosophy*, with a focus on participation (function) over impairment (WHO, 2001).

Goal setting is considered the *best-practice* approach and can be crucial for:

1. Collaborating within multi-disciplinary teams
2. Motivating service users
3. Tracking progress
4. Focusing rehabilitation aims

(Barnes & Ward, 2000; Gauggel & Hoop, 2004; Tucker, 2015).



The Rehabilitation Process

Goal setting is a hallmark of contemporary rehabilitation and considered as part of a best-practice approach (Barnes & Ward, 2000; Playford et al., 2000; Wade, 2009; Levack & Seigert, 2014)

Rehabilitation management is generally structured around consecutive processes: (1) assessment, (2) goal setting, (3) assignment, (4) intervention, and (5) evaluation of goal achievement (Rauch et al., 2008)





**But what are goals
and why do they
matter?**



Measuring Outcome



- Outcomes measures are used in scientific research, medical treatments and therapies and in our everyday lives.
- They allow us to constantly observe and interpret progress in a given context and to base decisions on them.
- Outcome measures may provide a score, an interpretation of results, or a risk categorisation.



Why Measure?

- In order to know how patients are progressing, as that will determine the course of their care plan and treatment.
- Outcome data should be represented in a way which allows those who are gathering the data to interpret and analyse it to inform future practice.
- Evidence Based Practice (EBP) in health care: Outcome measures provide credible and reliable justification for treatment on an individual patient level.





Types of Outcome Measure



Self-report
measures



Performance-
based measures



Observer-report
measures



Clinician-report
measures



Self-Report Measures

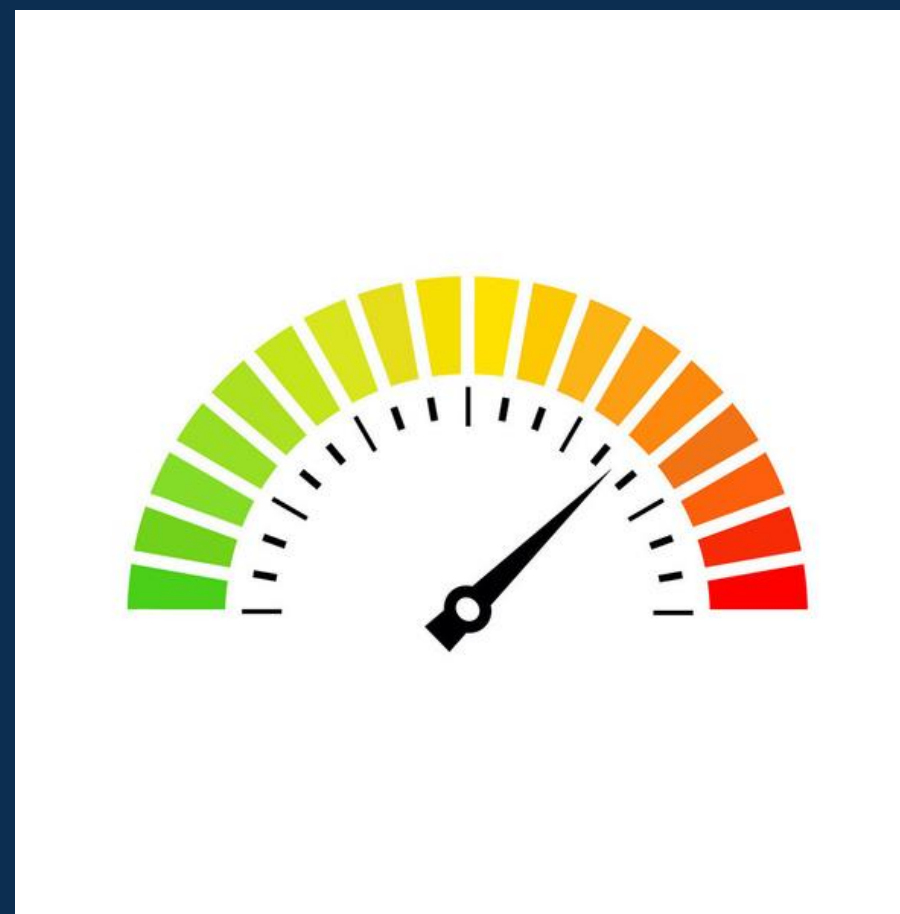
- Typically questionnaire-based.
- Scored by applying a predetermined scoring system to the patient's responses.
- Although subjective in nature, self-report measures capture a patient's perception.





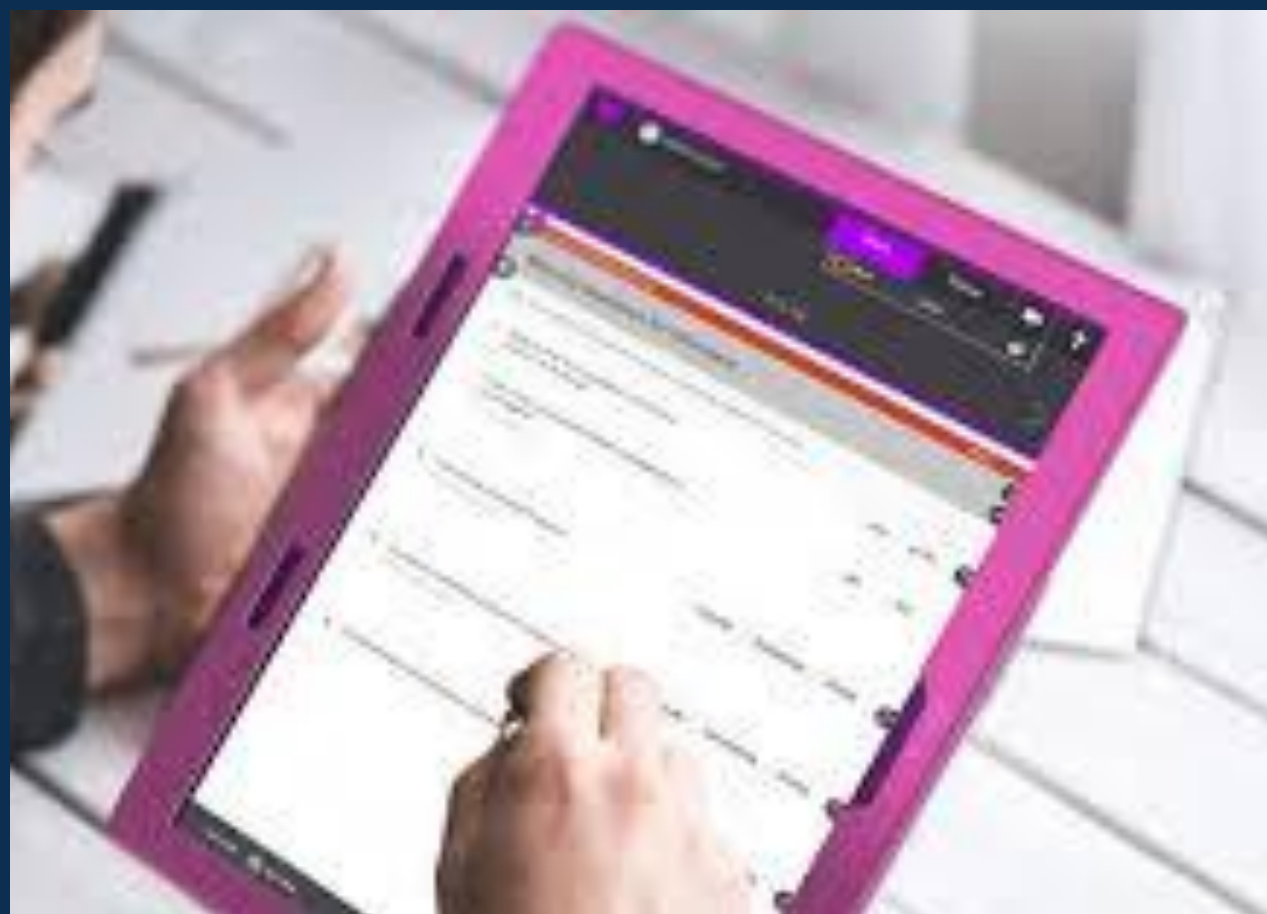
Performance-based measures

- Require the patient to perform a set of tasks or movements.
- Scores for performance-based measures can be based on either an objective measurement (e.g., time to complete a task) or a qualitative assessment that is assigned a score (e.g., normal time for a given task).





Observer-reported measures



- Observer-reported measures are measurements completed by a parent, caregiver or someone who regularly observes the patient.

Clinician-reported measures



- Clinician-reported measures are measurements that are completed by a health care professional.
- The professional uses clinical judgement and reports on behaviours or signs that are observed by the professional.

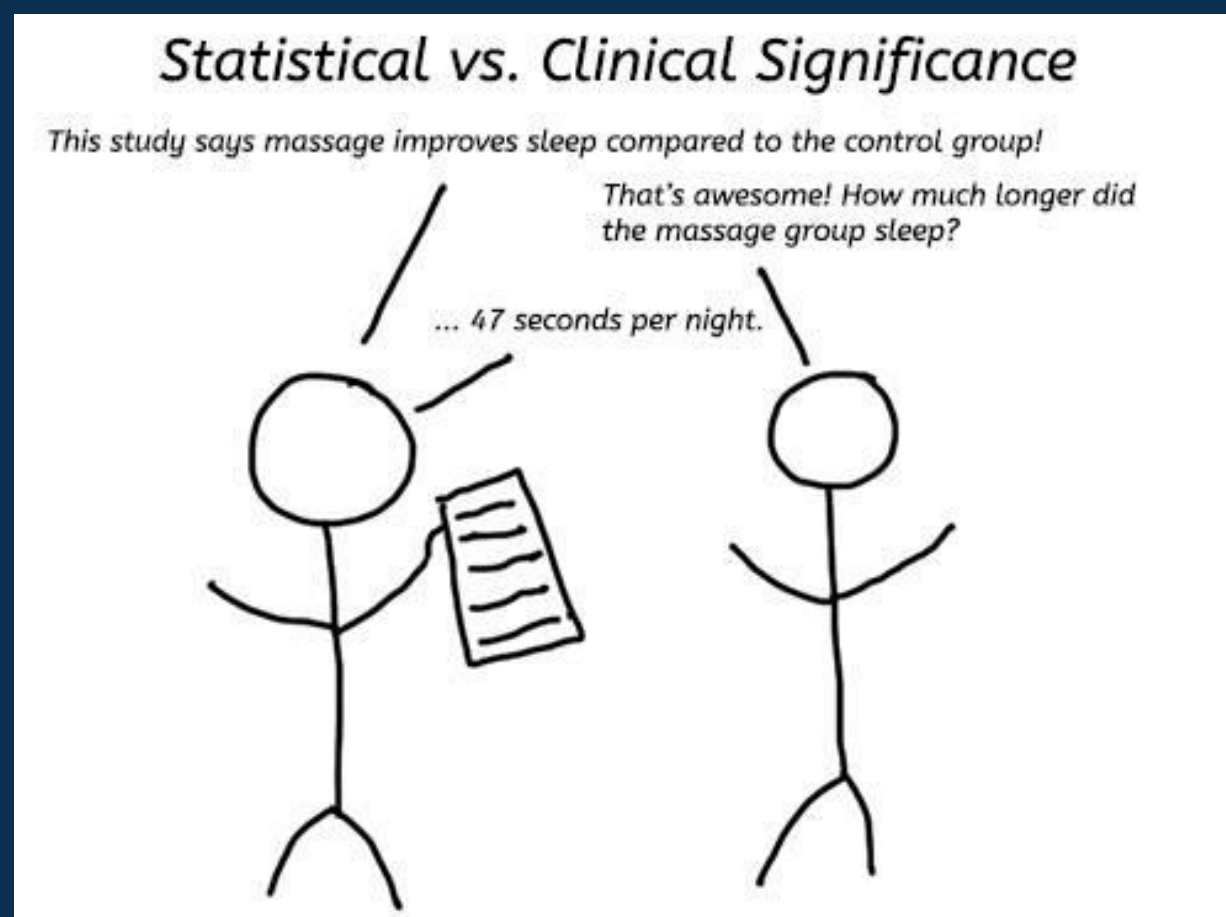


Psychometric Properties

- Psychometric properties are the intrinsic, statistical properties of an outcome measure.
- Ideally, the psychometric properties of an outcome measure used in practice should have been developed and tested through a series of research studies.
- These properties include validity, inter-rater reliability, intra-rater reliability, responsiveness, ceiling effects, floor effects and minimal clinically important difference.



Clinically Important Change



The amount of change that is relevant from the patient's perspective (clinical meaningfulness).



Selecting the Right measure

- Why am I using the outcome measure?
 - Identifying the impact of a disorder on an individual?
 - Establishing a baseline measure from which to monitor changes over time?
 - Evaluating the impact of an intervention?
 - Evaluating the needs of those attending a service?



What am I aiming to measure?

- Impairments of body structure and function?
- Activity limitations?
- Participation restrictions?
- Quality of life?



Is it the appropriate scale?

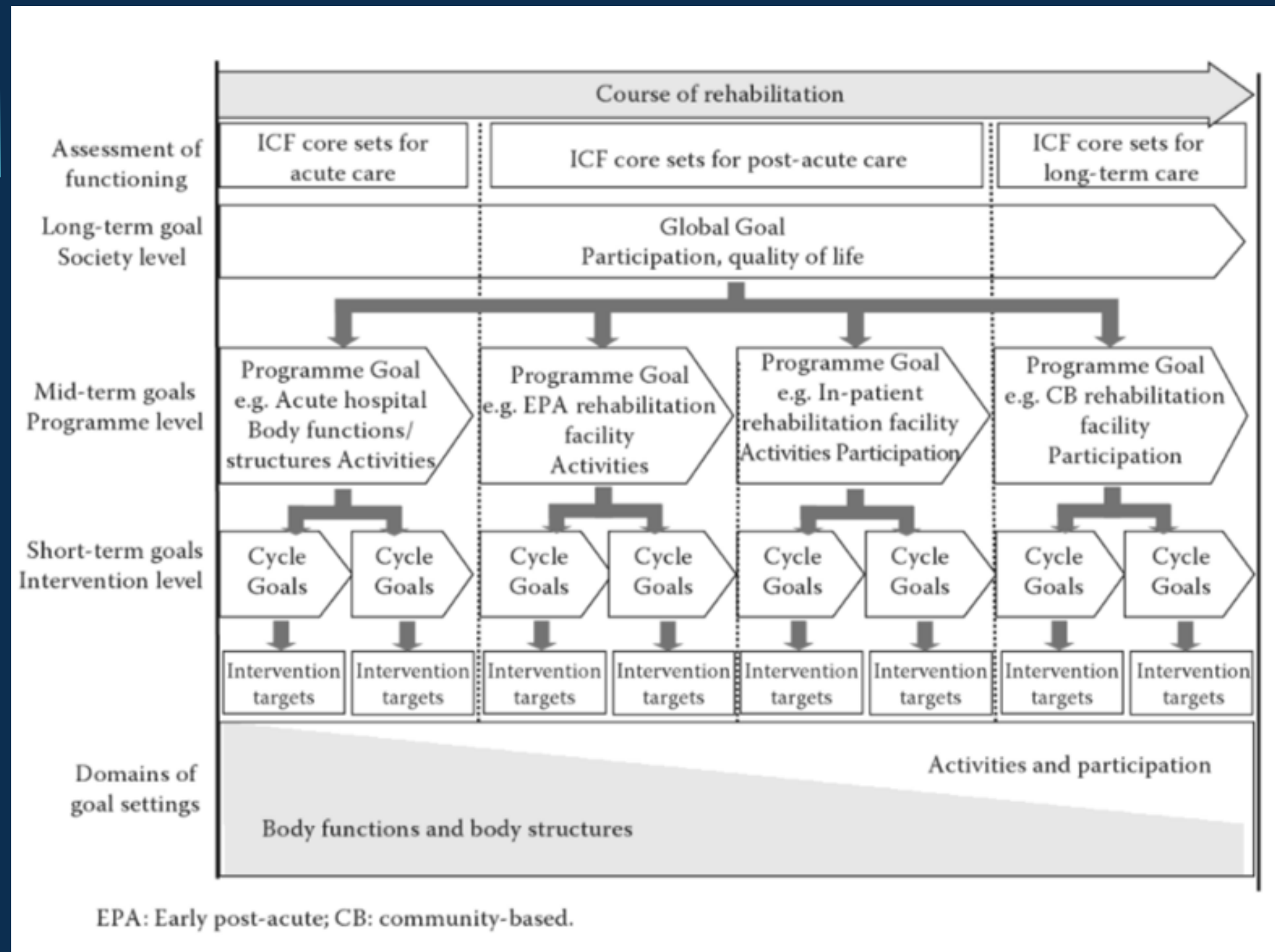
- Have the psychometric properties of this tool been measured in a population similar to mine?
- Is the outcome measure reliable?
- Is the outcome measure valid?
- Is the outcome measure responsive to change?



Goal Achievement as a Measure of Outcome



Process of the assessment and goal setting and shifting of goal domains over the course of rehabilitation



Functional Assessment

Clinical understanding of the direction of rehabilitation
Patient values

Goals

Objectives

Therapeutic aims involved in specific therapy plans



Stages of Goal Setting

Functional assessment recording a patient's level of impairment in a series of categories relevant to their condition.

ICF
Assessment

Higher order goals, focused on addressing the results of the functional assessment, that outline the general aims that will ideally be achieved for that patient.

Goal

Goal

The steps each individual clinician will take towards achieving each goal for that patient.

SMART
Objective

SMART
Objective

SMART
Objective

SMART
Objective



Stages of Goal Setting

Functional Assessment

In order to set great goals, we need to know what we are looking to work on. To do this, we can use a functional assessment.



Functional Assessment

- The essential foundation of successful goal setting is a comprehensive understanding of the patient's problems and needs (Hurn, Kneebone & Cropley, 2006; Rauch, Cieza & Stucki, 2008).
- At the most basic level, this should include information on functioning and disability (Wade, 2009).



Functional Assessment Tools

- There are a number of tools to assess the functional state of a patient: ICF, TOM, FIM + FAM, Barthel index (UK ROC)
- Provides a standard language and serves as the basis for the classification of functioning, however it is comprehensive and complicated for use in daily practice
- ICF Core Sets are a selection of categories from the full ICF developed for various health conditions and make the ICF practical for everyday use, they support the interdisciplinary, comprehensive assessment of functioning
- Therapists complement ICF Core Sets with tests which are more client-centered (e.g. performance scales)

Stages of Goal Setting



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- According to best-practice goal setting, the results of a functional assessment should inform the rehabilitation goals (Levack & Seigert, 2014)
- “Goals” in this sense refer to broad aim for the patient’s rehabilitation e.g. “Patient will be able to live independently with minimal support” (Sondik, Huang, Klein & Satcher, 2010)
- Goals can consider the aims of the multi-disciplinary team as a whole, or aims that are more specific to one discipline. It is important, however, that the approach is consistent.
- Goals should be meaningful to the patient e.g. “Patient can walk 100m” vs. “Patient can walk to local shop”



Goals: Why not SMART?



Specific Measurable Attainable/Achievable Relevant Time

- For 30 years SMART been used in rehabilitation as well as sport, business, education, management, etc.
- Critical evaluation of SMART:
 - Variability in how it is interpreted.
 - Origins in business management rather than clinical practice.
 - Limited supporting evidence for its effectiveness on goal outcomes.
 - Do goals really need to be completely achievable, realistic or timebound?
 - Is it too restrictive to make very specific goals about something as varied as rehabilitation?
- SMART is better used for specific task completion, not wider rehabilitation goals (Siegert & Levack, 2015)



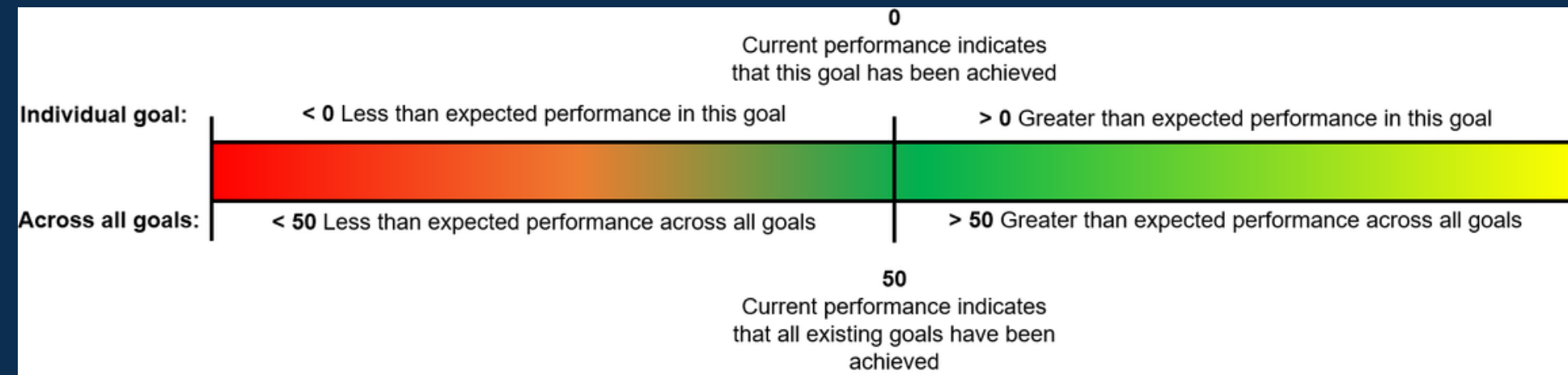
Measuring Goals with Goal Attainment Scaling (GAS)

- Measuring goals based on whether they are achieved or unachieved can lose important information about goal progress (Kiresuk & Sherman, 1968).

+2	Much more than achieved
+1	Slightly more than achieved
0	ACHIEVED
-1	Slightly less than achieved
-2	Much less than achieved

- GAS allows more detail about a patient's goal progress to be tracked, giving the more motivation to engage in rehabilitation therapy (Wade, 2009)

Interpreting the GAS Score



- The composite GAS (the sum of the attainment levels x the relative weights for each goal) is transformed into a standardised *T* score with a mean of 50 and standard deviation of 10.
- As illustrated in the figure above, a score of 50 indicates that all existing goals have been achieved. A score less than 50 suggests that the performance across all goals is less than expected whereas a score greater than 50 suggests that the performance is greater than expected.
- Demonstrating that the mean GAS for the study population is around 50 is a useful quality check of GAS scoring. If a team attempts to inflate their results by scoring over-cautiously, the mean score will be >50. Similarly, if they are consistently over ambitious it will be <50.



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SMART Objectives

- “Objectives” refer to the specific steps that each individual plans on taking towards achieving the overarching goal. Whereas goals are often held by the whole team, objectives are always owned by specific clinicians or individuals (Sondik, Huang, Klein & Satcher, 2010)
- Objectives should follow the SMART framework: Specific, Measurable, Achievable, Relevant, Timed
 - To use this for the overarching goals would be too restrictive
 - Using this framework for individual objectives better holds team members accountable for their short-term contributions to the team’s wider aims
(Levack & Seigert, 2014)
- The achievement of SMART objectives can also be used as a means for demonstrating outcome.



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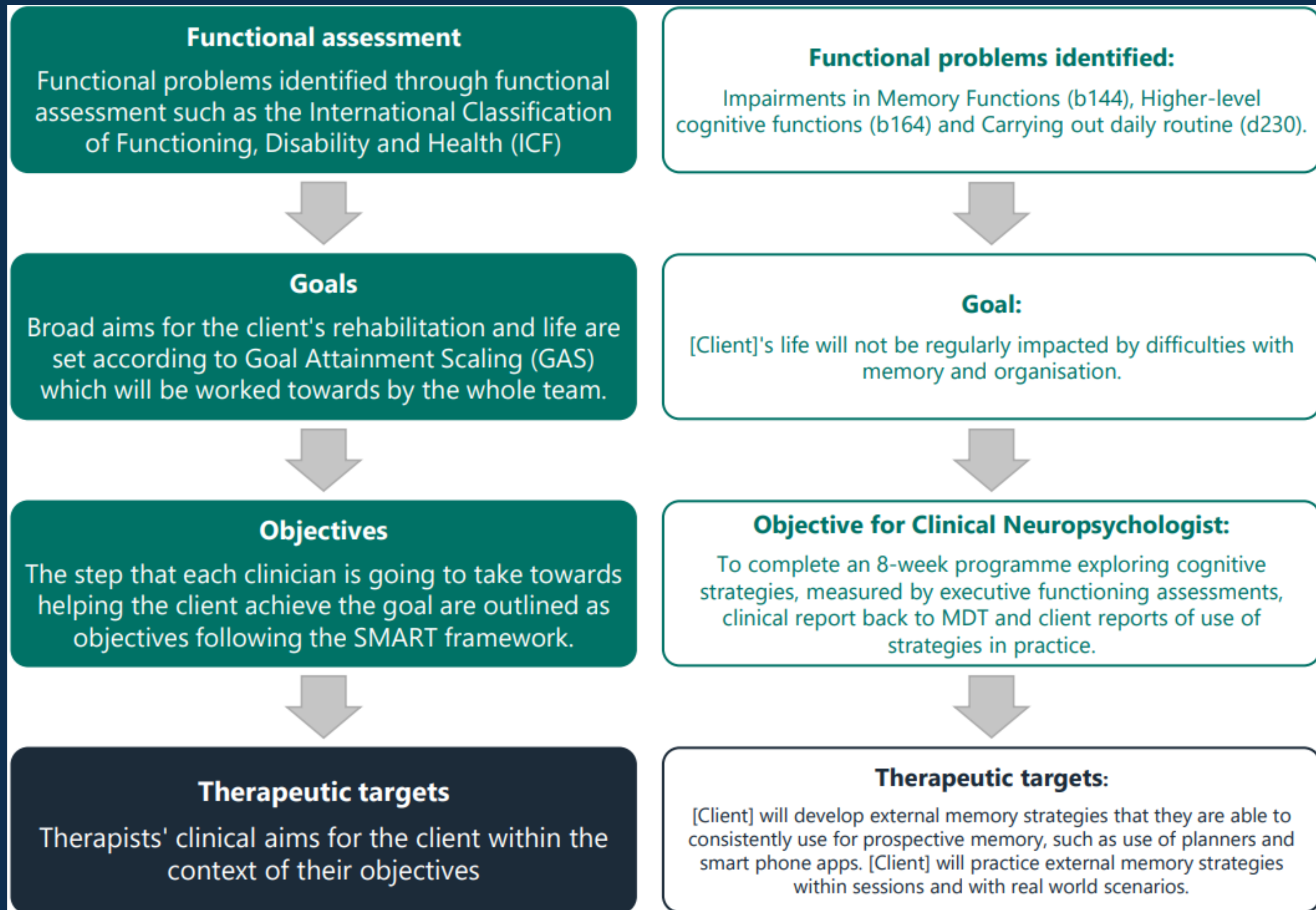
The steps each individual clinician will take towards achieving each goal for that patient.

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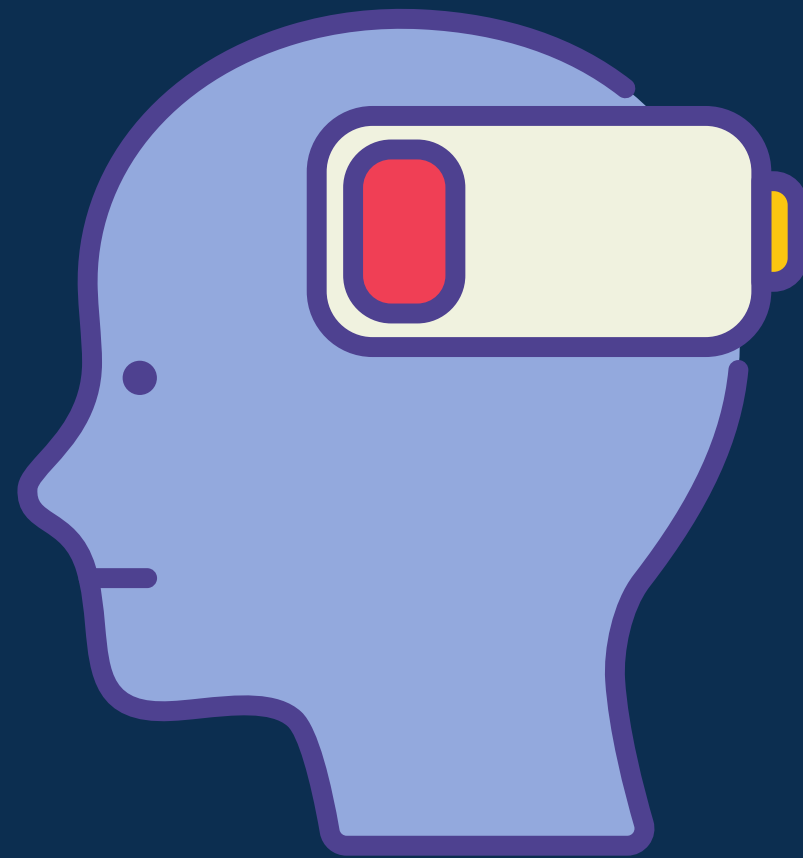
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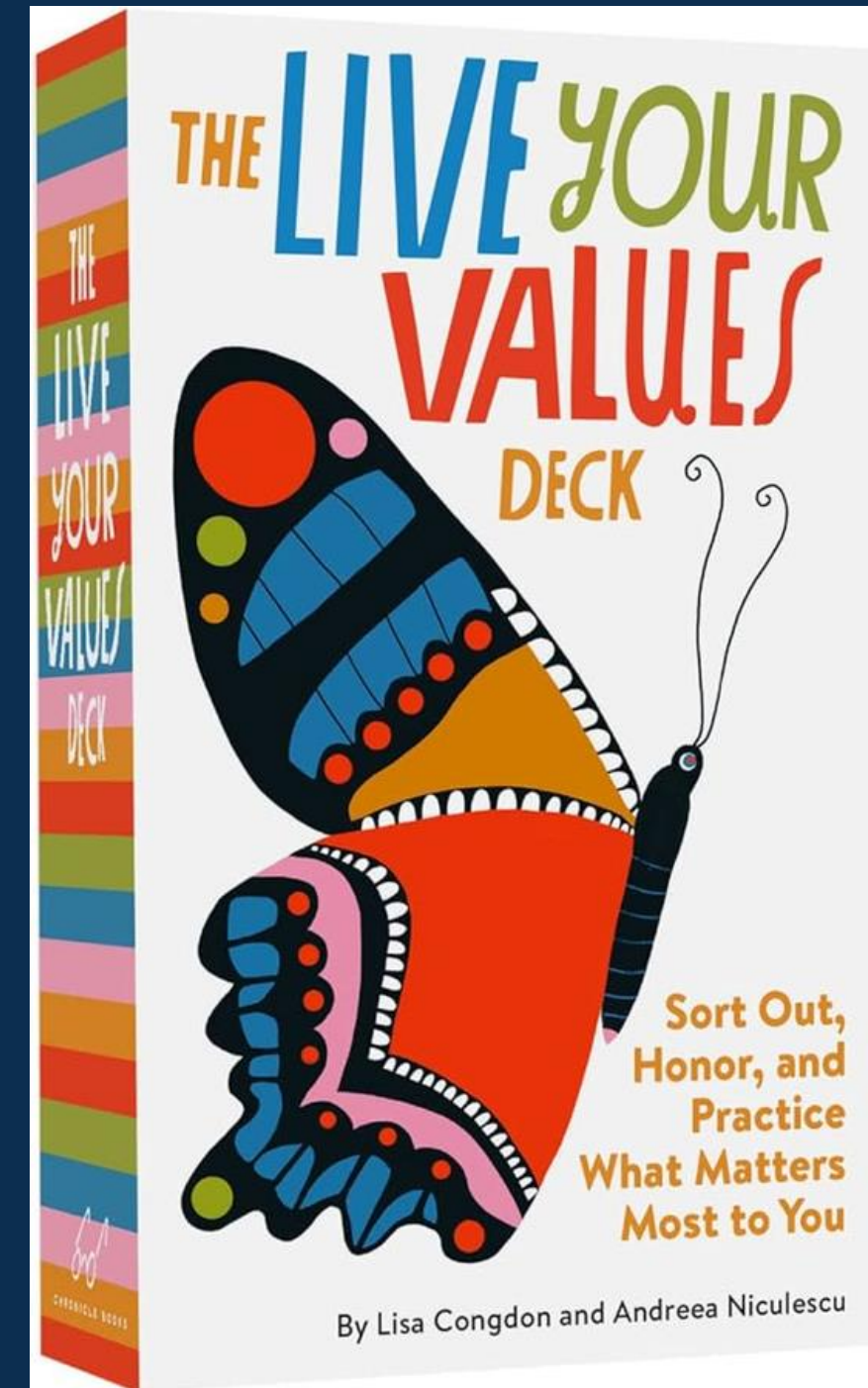
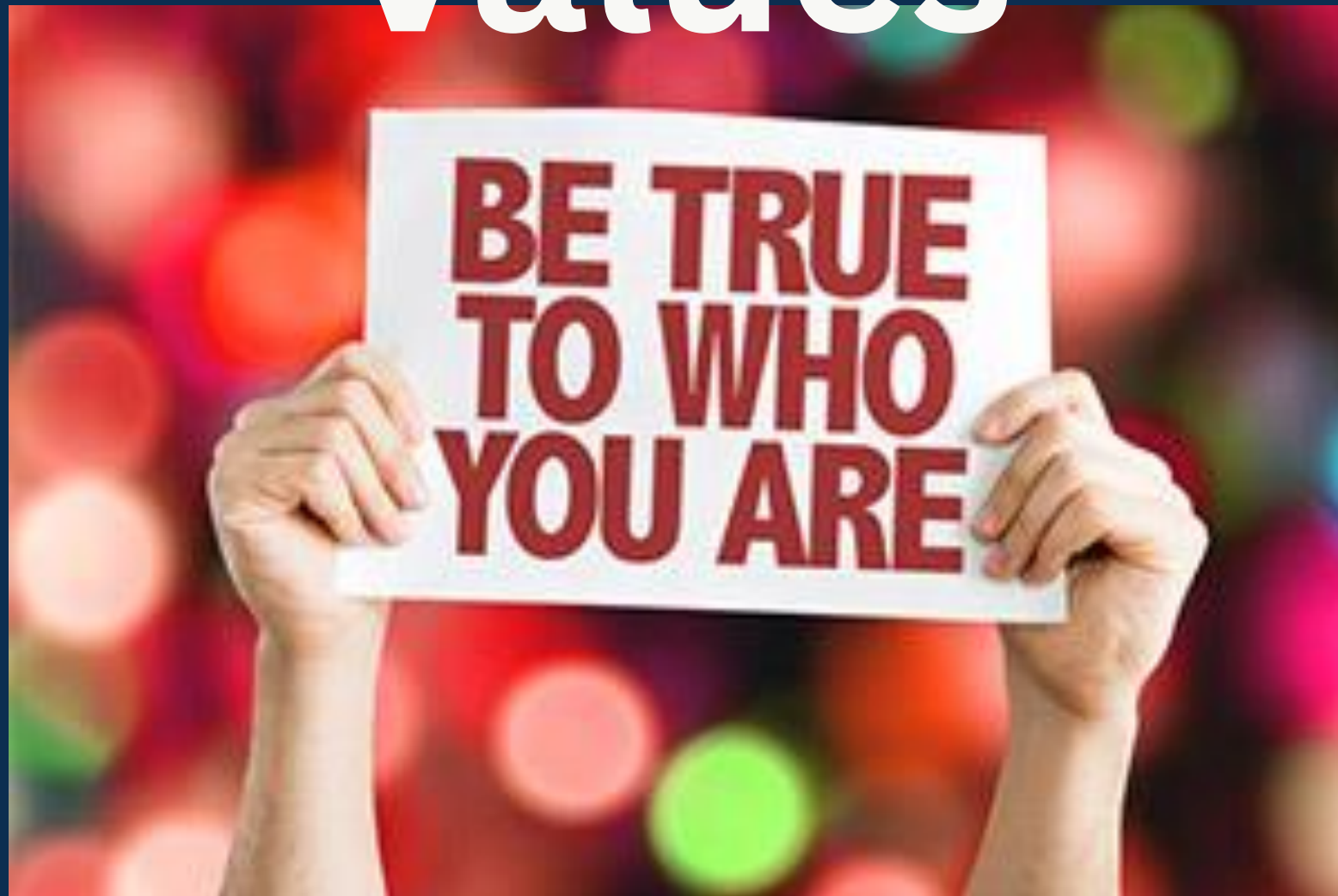
The Price of Productivity?



Other ways to set goals



Live your values



Future



Focussed

Old Life

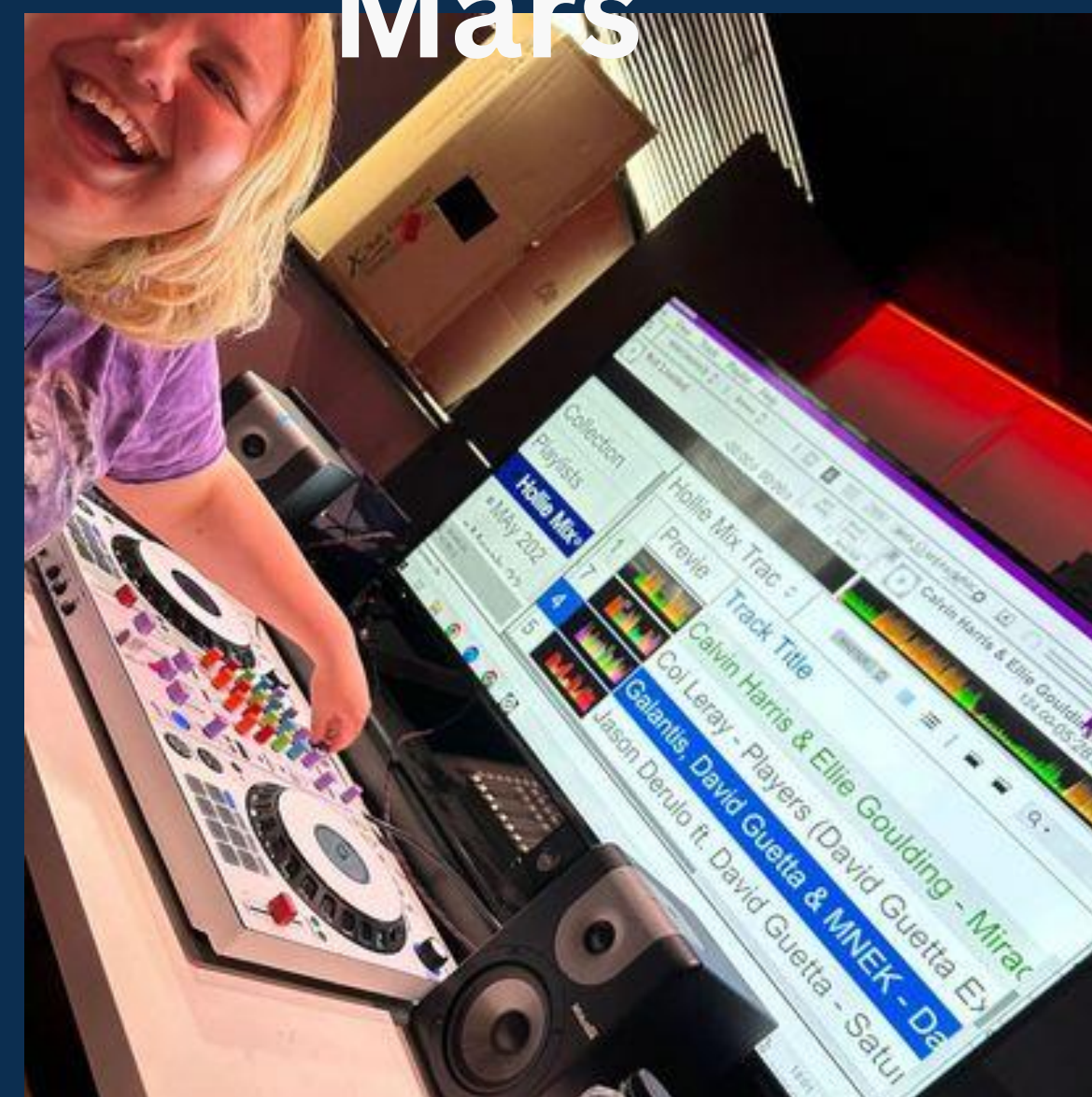
New Life

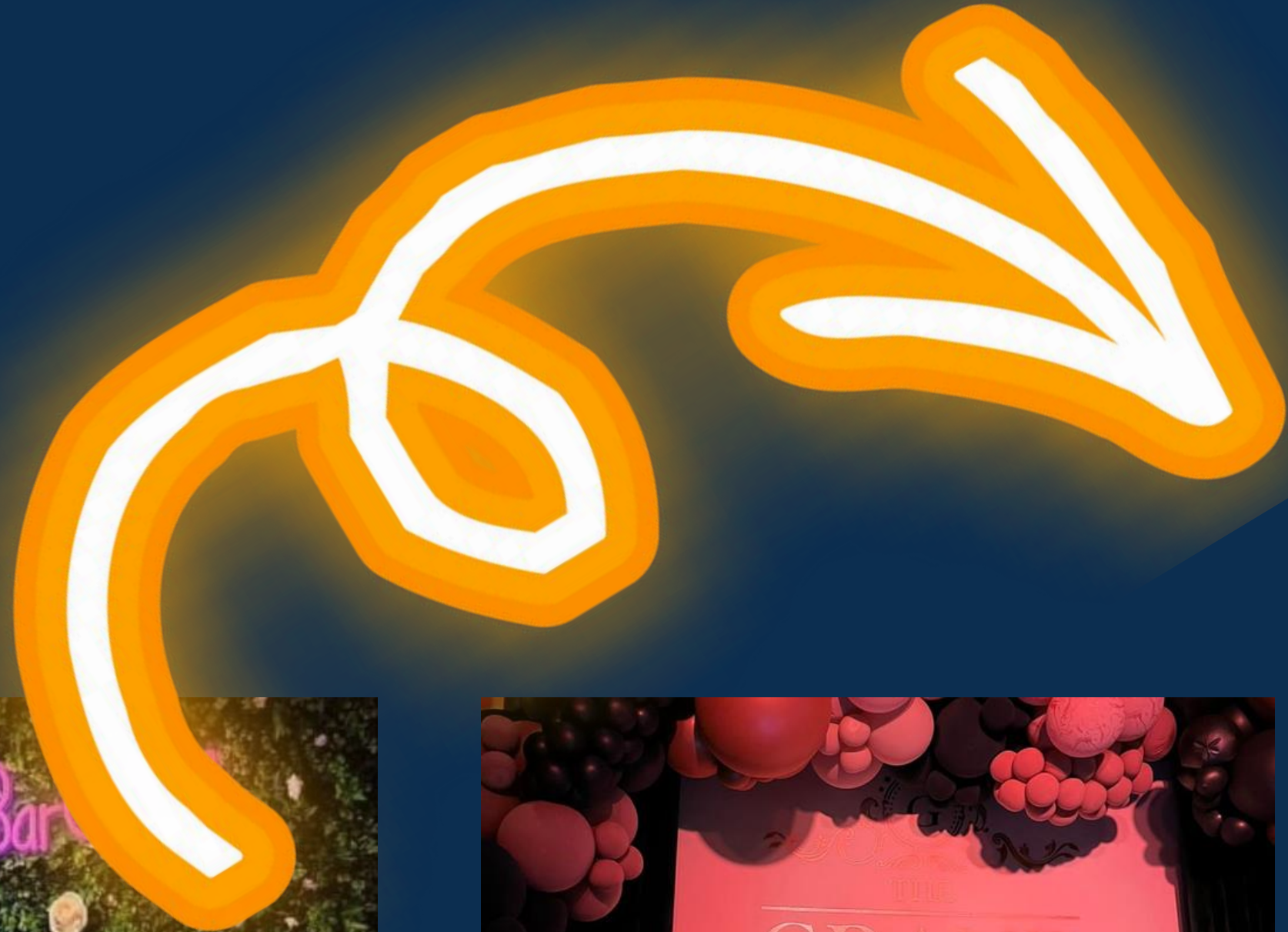


Case Example



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Mars







Thank you

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