

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

Summary: SMARTAAR Goal Process

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

There are 3 steps involved in a SMARTAAR Goal process:

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

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

High quality useful goals should be:

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

6. The SMARTAAR Goal Worksheet

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

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

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

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

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

6.1 Scope and Limitations of the SMARTAAR Goal Worksheet

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

The SMARTAAR Goal criteria include:

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

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

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

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

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

6.1.1 What type of goals can I use it for?

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

6.1.2 How SMART does a goal need to be?

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

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

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

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

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

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

6.1.3 How long will I need to use it?

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

SMARTAAR GOAL WORKSHEET

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

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6.2 How to Use the SMARTAAR Goal Worksheet

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

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

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

6.2.1 Using the SMARTAAR Goal Worksheet: Instructions for CLINICIANS

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

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

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

Table 6 Tips for using SMARTAAR Goal Worksheet

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

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

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

When reviewing this goal, consider the following questions:

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

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

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

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

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

Consider:

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

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

EXAMPLE USING SMARTAAR GOAL WORKSHEET

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

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Summary: Assessing Goal Quality

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

Notes

6.3 PRACTICAL ACTIVITY 1

6.3.1 Instructions

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

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

6.3.2 SMARTAAR WORKSHEET for PRACTICAL ACTIVITY 1

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

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6.4 PRACTICAL ACTIVITY 2

6.4.1 Instructions

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

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

6.4.2 SMARTAAR GOAL WORKSHEET – PRACTICAL ACTIVITY 2

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

7. Putting it All Together

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

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

7.1 Structuring Rehabilitation Plans

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

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

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

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

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

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

7.1.1 Client generated and Client focused Goals in Rehabilitation Plans

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

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

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

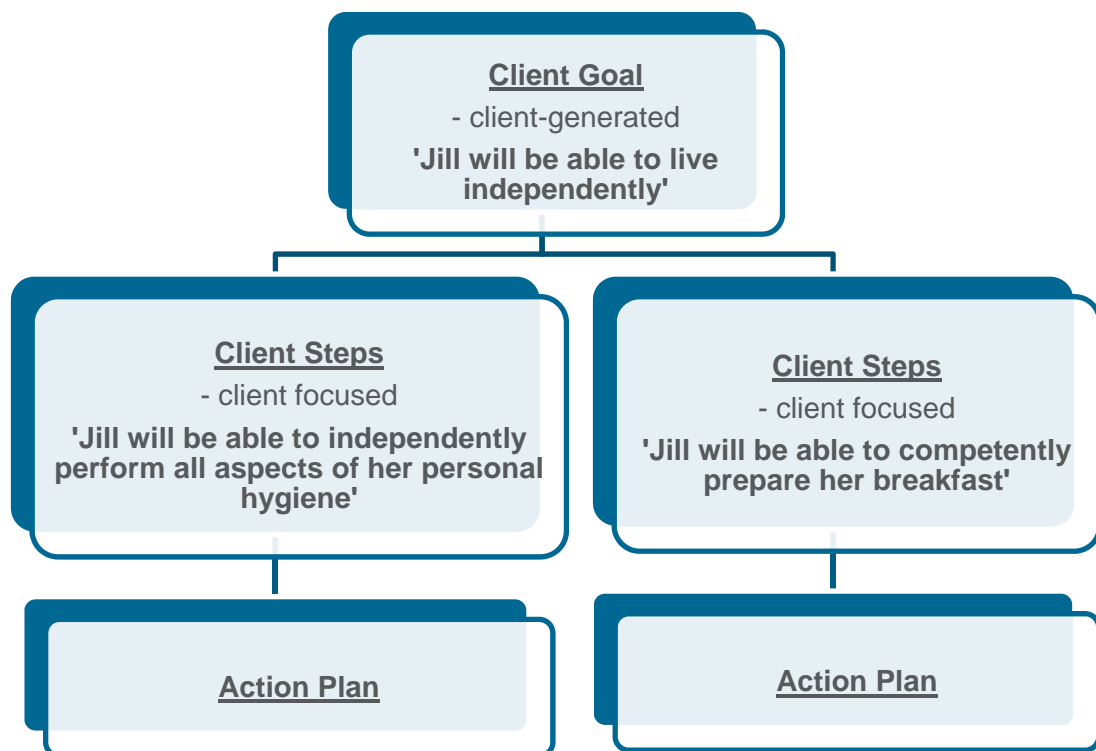
Figure 9 The use of client generated, client focused and clinician generated goals in rehabilitation plans



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

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

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



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

7.2 Template for Rehabilitation Plan Reporting

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

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

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

7.3 Elements of the Rehab Plan Template

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

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

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

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

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

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

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

Achievement rating	
1	Not achieved
2	Partially achieved
3	Achieved

7.4 Instructions for Using Template

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

When reading the templates, please note:

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary: Putting it all together

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

Notes

7.5 PRACTICAL ACTIVITY 3

7.5.1 Instructions

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

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

7.5.2 Case study

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

7.5.3 Worksheets for PRACTICAL ACTIVITY 3

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

Worksheet for PRACTICAL ACTIVITY 3

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

7.6 Practical Activity 4

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

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

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

7.6.1 Instructions

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

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

Consider:

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

REHABILITATION PLAN FOR PRACTICAL ACTIVITY 4:

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

7.7 Developing Team Processes to Facilitate High Quality Goal Setting

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

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

7.8 Goal Setting Processes within Rehabilitation Units / Teams

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

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

The key features of an interdisciplinary goal setting process include:

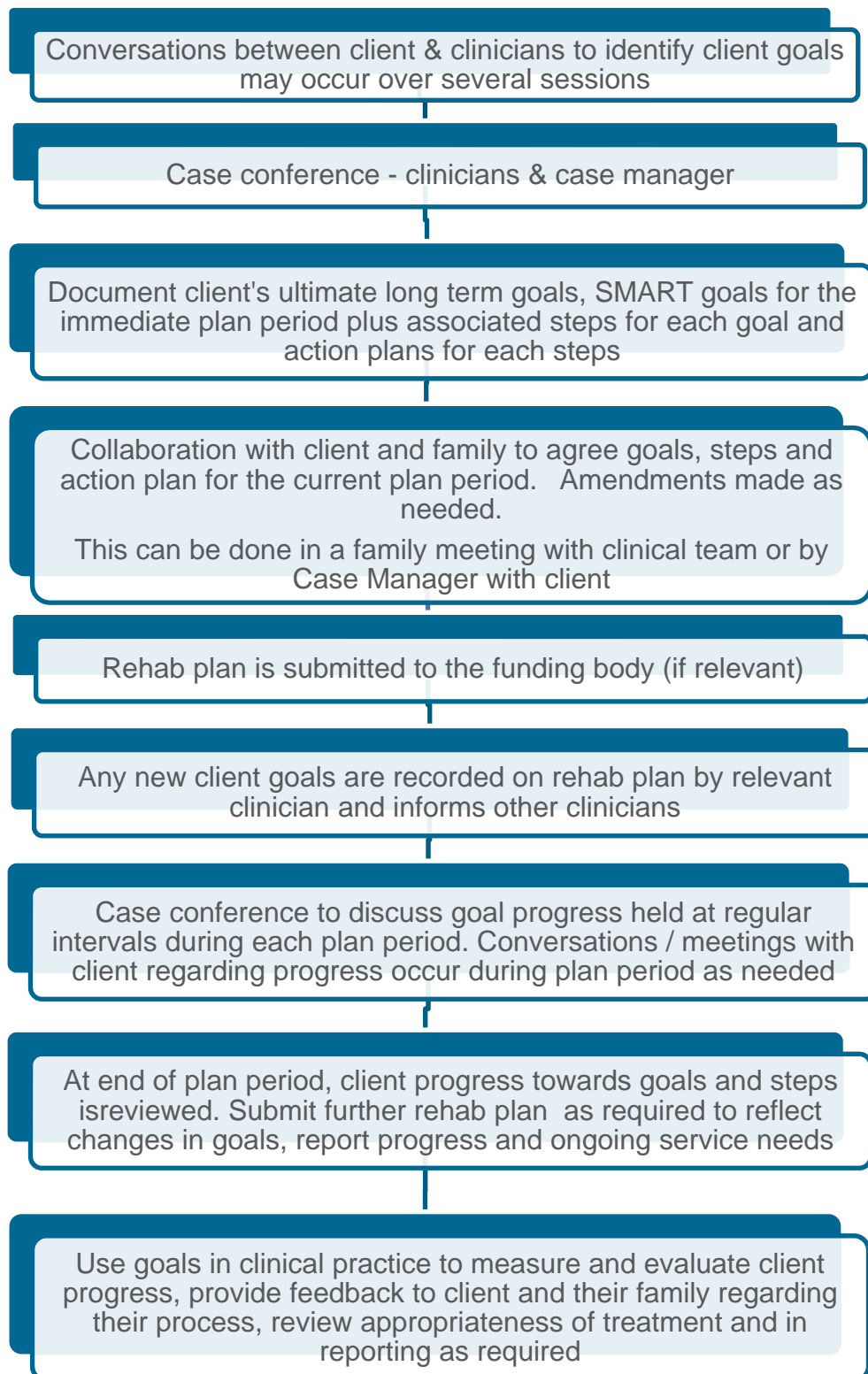
- All clinicians discuss goals with the client, although one person may take the lead
- The client's goals direct the action plan
- More than one meeting with the client may be needed to identify their goal – dependent on client age, nature and severity of injury and adjustment to injury
- Clinicians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

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

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

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

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



7.9 Goal Setting Processes for Single Discipline / Sole Workers

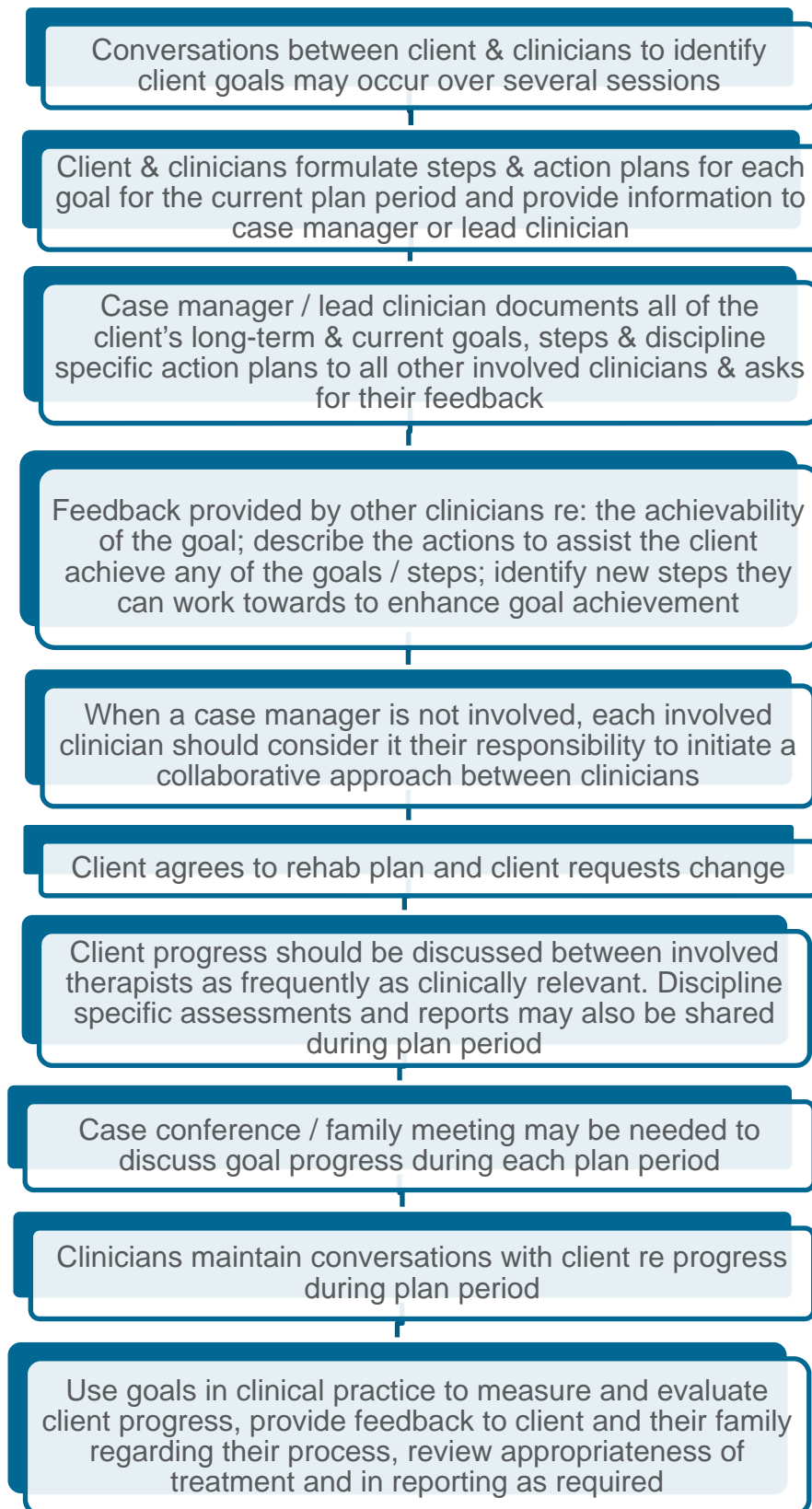
It can be harder to negotiate a 'team' based approach when you work as a sole provider or discipline working with clinicians from different services to meet the needs of clients. There tend to be less face to face meetings with all the clinicians involved. The role of case manager is particularly important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

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

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

An example of this process is outlined in Figure 12.

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



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

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

Summary: Developing Team Processes to Facilitate High Quality Goal Setting

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

Notes

8. Workbook Summary

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

9. References

1. Andrews, K. (1993). Patients in the persistent vegetative state: Problems in their long term management. *British Medical Journal*, 306(6892), 1600-1602.
2. Badge, H. (2012). *Developing and evaluating an assessment to measure the impact and outcome after acquired brain injury*. (Unpublished Master's Thesis). University of Sydney. Sydney. Available: http://ses.library.usyd.edu.au/bitstream/2123/8690/1/Badge_H%20Masters%20Thesis%202012%20signed.02.10.2012.pdf.
3. Barker, D.P., Day, R., & Salas, E. (2006). Teamwork as an essential component of high-reliability organisations. *Health Services Research*, 41(4), 1576-1598.
4. Barns, M.D., & Ward, A.B., (2000). *Textbook of Rehabilitation Medicine*. Oxford: Oxford University Press.
5. Bergquist, T.F. & Jacket, M.P. (1993). Awareness and goal setting with the traumatically brain injured. *Brain Injury*, 9(3), 275-282.
6. Bergquist T.F., Micklewright, J.L., Yutsis, M., Smigielski, J.S., Gehl, C., & Brown, A.W. (2012). Achievement of client centred goals by persons with acquired brain injury in comprehensive day treatment is associated with improved functional outcomes. *Brain Injury*, 26, 1307-1314.
7. Boven'Eerd, T.J., Botell, R.E., and Wade, D.T. (2009). Writing SMART rehabilitation goals and achieving goal attainment scaling: a practical guide. *Clinical Rehabilitation*, 23, 352-361.
8. Brown, M., Dijkers, M., Gordon, W., Ashman, T., Charatz, H., & Cheng, Z. (2004). Participation Objective, Participation Subjective: A measure of participation combining outsider and insider perspectives. *Journal of Head Trauma Rehabilitation*, 19(6), 459–481.
9. Cole, C. (2001). *Leading work teams in supervision; the theory and practice of first-line management*. Frenchs Forest: Prentice Hall.
10. Dalton, C., Farrell, R., de Sousa, A., Wujanto, E., McKenna-Slade, A., Thompson, S., Liu, C., and Greenwood, R. (2012). Patient inclusion in goal setting during early inpatient rehabilitation after acquired brain injury. *Clinical Rehabilitation*, 26(2), 165-173.
11. Deming, W.E. (1993). *The New Economics for Industry, Government, and Education*, Cambridge: MIT.
12. Doig E., Fleming J., Cornwell P.L., & Kuipers P. (2010). Qualitative exploration of a client-centre, goal-directed approach to community-based occupational therapy for adults with traumatic brain injury. *The American Journal of Occupational Therapy*, 64, 559-568.
13. Fuhrer, M.J. (1994). Subjective well-being: Implications for medical rehabilitation outcomes and models of disablement. *American Journal of Physical Rehabilitation*, 73(5), 358-364.
14. HealthInsite. (2010). *Rehabilitation for brain injuries*. Retrieved from http://www.healthinsite.gov.au/topics/Rehabilitation_for_Brain_Injuries

15. Johnston, M.V., Goverover, Y., & Dijkers, M. (2005). Community activities and individuals' satisfaction with them: Quality of life in the first year after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 86(4), 735–745.
16. Kuipers, P., Foster M., Carlson G., et al. (2003). Classifying client goals in tertiary ABI rehabilitation: A taxonomy for profiling service delivery and conceptualizing outcomes, *Disability and Rehabilitation*, 25(3), 154-162.
17. Levack, W.M.M., Dean, S.G., McPherson, K.M., & Siegert, R.J. (2006). How clinicians talk about the application of goal planning to rehabilitation for people with brain injury – variable interpretations of value and purpose. *Brain Injury*, 20(13-14) 1439-1449.
18. Lewin, S.A., Skea, Z.C., Entwistle, V., Zwresnstein, M., & Dick, J. (2001). Interventions for providers to promote a patient centred approach in clinical consultations. *Cochrane Database of Systematic Reviews*, 4: CD003267.
19. Lifetime Care and Support Authority of NSW. (2012). LTCS Case Management Expectations. Retrieved from http://www.lifetimecare.nsw.gov.au//Case_Management.aspx
20. Locke, E.A. (1966). Toward a theory of task motivation and incentives. *Organisational Behaviour and Human Performance*, 3, 157-189.
21. Malec, J.F. (1999). Goal attainment scaling in rehabilitation. *Neuropsychological Rehabilitation*, 9, 253-275.
22. Melvin, J.L. (1980). Interdisciplinary and multidisciplinary activities and the ACRM. *Archives of Physical Medicine and Rehabilitation*, 61, 379-80.
23. Mogensen, L. (2008). The development, content validity and interrater reliability of the SMART-Goal Evaluation Method: a new rating scale of evaluation clinical treatment goals, *Australian Occupational Therapy Journal*, 55, 149-159.
24. Minnes, P., Carlson, P., McColl, M.A., Nolte, M.L., Johnston, J., & Buell, K. (2003). Community integration: A useful construct, but what does it really mean? *Brain Injury*, 17(2), 149-159.
25. Nijhuis, B.J.G., Reinders-Messellink, A.R., de Blecourt, A.C.E., Boonstra, A.M., Calarme, E.M., Groothoff, J.W., Nakken, H., & Postema, K. (2008). Goal setting in Dutch paediatric rehabilitation. Are the needs and principle problems of children with cerebral palsy integrated into their rehabilitation goals? *Clinical Rehabilitation*, 22, 348-363.
26. NSW Health. (2012). *Rehabilitation Redesign Project*. Sydney: NSW Health.
27. Playford, E.D., Siegert, R., Levack, W., & Freeman, J. (2009). Areas of consensus and controversy about goal setting in rehabilitation: a conference report. *Clinical Rehabilitation*, 23, 334-344.
28. Pollock, N. (1993). Client centred assessment. *American Journal of Occupational Therapy*, 47, 298-301.
29. Powell, T., Partridge, T., Nicholls, T., Wright, L., Mould, H., Cook, C., Tatter, S. (1994). An interdisciplinary approach to the rehabilitation of people with brain injury. *British Journal of Therapy and Rehabilitation*, 1, 8-13.
30. Scobbie, L., Dixon, D., & Wyke, S. (2011). Goals setting and action planning in the rehabilitation setting: development of a theoretically informed practice framework', *Clinical Rehabilitation*, 25, 468-482.

31. Sivaraman Nair, K.P. (2003). Life goals: The concept and its relevance to rehabilitation. *Clinical Rehabilitation*, 17, 192-202.
32. Shut, H.A., & Stam, H.J. (1994). Goals in rehabilitation team work. *Disability and Rehabilitation*, 16, 223-226.
33. Soberg, H.L., Finset, A., Roise, O., & Bautz-Holter, E. (2008). Identification and comparison of rehabilitation goals after injuries: an ICF analysis of the patients' physiotherapists' and other allied health professionals' reported goals. *Journal of Rehabilitation Medicine*, 40, 340-346.
34. Oxford University Press. (2003). *The Australian Modern Oxford Dictionary* (2nd ed.). Melbourne: Oxford University Press.
35. Transport Accident Commission & WorkSafe Victoria. (2012). *Clinical Framework for the Delivery of Health Services*. Victoria: author.
36. Turner-Stokes, L. (2009). Goal attainment scaling (GAS) in rehabilitation: a practical guide. *Clinical Rehabilitation*, 23, 362-370.
37. Turner-Stokes, L., Williams, H., & Johnson, J. (2009). Goal attainment scaling: does it provide added value as a person-centred measure for evaluation of outcome in neurorehabilitation following acquired brain injury? *Journal of Rehabilitation Medicine*, 4, 528-535.
38. Van den Broek, M.D. (2005). Why does neurorehabilitation fail? *Journal of Head Trauma Rehabilitation*, 20, 464-473.
39. Wade, D.T. (1998). Evidence relating to goal planning in rehabilitation. *Clinical Rehabilitation*, 12, 273-275.
40. Wade, D.T., & de Jong, B.A. (2000). Recent advances in rehabilitation. *British Medical Journal*, 320, 1385-1388.
41. Wade, D.T. (2009). Goal setting in rehabilitation: an overview of what, why and how. *Clinical Rehabilitation*, 23, 291-295.
42. Webb, P.M., & Glueckauf, R.L. (1994). The effects of direct involvement in goal setting on rehabilitation outcome for person with traumatic brain injuries, *Rehabilitation Psychology*, 39, 179-188.
43. World Health Organisation (2001). International classification of function, disability and health. Geneva: World Health Organisation.

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

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

*Includes current and previous members

Appendix B: Project Steering Committee Members*

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

*Includes current and previous members

Appendix C: Project Management Team*

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

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