Writing Goals in My Plan

Writing goals and measuring outcomes are critical aspects of managing complex rehabilitation programs and maximising progress.

Approaches to goal setting vary widely depending on the context. A common theme across all current goal literature is the importance of person-centred practice in goal development.

For some time, SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound) goals have been considered gold-standard for presenting goals in rehabilitation plans across the NSW severe injury-management sector. In reviewing the current My Plan Toolkit, we have explored if this writing style continues to meet our participants' needs or whether we should adopt a more flexible approach to how goals are written. Some key considerations were:

- What are the best types of goals for people with a recent catastrophic injury?
- What are the best types of goals for slow-stream rehabilitation?
- What are the best types of goals for people who have progressed past their active rehabilitation and are living with a disability?
- Do SMART goals adequately support a person-centred approach to goal setting and planning?

The following pages present some key principles and concepts in goal setting and planning with people with severe injury/disability. The information presented is not intended as prescriptive nor as a comprehensive systematic review but to present some ideas to prompt consideration of the best approach to meet an individual participant's needs.

This Information Sheet also provides some explanation for the way goals are incorporated in the My Plan template:

1. **Aspirational goals are identified early in Plan development**
2. **Each plan goal needs only to be written once** (there is no need to write two goals – one for "the person's goal" and another for a case manager-generated or SMART goal).

Aspirational Goals	Also referred to in the literature as "global goals", "long term goals", "hopes and dreams". Aspirational Goals allow the person to begin their Plan Development by expressing their longer-term aspirations and hopes. While these may not be realistic in the short term (if ever), they will influence what the person identifies as goals for the plan period.
Plan Goals	The participant (usually in collaboration with their case manager or planning facilitator) identifies their goals for the plan period. Goals can be presented as: • the person's own words (for some or all goals) • an agreed goal following a discussion between the person and the case manager (that still reflects the person's expressed goal) • a case manager-generated goal (for some or all goals) • a goal is written in a specific style (e.g. SMART, RUMBA, Stretch) that the person and case manager feel is meaningful, useful and appropriate

The My Plan review identified that:

- goals were an excellent opportunity to present the participants' “voice” – improving ownership of the plan and improving icare staff’s understanding of the person and their priorities when reviewing requests
- case manager-generated goals were often needed to help justify requests for services when the person was unable or unwilling to identify a related goal
- plans which represented the person’s goals into SMART goals; while not problematic, they did not add value nor enable easier decision-making of the Request for Funding
- SMART goals did not, by themselves, enable outcome measurement. Therapy progress reports, outcome ratings and case manager notes on progress towards the My Plan goals provided a more meaningful summary of outcome/s and justification for future planning and service requests

Principles for Writing Goals in My Plan

Principles that underpin developing and presenting goals in the context of catastrophic injury and life-long disability – a summary from literature and My Plan review

1. Person-centred practice

When done well, goal setting supports person-centred practice. And person-centred practice demands the involvement of the person in their goal setting.

- Goals should be personally meaningful, important, relevant, and motivating (1,14). There is a positive correlation between perceived goal importance and goal commitment (2).
- A person’s active engagement in their goal setting and treatment planning is a central factor in developing self-management skills and social participation. It promotes autonomy and improves plan adherence and rehabilitation satisfaction.
- Structured goal setting methods can increase a person’s perception of their level of involvement in clinical decision-making (3). The My Plan Framework provides a structure for goal setting and Plan Development.

2. Phase on rehabilitation continuum

Regardless of what phase on the rehabilitation continuum a person is in (i.e. early recovery – returning to activity and participation - maintaining a new way of life), everyone should be offered and encouraged maximal engagement in goal setting. However:

- for some people, person-led goal setting may not be desirable during the early stages of recovery. Some people expect/need goal setting during acute recovery to be led by their rehab team (9, 11)
- the beneficial effects of guidance from legitimate experts cannot be underestimated (4) (this was a strong message heard from icare’s Participant Reference Groups)
- in later stages, people may be more able/inclined to identify personally significant goals
- flexibility and individuality are critical across the rehabilitation continuum when there is a need for different approaches in goal setting to be used depending on:
    - the stage of rehabilitation and
    - the situation and
    - individual characteristics of the person and their family (9)

Reluctance or inability to contribute to personal goals at one time must not be assumed to be the case for subsequent planning.

People can develop engagement in goal-setting and may become more involved as they see their progress towards goals over time.

3. Measuring outcomes

Measuring, reporting and comparing outcomes are essential to overall rehabilitation outcomes and making informed choices and decisions – by the injured person, their treatment team and funders.

Measuring progress involves the person self-reflecting on progress towards goals as well as receiving and understanding feedback from others such as family, treatment providers, and case managers.

Goal achievement (e.g. Goal Attainment Scaling; goal outcome rating) is a valuable outcome measure in rehabilitation and can help determine the effectiveness of rehabilitation interventions. Goal achievement, however, is only a useful measure of an outcome if the goal is realistic and achievable (per SMART goals). If, however, other goal types were used (e.g. aspirational, "stretch", or person-led), then the outcome may not be the achievement of the goal but progress towards the person being able to reflect on and amend their goals as they develop insight and acceptance.

"Non-achievement" of a goal may not accurately reflect the effectiveness of the services provided to support the goal. Still, it may be a helpful conversation starter in helping the participant move to a more realistic goal for the next plan. Therefore, goal outcome measurement needs to be used and understood in the context of the type of goal used in the plan

We shouldn't be afraid of "unrealistic" goals. They can provide a different kind of opportunity – to help people reflect on the goal and help develop insight, adjustment/acceptance and self-awareness.

The challenges for case managers are to ensure:

- plans have a balance of realistic and unrealistic goals to avoid a sense of failure
- services requested are appropriate in the person's circumstances and
- services requested don't support unrealistic goals.

"*Allowing difficult stretch goals alongside 'realistic' goals during goal negotiation might be helpful to increase insight into, and acceptance of, limited recovery*" (2)

4. Holistic planning – include goals beyond just therapy

Plans should, where possible, include goals across all participation domains rather than being limited to therapeutic outcomes.

Using the International Classification for Function and Health (ICF) activity and participation domains as broad goal categories will promote the inclusion of whole-of-life goals and avoid missing important goal areas, such as interactions, relations and social and civic life. (3)

Many people appreciate the inclusion of relevant goals that address the psychosocial components of their everyday life, such as family issues, employment, change of roles and independence in life outside the therapeutic setting.

Case managers need to consider and include informal strategies in plans where the supports to achieve these goals sit outside of “treatment, rehabilitation and care”.

5. Goals are about more than just the goal & its achievement

Goal setting is a central component of effective rehabilitation practice. Beyond assisting with measuring progress and outcomes, goal setting is a vital tool for:

- supported decision-making
- identifying gaps in health literacy
- understanding where the person is up to in their adjustment/acceptance of their disability
- promoting engagement in the rehab process (9)
- communicating expectations
- explaining the roles and limitations of relevant funders and community supports – to help manage expectations

Goal setting helps to identify the person’s needs, values and expectations regarding rehabilitation and has a therapeutic effect beyond the goal itself, such as improved awareness of and adaption to disability. (11)

6. Plan preparation before developing goals

As with any plan development, people need time to think about why they need a plan and what they might like/need to include in the plan. Considerations to include in effective rehabilitation plan preparation include:

- How are things going for me?
- How well have my services supported my progress?
- How well did I adhere to my own obligations in achieving my goal?
- What progress have I made? What are my therapists saying about my progress?
- Am I happy with my service providers and other supports?
- What involvement do I want in my next plan development? Can I do more for myself this time?

People need adequate plan preparation time, prompts and guidance before embarking on goal setting for their next plan.

People should be encouraged to consider their beliefs, aspirations and attitudes before commencing plan development, as this assists people in identifying more specific goals for the plan period. (1)

7. Health Literacy and goal setting in neurological rehabilitation

Goal setting is an integral part of neurological rehabilitation.

Individuals with ABI need to understand their injury/disability and the rehabilitation process to enable them to make decisions related to their goals. Their level of understanding will change over time, and therefore the decisions they make about their goals may also change over time.

Communication between the rehabilitation professional and the person with ABI is central in goal setting. It has a key role in improving health literacy and engagement in preparing, developing, and implementing rehabilitation plans.

Rehabilitation professionals should utilise a range of tools to support participation of individuals, particularly those with greater communication or cognitive deficits, in the identification and setting of meaningful and challenging goals. Prescribed, specific and challenging goals can improve performance on simple tasks for people with ABI (9). "*This is in congruence with motivation theory by Locke whereby striving toward difficult goals may bring better results*." (9)

Five themes have been described for effective goal setting with people with cognitive and/or communication difficulties: **flexibility, trusting relationships, enabling empowerment, techniques for one-to-one interaction, and involving relatives**. (6) Specific and sufficient support for decision-making, as well as enough time, will help maximise participation in goal setting for people with communication and/or cognitive impairment.

In neurological rehabilitation, the goal-setting process should not be rigid but an evolving and individual practice that should be individually adapted to the (changing) needs of the person during the rehabilitation continuum. (6)

Using Specific Types of Goals

The My Plan Toolkit and Manual do not prescribe which type of goal must be used. Case managers and planning facilitators are encouraged to consider goal format in the context of:

- What will work best for the participant to maximise their engagement in, and ownership of, their plan?
- Which format/s will best support measurement and reporting of progress?
- Which format/s will most positively impact the quality of the overall plan?
- Which goal format/s will best promote the participant's self-reflection and self-assessment of progress when we come to our next round of Plan Preparation?
- What other reports and documentation will be available to support the My Plan, which may also include goals – perhaps of a more specific, measurable nature? (e.g. therapy progress reports)

A quick Internet search on "writing goals" will reveal a wealth of publications, theories and opinions. Literature regarding writing goals for rehabilitation purposes also contains many and varied goal formats to support the varying needs of individuals. Rather than prescribe a specific goal format for all participants in Lifetime Care and Workers Care, we encourage case managers and planning facilitators to understand the options available and their application. We ask case managers and planning facilitators to select the goal format that best suit the needs of the individual and the plan they are collaboratively developing.

My Plans may include one or more styles and types of goals.

1. Aspirational goals v targeted goals

Terms such as "aspirational", "global", and "long-term" are used interchangeably to describe roughly the same type of goals.

They are used to make a distinction between "meaningful overall goals" and "concrete targeted goals" (5) in plans. They promote the concrete targeted goals being anchored to what is most meaningful to the person and can allow better measurement/demonstration of incremental progress toward the person's overall goal.

Past iterations of aspirational versus targeted goals have been goals versus objectives and long-term versus short-term goals. There is a move away from the term "long-term goals", as this generally implies goals that need to be achieved by the end of a series of rehabilitation programmes (15) rather than a person's hopes and dreams.

Global or aspirational goals usually target achievement at the level of participation (e.g. community or work integration). In the early stages of recovery, these goals will frequently be informed by pre-injury roles and

activities such as returning to work, family/home responsibilities, or driving, which may no longer be “realistic”. Clinicians have stressed the importance of valuing these global goal areas to really hear and know a person, establish and maintain trust and facilitate engagement in therapy. (13)

Targeted goals generally imply a more specific goal for a more foreseeable future. They are frequently more measurable and are therefore easier to report against.

Targeted goals take many forms and formats, the most common being SMART.

2. SMART Goals

Specific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound

Long considered the gold standard in writing goals in a rehabilitation setting, SMART goals still have a place in plan development. Many case managers and therapists continue to use these with great success. Those clinicians that find the SMART structure useful when working with participants can continue to present goals in this way.

However, there is no published evidence to suggest we should use SMART goals over any other type of goal. Consider:

Do goals need to be **S**pecific?	Does changing the participant's words into something more “specific” undermine the person-centred approach and reduce a sense of ownership of the goal? Will being “specific” mean we end up with too many goals?
Do goals need to be **M**easurable?	Or are there other ways to observe, reflect on, measure and report progress towards the goals?
Do goals need to be **A**chievable?	Or does progress towards a demanding goal (while not necessarily attaining it) bring about positive outcomes and help participants become more involved in the process? (5) Do aspirational goals play an important part in sustaining motivation to keep striving and working at rehabilitation? (5)
Do goals need to be **R**elevant?	Relevant to what? They certainly need to be meaningful to the person.
Do goals need to be **T**ime-bound?	Or does a fixation on short term achievement reduce the potential for long term recovery and adaptation – an important aim of rehabilitation? (5) And to what extent can we predict what progress is likely to be achieved in a specified period of time? We work in slow-stream rehabilitation, where people can continue to improve for at least 8 to 10 years following a serious injury. (14)

When done well, SMART goals can help people focus on achievable outcomes in an expected timeframe, which can motivate some people. They also allow for specific outcome measurements. The process of developing SMART goals with a participant can promote conversations around realistic recovery expectations and what are reasonable supports to request to help achieve those recovery goals.

3. Open Goals

The key difference between SMART goals and Open goals is where your focus is. (8) With an open goal, your focus is on the starting point, while a SMART goal encourages you to look to where you want to be (and what you believe you can realistically achieve) in the future.

When the future is somewhat unknown (hard to predict), or when a person is not yet ready to accept what the future holds, focusing on "being the best that I can be with….." may be more motivating than a SMART goal – often constructed by someone else. Open goals can place less pressure on the person, (7,8) can reflect more truly on their own thinking/words, and in early rehabilitation is often all they can realistically propose as their goal.

Rather than following an acronym-based structure, Open goals may look more like:

- "I want to walk as best as I can."
- "I want to recover my memory, so I'm like I was before."
- "I want to get the best grades at school that I can, so I have more work options afterwards."

Open goals still require clinicians/case managers to measure and report on progress but removes the requirement to objectively state a goal "was not achieved" despite progress having been made towards it. This approach also enables case managers/clinicians to talk about slowing and plateau in progress when observed and prepare the person for when the supporting services will be discontinued.

Open goals are not suited to all domains of function and not suited to all people. Some people need a time-bound goal to increase their personal commitment to the goal. For example, "I will complete my 120 hours of supervised driving practice with Mum by June so that I can go for my driver's license".

4. Stretch Goals

Stretch goals are intentionally set at levels that are "*seemingly unattainable with present resources*". (2) They may seem "unrealistic" or "unachievable" but are designed to inspire motivation and to think beyond self-limiting assumptions about disability.

The terms "unrealistic" and "unachievable" have negative connotations, while "stretch" implies ambition.

Stretch goals are frequently used in a workplace/career development context. Caution is required when using stretch goals, as some theorists believe that they can be emotionally harmful to some people. The psychological manifestations of not achieving goals potentially being more damaging than not having any goals at all. (4)

Others suggest that allowing difficult stretch goals alongside 'realistic' goals during goal negotiation might be helpful to increase insight into and acceptance of limited recovery. (2)

Motivating "stretch" goals should not be confused with unrealistic goals borne from lack of insight or non-acceptance of disability. Case managers need to understand what is influencing the generation of the goal, not just hear the goal itself.

Case managers are encouraged to consider stretch goals and use them cautiously for selected participants. When stretch goals are used, case managers should actively guide and support participants during goal outcome rating to ensure they understand why a stretch goal may not receive an 'achieved" rating.

Therapy goals v My Plan goals

My Plan is the person's plan outlining:

- their aspirations,
- what they want to achieve in the plan period,
- what personal commitment they will make to achieving their goals, and
- what services and supports they and their case manager feel might help with goal achievement.

Therapy treatment plans focus more on what that specific intervention can contribute to a specific aspect of the Plan.

While all therapy services requested in My Plan are expected to be linked to one or more of the person's goals, it is not expected that all specific therapy goals will necessarily be included in My Plan.

To help track progress – and therefore assess the efficacy of specific treatment strategies, treating clinicians will often develop more specific goals presented in a treatment plan and reported on in a Progress Report.

SMART goals may be applicable in this context – as treatment goals are often more specific, measurable & time-bound. Experienced therapists will sometimes include the My Plan goals in their therapy plan, with more specific therapy goals underneath.

In the context of complex, multi-disciplinary, slow-stream rehabilitation, it is helpful to see therapy progress reports submitted with My Plan requests as the outcomes measured and described across these various reports all assist with decision-making for future funding.

Barriers & Facilitators to Goal Setting

The knowledge, experience, skill, and engagement with goal-setting – of the injured person and the case manager – can be either a barrier or a facilitator, depending on how these qualities are absent or present.

Other factors have been described as barriers and facilitators to achieving effective goal setting in plan development for people with severe injury and/or complex needs.

Barriers to goal setting (3, 6, 10, 11, 13):

- a mismatch between the person's and the case manager's perspective
- lack of confidence by the case manager to manage participant/family expectations
- level of injury-related impairment and ability to express preferences
- lack of time – feeling rushed to develop a plan without adequate preparation and reflection
- lack of knowledge around the injury and the recovery pathway/prognosis
- unfamiliarity with goal setting as a process, and inability to engage with the related conversations
- reluctance to share personal goals with others
- feeling obliged to take a passive role
- fear of challenging perceived professional power or knowledge – not feeling they can participate in goal setting on equal terms with health professionals
- not feeling ready to play a role in goal setting - being too ill, incapacitated, and/or uninformed about their condition
- case managers' inexperience with person-centred goal setting

Facilitators to goal setting [3,6, 10, 11, 13]:

- early, frequent, active communication with the injured person and their family
- individually tailoring the goal-setting process
- effective, confident and encouraging staff
- education of participants and families – injury; injury-management; rehabilitation; services; etc
- providing support and educational materials to promote independent learning
- adequate time to reflect, plan and consider feedback
- active prompting to help think outside of therapy-goals
- appropriate selection of goal presentation
- strategies to avoid disappointment and a sense of failure when reviewing progress
- a trusting therapeutic relationship
- an open, comfortable, non-judgmental attitude and atmosphere
- continuous evaluation of progress towards goals and revision of goals if necessary
- being aware of the phase on the rehabilitation continuum the person is at, and the likely impact on goals
- allowing “relaxed” wording of goals
- identifying and understanding the personal motivation behind goals
- ownership of goals – and recognition of goals as being their own when reviewed in the future
- developing a collaborative partnership that enables the participant to feel that they can safely share information about their individual experience of injury and their identity pre and post-injury
- being sensitive to family influences and dynamics
- using language that the person understands
- being open, honest and transparent and valuing the person’s expertise.

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