



Honors College Theses

4-12-2022

Participants' Satisfaction with Functional Treatment Goals

Ricki M. Botsford
Georgia Southern University

Follow this and additional works at: <https://digitalcommons.georgiasouthern.edu/honors-theses>



Part of the [Communication Sciences and Disorders Commons](#)

Recommended Citation

Botsford, Ricki M., "Participants' Satisfaction with Functional Treatment Goals" (2022). *Honors College Theses*. 728.

<https://digitalcommons.georgiasouthern.edu/honors-theses/728>

This thesis (open access) is brought to you for free and open access by Digital Commons@Georgia Southern. It has been accepted for inclusion in Honors College Theses by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.

Participants' Satisfaction with Functional Treatment Goals

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in
Rehabilitation Sciences

By

Ricki Botsford

Under the mentorship of Dr. April Garrity

Abstract

Goal writing is an important part of treatment and helps guide SLPs' plan for their clients. Goals need to be individualized and relevant to the client's life. One type of goal that focuses on being specific to the client's life is functional goals, which is based on the ICF. The LPATS is a method for writing functional goals that was developed with the ICF in mind. The student clinician participants were taught to use LPATS with adult aphasia clients and were surveyed and interviewed on the method's feasibility. The survey scores were recorded and presented in a graph. The interviews were semi-structured to allow the participant to add any information they found important. The interviews were transcribed, and words related to the ICF and the feasibility of the LPATS methods were chosen, and their frequency counts are presented as a chart. The use of questionnaires and interviews allowed for quantitative and qualitative data. The surveys revealed that goals written using LPATS were appropriate and that they would like to continue using the method. The semi-structured interviews revealed that many participants enjoyed the LPATS method and found that the goals reflected the clients wants and needs. However, there was evidence through the survey and interviews that the method was potentially more time consuming than other methods.

Thesis Mentor _____

Dr. April Garrity

Honors Director _____

Dr. Steven Engel

April 2022

Department of Rehabilitation Sciences

Honors College

Georgia Southern University

Participants' Satisfaction with Functional Treatment Goals

Speech-language pathologists (SLPs) evaluate and treat communication and swallowing disorders across the lifespan. Communication and swallowing disorders may be developmental or acquired. An example of a developmental communication disorder is autism spectrum disorder, which affects verbal and non-verbal social communication skills. Acquired communication disorders can be caused by stroke or external physical trauma that affects areas within the brain that support language comprehension and production. One example of an acquired language disorder is aphasia. Aphasia is commonly caused by a stroke in the left hemisphere of the brain and causes deficits in producing and comprehending both spoken and written language. SLPs often help individuals with aphasia improve their communication skills.

Since SLPs provide services to individuals from a variety of clinical populations, they also provide communication and swallowing services in a variety of settings; these settings include hospitals, outpatient clinics, schools, and in homes. Depending on the disorder, setting, and client, SLPs use different evaluation and treatment methods. For example, an SLP in the school setting may work with students to help improve their written language or literacy skills with a focus on academics. Alternatively, an SLP in a hospital setting may help clients improve their abilities to express their wants and needs. Regardless of the setting, SLPs use evaluation results and client input to plan treatment. Treatment planning includes tasks such as determining the frequency of treatment sessions, identifying appropriate treatment tasks, and developing and writing individualized client goals.

Goals are statements of the desired outcomes of treatment; they're important because they guide intervention and provide a method for tracking client progress. Goal writing is a cornerstone of the treatment process and much has been written about different perspectives on goals. Goals can be impairment-based (focused on the impairment itself) or functional (focused on daily activities). Goals can also be described as clinician-centered or client-centered (Hersh & Sherratt et al., 2012). Students and even experienced clinicians often struggle with goal writing. Goal writing can be a challenge because goals must be individualized for each client to reflect their unique situations and needs and written so that they can be used to easily measure progress on specific skills over time. To decrease this difficulty, clinicians and researchers have proposed and studied a number of different frameworks to guide goal writing.

Some goal frameworks are aligned with the principles of the International Classification of Functioning, Disability and Health (ICF; World Health Organization, 2001). The ICF was created by the World Health Organization (WHO) to establish a framework and a common language to describe health and well-being from a holistic perspective and it is meant to be used by all health disciplines. The main purpose of the ICF is to provide a framework for describing health (WHO, 2002). The ICF identifies three domains of health conditions: body function and structure, activity, and participation. Body structure and function include the physical aspects of health conditions, such as strokes. Activity is the ability of an individual to complete a task, which, for individuals with aphasia, might include word-finding in conversation. Participation is an individual's involvement in life, such as engaging in conversations with friends at a dinner party (WHO, 2002). The ICF is not specific to goal setting nor to

the discipline of speech-language pathology, but the *Scope of Practice in Speech-Language Pathology* cites the ICF as the field's foundation for providing services (American Speech-Language-Hearing Association [ASHA], 2016).

The purpose of this paper is to provide a review of literature related to some of the goal frameworks used by SLPs, describe a developing ICF-aligned framework for teaching student SLPs how to write goals, and to report on subjective measures of feasibility of the framework.

Literature Review

The term “goal” may be conceptualized in different ways, depending on an SLP’s own philosophy and perspective and how they conduct assessment and intervention services. For example, Hersh and colleagues (2012) identified six general themes or categories of goals: SMART (specific, measurable, attainable, realistic, and time-bound) goals, goals as contracts, goals as steps, functional goals, goals as desires, and implicit goals. Table 1 provides definitions for each of these categories. In practice, SLPs’ goals may include elements of one or more of these different categories.

Table 1

The six categories of goals according to Hersh & Sherratt et al. (2012)

Types of Goals	Descriptions of Goal Types
Goals as Contracts	Goals that are discussed between the client and clinician are to be documented and act as a measure of the effectiveness of the intervention.
Goals as Steps	Breaks up larger goals into smaller goals that are easier for the client and clinician to address
Functional Goals	Incorporate ICF-related concepts and are more client centered because they focus on the activities and situations the client completes in their daily life
Goals as Desires	Use the client’s wants as a foundation for therapy and can often be broader

	and less specific than more quantitative goal frameworks
SMART Goals	Specific, Measurable, Attainable, Realistic, and Time-bound
Implicit Goals	Goals that go unstated and are difficult to measure

Goals and goal frameworks may also be considered according to their position on the continuum of objectivity. SMART goals are at one end of this continuum as they must include clear objective measurement criteria, such as the client's completing a task with "80% accuracy", for example. Of the different categories proposed by Hersh and colleagues (2012), the SLP literature has focused primarily on SMART goals. SMART goals are more clinician-centered and allow for more straightforward measurement of progress (Hersh & Sherratt et al., 2012). SMART goals can be effective for guiding and monitoring client progress, however their focus on objective measurement criteria could make addressing the psychosocial elements of the client's life more difficult, thus potentially ignoring an important aspect of communication and participation (Northcott et al., 2016). SLPs may find it easier to use SMART goals despite an interest in using functional ICF-inspired goals that are more aligned with psychosocial elements (Torrence et al., 2016). In addition, SLPs might feel uncomfortable addressing clients' psychosocial functioning without proper training on the ICF and its principles (Northcott et al., 2016).

Besides SMART, other frameworks may be more subjective in nature, meaning they focus less on objectively measurable outcomes and more on a client's overall well-being (Haley et al., 2019). Qualitative goal frameworks may be considered more "functional", a term that refers to the meaningfulness of a goal for an individual in their daily life. Two examples of such frameworks include FOURC and SMARTER. FOURC consists of four steps, each beginning with the letter C: choosing a communication goal,

creating client solutions, collaborating on a plan, and complete and continue (Haley et al., 2019). SMARTER is a goal framework that was created to expand to SMART goals toward being more client centered. SMARTER stands for shared, monitored, accessible, relevant, transparent, evolving and relationship centered (Hersh & Worrall et al., 2012). With their emphasis on client input and collaboration, both FOURC and SMARTER align with ICF principles.

Functional goals aligned with ICF principles are more client-centered and focus on daily life activities and participation (Hersh & Sherratt et al., 2012). These goals may help SLPs address some of the psychosocial issues involved in communication deficits, such as feelings of isolation that may arise because of these deficits (Baylor et al., 2020; Northcott et al., 2018). Furthermore, functional goals follow a holistic approach as they emphasize the client as a whole person rather than just through the lens of their impairment (Baylor et al., 2020).

The ICF's focus on activities and participation in life promotes addressing goals related to clients' learning to communicate with friends and family (Worrall et al., 2011). Helping clients communicate to support meaningful relationships and participate in life activities may help foster feelings of independence. Clients and their loved ones strongly value independence and reduced needs for help (Angeli et al., 2019). Without proper focus on equipping the client with communication for relationships, clients may be at risk of feeling isolated or depressed, and SLPs should feel empowered to acknowledge these factors and address the client's emotional well-being. Using the ICF framework can make SLPs be more comfortable with that aspect of speech-language therapy (Northcott et al., 2018).

While the application of the ICF framework has clear benefits for SLPs and clients, it also has some drawbacks. Despite being aware of ICF principles, clinicians may have difficulty translating those principles into practice and instead continue to rely on impairment-based goal setting and treatment rather than participation-based functional goals (Torrence et al., 2016). This tendency is potentially problematic because participation-based functional goals and interventions improve clients' socialization, participation in life, and communication skills (Baylor et al., 2020). Considering the importance of participation-based functional goals that are client-centered in light of SLPs' difficulties crafting these goals, the Learning Participation-Based Assessment and Treatment System (LPATS) was developed. The LPATS is an ICF-aligned goal-writing approach that was created for the purpose of teaching SLP student clinicians this important skill. This study examines the feasibility of the LPATS for teaching functional goal-writing to SLP student clinicians at Georgia Southern University. It represents a first step in the testing and further development of the LPATS.

Methods

This study utilized a subset of data from a larger study developed to test the clinical effectiveness of the LPATS. This project was conducted under approval from Georgia Southern University IRB (Protocol H21054). All participants provided informed consent. A complete description of the LPATS is beyond the scope of this paper and will not be included here. However, one component of LPATS that is relevant here is the use of the Life Interests and Values (LIV) Cards (Haley et al., 2010) to help clients identify functional goals.

Participants included three SLP student clinicians. All participants were third semester students in the graduate SLP program at Georgia Southern University's Armstrong Campus. For the purposes of this study, the participants were taught to use the LPATS for assessing clients and creating treatment plans in the RiteCare Center for Communication Disorders by their course instructor, a faculty member in the Communication Sciences and Disorders Program at Georgia Southern University's Armstrong Campus and the creator of the LPATS. The RiteCare Center is the training clinic for SLP graduate students at Georgia Southern University's Armstrong Campus.

Each participant was assigned to provide SLP services to an adult client with aphasia in the RiteCare Center for an 8-week semester. The participants' services were provided under the direction of a licensed certified SLP clinical instructor employed by Georgia Southern University. At the end of the semester, each participant completed a written questionnaire about the feasibility of the LPATS and took part in a brief interview. The questionnaire can be found in Appendix A and the interview questions can be found in Appendix B.

The questionnaire consisted of 12 statements that participants rated using a five-point Likert scale based on their degree of agreement with each statement. The Likert scale ranged from strongly agree to strongly disagree with an option for neutral. All the statements were related to the participants' beliefs about the usefulness and feasibility of the LPATS approach. Interviews were held remotely with a member of study staff, a faculty member who was well-known to the participants (not the same individual who provided the LPATS training) using Google Meet. The interviews were video-recorded and included five open-ended questions regarding the participants' beliefs about the

LPATS approach, including its strengths and areas for improvement, and its impact on the participants' clinical experience that semester. The purpose of the qualitative interview data was to help confirm the quantitative findings of the questionnaire. All the interviews were completed in less than 10 minutes.

Participant responses were orthographically transcribed and summarized by the author for qualitative analysis. They were also analyzed manually for common words and themes related to functional goals and viability concerns of functional goals. These words were located within the transcripts when participants were referring specifically to LPATS or their clients.

Results

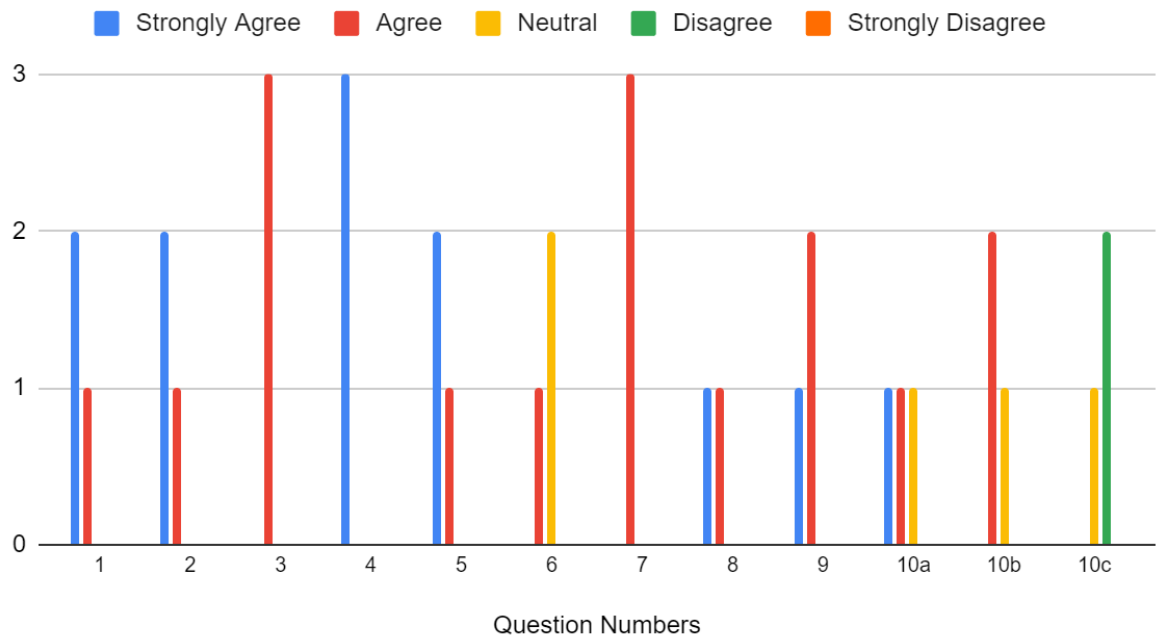
Questionnaires:

Data analysis for the questionnaire included frequency counts of each response type for all 12 items on the questionnaire. All three participants responded to all of the items. One participant's response (for item 8 on the questionnaire) was removed from the data because the participant had selected two answers for the same item. Figure 1 provides the results for each question.

Figure 1

Results of questionnaire

Feasibility Questionnaire



All the participants agreed or strongly agreed that LPATS was appropriate for treatment goals, made them more employable, will make them be better clinicians, and will improve their workplaces. Participants also agreed or strongly agreed that they wished to continue using LPATS, they could create goals with a reasonable amount of skill, and the LPATS was beneficial to their current and future clients. For the questionnaire items about whether they could create goals with a reasonable amount of time, whether LPATS goals were worded better, and whether LPATS goals are more effective, participants indicated mixed agree and neutral responses. Lastly there were mixed disagree and neutral responses to the item about whether LPATS goals require less time to craft than other goal writing methods.

Interviews:

The interview responses confirmed the questionnaire responses. Specifically, the interviews validated participants' opinions of the LPATS to be appropriate, easy, helpful

and useful as well as time consuming. These terms were related to feasibility and are shown in Table 2. The LPATs method appears to be a valid application of ICF principles into a goal writing framework, as shown in Table 3. This is shown by student clinicians trained using LPAST using the following terms: important, functional, interests, needs, perspective, and personal, when describing the process.

Table 2

Common themes and words from the clinician interviews an number of times used across all three interviews Related to feasibility

Terms	Frequency Count	Interview Quote
Helpful/ Help/ Helped	8	"I felt like the method really helped me create those effectively"
Easier/ Easy	5	"writing the goal going over the components of the actual goal that made that so much easier"
Appropriate	3	" can see how for like a more severe client it would definitely be appropriate"
Long/ Lengthy	2	"To shorten it, because it did seem a little long like it would take us a while just to write one goal"
Useful	1	"it was very useful"

Table 3

Common themes and words from the clinician interviews an number of times used across all three interviews related to ICF principles

Terms	Frequency Count	Interview Quote
Important	8	"because they were very relevant to what he wanted to do, or what was important to him"

Functional	6	"it actually taught me actually how to make it functional"
Interests	6	" the LIV Cards were very effective in finding out what his interests were"
Need/ Needs/ Needed	3	"I really got to know what he wanted and what he needed"
Perspective	2	"he also got to give me his own personal thoughts about the stuff that he was working on"
Personal	1	"LIV Cards takes into consideration the caregiver interests, the caregivers, and that I think that adds a different perspectives that's important"

Discussion

The purpose of this study was to determine the feasibility of the LPATs method for writing SLP intervention goals, as measured by clinician questionnaires and interviews. The results from both the feasibility questionnaire and the interviews suggest that participants found LPATS to be a feasible system for creating functional goals. They indicated they found LPATS to be helpful and effective in terms of making functional goals easily. Despite its utility, participants also reported that developing goals using the LPATS method was time consuming. Data suggest the LPATS system needs to be improved for efficiency of use. In addition, participants suggested the need for an alternative to LIV (Haley et al., 2010) cards for clients with good verbal communication skills. These results represent a preliminary analysis of participants' opinions about using the LPATS to develop functional goals to guide clinical SLP services. A significant limitation of this study is the small number of participants. Future research on the LPATS should incorporate larger numbers of clinician participants. In addition to continued study

of LPATS among clinicians, the opinions of clients regarding their progress on functional goals created using the LPATS should also be investigated.

References

- Angeli, J. M., Harpster, K. L., Hanson, E., Sheehan, A., & Schwab, S. M. (2019). Patient- and caregiver-identified preferences: Dimensions of change in developmental therapy treatment goals. *Developmental Neurorehabilitation*, 22(1), 39–46.
<https://doi.org/10.1080/17518423.2018.1425754>
- Baylor, C., & Darling-White, M. (2020). Achieving Participation-Focused Intervention Through Shared Decision Making: Proposal of an Age and Disorder-Generic Framework. *American Journal of Speech-Language Pathology*, 29(3), 1335–1360. https://doi.org/10.1044/2020_AJSLP-19-00043
- Cruice, M., Worrall, L., Hickson, L., & Murison, R. (2003). Finding a focus for quality of life with aphasia: Social and emotional health, and psychological well-being, *Aphasiology*, 17(4), 333-353, DOI: [10.1080/02687030244000707](https://doi.org/10.1080/02687030244000707).
- Haley, K.L., Cunningham, K.T., Barry, J., & de Riesthal, M. (2019). Collaborative goals for communicative life participation in aphasia: The FOURC Model. *American Journal of Speech-Language Pathology*, 28 1-13.
- Haley, KL, Womack, JL, Helm-Estabrooks, N, Caignon, D, McCulloch, KL, (2010). *The Life Interest and Values Cards*. Chapel Hill, NC: University of North Carolina Department of Allied Health Sciences.
- Hersh, D., Sherratt, S., Howe, T., Worrall, L., Davidson, B., & Ferguson, A. (2012). An analysis of the “goal” in aphasia rehabilitation. *Aphasiology*, 26(8), 971–984.
<https://doi.org/10.1080/02687038.2012.684339>

- Hersh, D., Worrall, L., Howe, T., Sherratt, S., & Davidson, B. (2012). SMARTER goal setting in aphasia rehabilitation. *Aphasiology*, 26(2), 220–233.
<https://doi.org/10.1080/02687038.2011.640392>
- Northcott, S., Simpson, A., Moss, B., Ahmed, N., & Hilari, K. (2018). Supporting people with aphasia to ‘settle into a new way to be’: speech and language therapists’ views on providing psychosocial support. *International Journal of Language & Communication Disorders*, 53(1), 16–29. <https://doi.org/10.1111/1460-6984.12323>
- Swigert, N. (2014). Patient outcomes, NOMS, and goal writing for pediatrics and adults. *Perspectives on Swallowing and Swallowing Disorders (Dysphagia) SIG 13*, 23, 65-71
- Torrence, J. M., Baylor, C. R., Yorkston, K. M., & Spencer, K. A. (2016). Addressing Communicative Participation in Treatment Planning for Adults: A Survey of U.S. Speech-Language Pathologists. *American Journal of Speech-Language Pathology*, 25(3), 355–370. https://doi.org/10.1044/2015_AJSLP-15-0049
- World Health Organization. (2002). Towards a Common Language for Functioning, Disability and Health. Retrieved August 27, 2018, from <http://www.who.int/classifications/icf/icfbeginnersguide.pdf>
- Worrall, L., Sherratt, S., Rogers, P., Howe, T., Hersh, D., Ferguson, A., & Davidson, B. (2011). What people with aphasia want: Their goals according to the ICF. *Aphasiology*, 25(3), 309–322.

Appendix A

1. Functional goal writing is an appropriate method for creating treatment goals.
2. My ability to create functional goals using the format I learned (LPATS) will make me more appealing to potential employers and clients.
3. I intend to continue crafting my treatment goals according to the LPATS functional goals format.
4. My ability to create functional goals using LPATS will make me a better clinician.
5. My ability to create functional goals using LPATS will allow me to improve my workplace/facility.
6. I can create functional goals using LPATS in a reasonable amount of time.
7. I can create functional goals using LPATS with a reasonable degree of skill.
8. My ability to create functional goals using LPATS has been beneficial for my client(s) this semester.
9. My ability to create functional goals using LPATS will be beneficial for my client(s) in the future.
- 10a. When comparing LPATS/functional goals to other methods I have used to write goals, LPATS goals are worded better.
- 10b. When comparing LPATS/functional goals to other methods I have used to write goals, LPATS goals are more effective.
- 10c. When comparing LPATS/functional goals to other methods I have used to write goals, LPATS goals require less time to craft.

Appendix B

1. Tell me your thoughts about the appropriateness of the LPATS method for writing functional goals.
2. What do you like about the LPATS method for writing functional goals?
3. How do you think the LPATS method for writing functional goals could be improved?
4. How did your LPATS training impact your clinical practicum this semester?
5. What other thoughts would you like to share with me about your LPATS training?