

**Goal setting: Symbols to words**

**Final report to Forth Valley NHS Research and Development  
Committee  
October 2005**

**Sally Boa  
Speech and Language Therapist  
Area Rehabilitation Team  
Ward 3  
Falkirk and District Royal Infirmary**

## **1. Summary:**

This study aimed to explore the experiences of professionals and people with communication difficulties with regard to goal planning and to identify how problem lists, identified while using Talking Mats (Murphy 1998), can be translated into SMART (Barnes & Ward, 2000) (Specific, Measurable, Attainable, Realistic and Timed) goals. The people who took part in the study had communication difficulties as a result of stroke.

Negotiating goals with people who have communication difficulties is notoriously difficult. Wade (1999) specifically highlights these problems and points out that professionals need to rely on their own "ingenuity and persistence" for this client group and may not be able to gain a true picture of the patient's wishes and aspirations. A previous study (Boa & McFadyen 2003) showed that Talking Mats, used in conjunction with the World Health Organisation ICF (Activities and Participation component) (WHO 2001) could help people with a communication difficulty to become more involved in the process. The pilot project demonstrated that Talking Mats (a low tech communication framework) was a useful tool for allowing people with communication difficulties to identify a "problem list", or issues that they wanted to work on with the Rehabilitation Team. However, the participants were unable to contribute to identifying SMART goals, and the goal plan was still written by the Rehabilitation Team. The use of focus groups with professionals and patients enabled exploration of the process of goal planning in rehabilitation from 2 different perspectives. This study actively sought the views of people with communication difficulties about goal planning. This is a group of people who are often missed out of such studies (Conneeley 2004) and also bring unique challenges to services who wish to include them. It is therefore significant that their views have been included and collected.

## **2. Original Aims:**

1. To explore the experiences and views of people with communication difficulties with regard to setting goals for rehabilitation.
2. To explore the experiences and views of professionals involved in the goal setting process
3. To identify how problem lists, identified while using Talking Mats, can be translated into SMART (Specific, Measurable, Attainable, Realistic and Timed) goals.

## **3. Methodology:**

Qualitative research methods were used in this research project so that the experiences and perceptions of participants could be collected and analysed. Focus groups were the main tool for collecting data. The researcher also kept field notes for the duration of the project.

A total of 3 focus groups were conducted, as follows:

Group 1: A group of staff from the Area Rehabilitation Team (ART) – a multidisciplinary community rehabilitation team.

Group 2: A group of people with communication difficulties who had previously received/were receiving input from the ART and had been involved in setting rehabilitation goals.

Group 3: A mixed group comprising rehabilitation professionals and patients who had received input from the ART. All participants had attended one of the previous focus groups. The questions for this focus group emerged from common themes from the previous 2 groups. The aim being to allow the group to discuss possible solutions to some of the problems raised during the first 2 groups and to address the third aim of the original proposal.

#### Recruitment:

Recruitment of participants was done through the ART. Professionals were approached in writing by the researcher and asked if they would like to participate. Patients with communication difficulties were identified by members of the team and were then given accessible information about the project and asked if they would like to participate. All patients who were invited to take part were able to understand what was involved and could give consent to do so.

#### Format of focus groups:

The format of the first 2 focus groups was the same. Participants were asked to consider the process of goal setting under the following headings:

- Your experience of Goal setting, (including its relevance, what part it has to play in rehabilitation)
- Timing of goal setting
- Use of Talking Mats in identifying goals
- Working together (patients and professionals)
- Written goal plans
- Information about goal setting

The researcher devised a mind map to refer to with topic headings to ensure that all topics were covered (see appendix 1)

Symbol cards of each topic were made up for use in the patient focus group to provide a visual prompt to remind them of the topic.

The questions for the 3<sup>rd</sup> focus group evolved from themes that emerged from the first 2 groups. They were as follows:

- How can “goal setting” be explained?
- How can we make the written goal plan more relevant and readable?
- Timing of goal planning
- Getting from the “problem” to the goal
- How often should goals be reviewed and how should this be done?

The researcher again used a mind map to refer to during the discussions. (see appendix 2)

Each focus group was audio taped and then transcribed.

Analysis:

The tape recordings were transcribed verbatim, then read and listened to several times. Comments and feedback from focus group participants were analysed using inductive analysis (Strauss and Corbin, 1998). From this, patterns, themes and categories were established and hypotheses were formulated about the process of goal setting.

## 4. Results

Participants:

A range of staff from ART volunteered to participate in the first focus group, as follows:

1 Doctor, 2 Occupational Therapists, 1 Physiotherapist, 1 Dietitian, 1 Rehabilitation Assistant.

This was representative of the range of staff within ART.

The 2<sup>nd</sup> (patient) focus group consisted of 4 patients. The low numbers reflect the difficulties involved in organising patients from a wide geographical area to meet up (due primarily to problems with health and transport). However, given that all the participants had severe communication difficulties, the numbers in the group were ideal in terms of allowing each participant time to process information and to respond. All patients who volunteered to take part in the group had severe expressive aphasia as a result of stroke.

The 3<sup>rd</sup> focus group comprised 2 patients and 2 staff members (1 Occupational Therapist and 1 Rehabilitation Assistant). People who took part in focus group 3 were volunteers (patients and professionals) from the first 2 groups. Participation was based on their availability and willingness to take part in the 3<sup>rd</sup> group.

Results from focus groups 1 & 2 are presented to compare the views of ART staff with those of patients:

Experience of Goal setting	
Staff	Patient
<ul style="list-style-type: none"><li>• Goal setting is important for finding out what patient's want to work on</li><li>• Goals help to motivate patients</li><li>• Goal setting helps coordinate the team</li><li>• Goal setting helps patients see they need to share responsibility in rehabilitation</li><li>• Goals help people to work towards an end point</li><li>• There are unique problems when you are setting goals with people who have communication difficulties</li></ul>	<ul style="list-style-type: none"><li>• Goals are important</li><li>• Goals are relevant, but not in first 2 months. "too busy thinking about getting well"</li><li>• Did not always feel that they were listened to in terms of goals</li><li>• Patients and professionals should be working together</li><li>• Not always working on patient goals – sometimes they were the professionals goals</li></ul>

Timing of goal setting	
Staff	Patient
<ul style="list-style-type: none"> <li>• Often patients can't formulate goals at screening</li> <li>• Some people need to be fully assessed before goals can be set</li> <li>• Needs to be a distinction between short term and long term goals</li> </ul>	<ul style="list-style-type: none"> <li>• Patients felt they spent first 2 months recovering and were not ready to set goals at this time</li> <li>• Therapists should take more of a lead at first</li> <li>• Ready to set goals once you're home</li> </ul>

Using Talking Mats to set goals	
Staff	Patient
<ul style="list-style-type: none"> <li>• Using Talking Mats makes a big difference</li> <li>• People feel empowered/valued</li> <li>• Talking Mats should be used with everyone</li> <li>• Should use a 5 point scale so they can be used to measure outcomes</li> <li>• The digital photograph means you don't need a written goal sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Not all participants had used Talking Mats during their rehabilitation. All felt Talking Mats would have been useful in helping them to think about goals</li> <li>• Symbols not always clear</li> <li>• Photograph of the mat is useful</li> </ul>

Written goal plans	
Staff	Patients
<ul style="list-style-type: none"> <li>• Problem between what you discuss with patient and what you write down in the plan</li> <li>• Difficult to make goal plans meaningful, but also measurable</li> <li>• Goal plan is not always meaningful to the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Reading is a problem – Information needs to be aphasia friendly</li> <li>• Patients did not remember what their goal plan was</li> </ul>

Information	
Staff	Patients
<ul style="list-style-type: none"> <li>• Patients need more information about goal setting prior to screening</li> <li>• Patients aren't sure what's on offer</li> <li>• Questionnaire should be sent to patients prior to screening so that they can think about what they want to work on</li> <li>• Using the WHO ICF categories may help people think about areas they want to work on</li> </ul>	<ul style="list-style-type: none"> <li>• Patients did not understand what goal setting was to begin with</li> <li>• Needed more time spent with them when goal setting was explained</li> </ul>

Questions for the 3<sup>rd</sup> focus group were generated from the themes that emerged from the previous 2 groups. The aim being to allow the group to discuss possible solutions to some of the problems identified during the first 2 groups and to address the third aim of the original proposal.

The findings from each question will be considered separately:

**How can “goal setting” be explained?**

- Patients felt that they needed more information about what is meant by “goal setting”. Given that all those who took part had difficulties reading and writing, written information was not felt to be helpful. Having time to meet with members of the team prior to discharge from hospital was felt to be the best solution to this.

**When should goals be set with individuals?**

- Patients and members of the ART felt that there was no prescription for deciding when goals should be set. It was felt that goals needed to emerge slowly as a) professionals got to know the patients and their abilities and b) patients got to know what areas different members of the team would be working on.
- There was a strong feeling from patients that in the early days while in hospital, goal setting was not appropriate and that at this stage they wanted therapists to take more of a lead: “The therapist should be pushing you, so therapists should be taking more of a lead” [in first 2 months following recovery] (participant in focus group 2). However, one participant, whose stroke resulted in predominantly communication difficulties and minor physical impairment felt that he would have been ready to set goals almost immediately following his stroke. This suggests that timing of goal setting should be considered on an individual basis.

**Using Talking Mats – How do we get from the problem to the goal?**

- Patients and therapists felt that using Talking mats helped people identify problems, but also helped facilitate conversation about potential goals, so, for example, it had been easy for one man to identify “cooking” as a problem, and then to identify a more specific goal of “making a curry independently”. The use of Talking Mats, although not identifying actual goals, was useful in terms of leading discussion and negotiation towards goals. One participant said that using Talking Mats “Hit the nail on the head”. The original aim of the study was to explore how people could get from identifying a problem (identified using Talking Mats) to an actual goal. The discussions suggested that when Talking Mats had been used to identify problems, it was then much easier to negotiate goals:  
 “ It was helpful because we could quickly fathom things out...We were quickly able to grasp big ideas and get a feel for it” “I knew what we needed to talk about once we’d identified the problem...”  
 (participant in focus group 3)

#### **How can we make the written goal plan more relevant and readable?**

- Participants felt that having a copy of the photograph of the Mat in addition to the written goal plan would be useful. Currently people did not feel that they related to the goal plan because: a) there is sometimes a delay between setting goals and patients actually receiving the plan and b) the goals tend to be long term rather than short term.

#### **Should we have a different goal plan for GP’s, referrers etc?**

- It was felt that GP’s needed only the long term goals and not the small steps in between. One participant commented that as someone who had referred people to the Team in the past (in her previous job), she felt that the current goal plan used by the Team was rather stark, and that more context and information about progress was needed.

#### **How often should the goal plan be referred to?**

- All participants felt that it was important to refer to and review the goal plan at least once a month. Patients felt that ticking off mini achievements would help them to gauge progress.

#### **Reviewing goals:**

- It was felt that goals should be reviewed regularly, and that Talking Mats would be a good way to do this. Comparing the digital photographs helped people see how things were changing.

## 5. Discussion

From the focus groups, a number of themes emerged which are of significance to rehabilitation services which use goal planning as a way of directing therapy:

### a) The relevance of goal setting:

All participants (professionals and patients) believed that goal setting was a crucial part of the rehabilitation process. People with communication difficulties felt that it was important that they were involved in the process, and very much wanted to be working on their own goals, rather than those of the professionals.

“they set goals that they aim for but it was the wrong goals to start with”  
(participant in patient focus group)

Patients and professionals felt that goal setting should be about “working together” and that the therapist/patient relationship was about partnership. Patients felt that there were times when they were not listened to within this process, and that they needed more time and explanation from staff if they were really going to take part in the process:

“More time would have helped. More time explaining” (participant in patient focus group)

### b) Explanation of goal setting:

All patients who took part in the focus groups felt they needed more information about what goal setting was. As reading was difficult for all participants, written explanations would not have been helpful to this group. People felt that having the process carefully explained, and taking time at the beginning of rehab was the best way to address this.

“Couldn’t read. Talking would have helped” (Participant in patient focus group)

### c) The timing of goal setting:

The patients who took part in the focus groups were very clear that there had been a time during their rehabilitation journey when they did not feel able to engage in the goal setting process. There are times in a person’s recovery when it must be acknowledged that goals cannot and should not always be totally patient led. The locus of control will and should change, depending on the goals being targeted and the stage and motivation of the patient. However, there was some variation about when the “right” time would be between the patients who took part in the focus groups, which suggests that timing and “readiness” to set goals should be assessed on a case by case basis.

All focus groups highlighted that goal setting is a process rather than a task and that it cannot be “done” in a short time. Professionals felt that they needed time to:

- Get to know the patient in terms of their abilities and needs



- Get to know what would motivate patients
- Spend time explaining what was meant by “goal setting”

“It’s a process where you’re both finding out about things and each other.....This whole process has to take place and then there’s this time of readiness where you think: right I’m ready, we can really think about this now....” (Professional in 3<sup>rd</sup> focus group)

#### d) Written goal plans:

Each focus group highlighted that the written goal plan was problematic in terms of its relevance and readability for patients. None of the patients who participated could remember that they had a goal plan, and when reminded what it was they did not relate to it in terms of what they were working towards in therapy. However, patients did feel that it was important to have goals written down, and all would have liked to have a simplified goal sheet with short term goals which could be ticked off as they made progress:

“ Stepping stones. Yeah” “You’ve achieved something....” (patient in 3<sup>rd</sup> focus group)

Patients felt that the goal plan should be referred to more frequently (at least once a month) by the professionals working with them. This would also ensure that goals were regularly reviewed and updated.

#### e) Translating “problems” into “goals”

Professionals and patients all felt that Talking Mats was a useful tool in terms of helping people to identify problems and as a source of information about the areas the team could work on with individuals. There was a consensus that Talking Mats should be used more often with a wider range of people, and that the digital pictures should be revisited more often so that progress and changing priorities could be tracked. The issue of translating “problems” into “goals” was not seen as a difficulty. By engaging patients in the process of goal planning through the use of Talking Mats, it became easier to negotiate SMART goals. The real issue was not in fact getting from problems to goals, but in translating goals into a written form which was:

1. Written in a form meaningful for the client.
2. Provided relevant information to referring agencies, GP’s etc.
3. Had short and long term goals
4. Allowed goal achievement to be measured within a time scale

Discussion in focus group 3 concluded that the use of Talking Mats was helpful in terms of negotiating SPECIFIC goals as the use of symbols based on the WHO domains helped to focus conversation and negotiation between patients and professionals. Being able to refer to the photograph of mats was felt to be an important aspect of helping patients to see that they were making progress. This and re-doing the mats at different stages was also seen as a way of MEASURING change. Patients felt that it was important to have short term goals and wanted these to be reflected on the goal plan so that they could tick off their achievements. The use of Talking Mats was again

beneficial in terms of helping ATTAINABLE and REALISTIC goals to be identified. In terms of negotiating TIME SCALES, a partnership between therapist and patient was seen as central to the process.

Limitations:

The researcher is employed as a Speech and Language Therapist within the Area Rehabilitation Team where the study took place. This had advantages and disadvantages:

Advantages:

- Access to potential participants (both patients and professionals)
- Insider knowledge about current practice within the team regarding goal setting for rehabilitation
- Skills in working with people who have communication difficulties, thus making facilitation of focus groups with this group of people less difficult

Disadvantages:

- Possible preconceptions about patients and professionals views
- Possible conflict between the role as a therapist and role as a focus group facilitator

This small pilot study sought the views of people with communication difficulties as well as professionals from a community rehabilitation team. The people who took part all had aphasia as a result of stroke. It could be argued that the results do not reflect the views of people with a range of communication difficulties. However, recent research suggests that there are experiences in terms of accessing health services and being included in decision making which are common to all people who have a communication impairment, regardless of their diagnosis. (Turnbull et al, 2005)

## **6. Conclusions:**

Goal setting is now an integral part of rehabilitation, and is seen as important both by professionals and patients. Patients want to be involved in this process and should be given the opportunity to do so at different stages of their recovery. A person's ability to engage in goal planning depends on their stage of recovery. There are times in the recovery journey when therapists should take more of a lead in terms of suggesting goals. This varies between individuals and may be related to the degree of impairment an individual has. The concept of goal planning can be a difficult one to grasp and therefore needs to be explained carefully to people. Simply providing written information about goal planning is not enough, especially for people with communication difficulties. Patients benefit from having the process carefully explained to them over a period of time.

In terms of helping patients to identify SMART goals, Talking Mats provides people with a tool that can be used to identify issues. It also provides a platform for negotiation between therapist and patient which needs to occur for meaningful goals to be formulated.

Currently, patients with a communication difficulty who are receiving input from the ART do not find their written goal plan meaningful. Work needs to be done to make the process of goal planning more transparent and to ensure that goal plans are relevant to patients.

## **7. Importance to NHS and possible implementation**

- Goal planning is a complex process which involves partnership and negotiation between professionals and patients. Time needs to be taken at all stages of the rehabilitation journey to ensure that patients are engaged in this process and goals should be reviewed regularly.
- Information needs to be adapted so that all patients can access it. This may necessitate the use of symbol material in information booklets and may require professionals taking more time to explain what they mean by “goal setting”. Extra time may be needed so that professionals can explain what rehabilitation means and what we mean by “Goals”
- Changes need to be made in relation to written goal plans. Patients should be more involved in writing goal plans so that they are written in plain English and broken down into chunks of information if necessary. Plans should be presented so that small achievements can be ticked off as goals are achieved.
- In order to include people with communication difficulties in rehabilitation, staff within the NHS should be trained and aware of ways to help include this patient group at all stages of their rehabilitation.

## **8. Future Research**

This study has identified the need for:

- Further research to seek the views of a wider range of people who have communication difficulties and also those who do not have communication difficulties
- Further research to develop a theoretical model which will inform the process of goal planning and provide information about when goals should be patient led and when they should be more professionally led
- Further consultation with patients about the type of information which is acceptable for them in terms of explaining the goal setting process, and how goal plans should be written

## **9. Dissemination**

The researcher will present her findings to the Area Rehabilitation Team and to other relevant groups locally. Presentations will be prepared for relevant peer review conferences.

An article has been written and published (Speech and Language Therapy in Practice Autumn 2005). A presentation has been made to the Scottish Head Injury Forum. Papers will be prepared for submission to relevant peer reviewed professional journals.

## **10. Research workers**

The study was carried out by Sally Boa who obtained the relevant ethical permissions, collected the data and wrote the report. An administrative assistant transcribed the data from the focus groups.

## **11. Final financial statement**

Finances within budget. Statement to be completed by finance department.

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## **12. Executive summary**

### **Researcher**

S. Boa

### **Aims:**

1. To explore the experiences and views of people with communication difficulties with regard to setting goals for rehabilitation.
2. To explore the experiences and views of professionals involved in the goal setting process
3. To identify how problem lists, identified while using Talking Mats™, can be translated into SMART (Specific, Measurable, Attainable, Realistic and Timed) goals.

### **Project Outline/Methodology:**

3 focus groups were conducted as follows:

Group 1: Community rehabilitation professionals (From Area Rehabilitation Team)

Group 2: Patients who had previously received/were receiving input from Area Rehabilitation Team

Group 3: A mixed group of rehabilitation professionals and patients who have received/were receiving input from the Area Rehabilitation Team.

Participants were asked to consider the experience of goal setting under the following main headings:

- Experiences of Goal setting, (including its relevance, what part it has to play in rehabilitation)
- Timing of goal setting
- Use of Talking Mats in identifying goals
- Working together (patients and professionals)
- Written goal plans
- Information about goal setting

Results were analysed using cognitive mapping

### **Conclusions:**

- Goal setting is an integral part of rehabilitation, and is seen as important both by professionals and patients.
- Patients want to be involved in this process and should be given the opportunity to do so at different stages of their recovery.
- A person's ability to engage in goal planning depends on their stage of recovery. There are times in the recovery journey when therapists should take more of a lead in terms of suggesting goals. This varies between individuals and may be related to the degree of impairment an individual has.
- The concept of goal planning can be a difficult one to grasp and therefore needs to be explained carefully to people. Simply providing written information about goal planning is not enough, especially for people with communication difficulties.

- Currently, patients with a communication difficulty who are receiving input from the Area Rehabilitation Team do not find their written goal plan meaningful. Work needs to be done to make the process of goal planning more transparent and to ensure that goal plans are relevant to patients.

**Future research:**

This study has identified the need for:

- Further research to seek the views of a wider range of people who have communication difficulties and also those who do not have communication difficulties
- Further research to develop a theoretical model which will inform the process of goal planning and provide information about when goals should be patient led and when they should be more professionally led
- Further consultation with patients about the type of information which is acceptable for them in terms of explaining the goal setting process, and how goal plans should be written