Goal setting in community based stroke rehabilitation: *Is where we are at where we want to be?*

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Outline of presentation

• Background
• The Goal setting & Action Planning (G-AP) framework: An overview
• Understanding community stroke rehabilitation contexts and ‘routine’ goal setting practice: UK wide survey
• G-AP Vs ‘routine’ practice: the same or different?
• Implications for research and practice
Background

- 46% of stroke survivors require ongoing community rehabilitation (Sentinel Stroke National Audit Programme; National Results, 2015)
- Goal setting recommended in stroke clinical guidelines (Scottish Intercollegiate Guidelines Network 2010; Royal College of Physicians 2016)
- Stroke survivors living at home have important goals they hope to achieve (Struggling to Recover, Stroke Association 2012)
- However, many report unmet needs & emotional difficulties (Unmet needs Survey; Stroke Association 2010)
The G-AP framework: An overview

**Stage 1**
- **Goal Negotiation**
  - Discuss main problems and potential goals
- **Goal Setting**
  - Agree a specific, difficult goal

**Stage 2**
- **Action Plan**
  - Detail what has to be done, how, where and when
- **Coping Plan**
  - Plan strategies to overcome anticipated barriers
- **Confidence**
  - Measure confidence to complete plan

**Stage 3**
- **Action**
  - Carry out plan:
    - Independently
    - With Supervision
    - With Assistance

**Stage 4**
- **Decision Making**
  - Satisfactory Progress
    - Agree new Action and Coping Plans
    - Negotiate new goal
    - Exit G-AP
  - Unsatisfactory Progress
    - Re-target Action and Coping Plans
    - Revise goal
    - Goal disengagement
    - Exit G-AP
- **Feedback**
  - Satisfactory Progress
    - Praise Success
  - Unsatisfactory Progress
    - Encourage / reassure
    - Reframe failure as an opportunity for future success
- **Appraisal**
  - Evaluate action plan outcome and goal progress

**Exit G-AP**
- All goals achieved
- No further achievable goals
Why develop a practice framework?

Theory based goal setting practice framework
- Key stages
- How it works
- Replicable
- Testable

Optimise goal setting practice
- Patient centred
- Theory/evidence based
- Team approach

Optimise stroke survivor recovery
- Goal attainment
- Rehabilitation outcomes

Development and Evaluation
Theories relevant to the goal setting process

Goal Setting Theory (Latham & Locke); Health Action Process Approach (Schwarzer; Sniehotta); Social Cognition Theory (Bandura) → Common constructs

Motivational phase

- Development of goal intentions
  - Self efficacy
  - Outcome expectancies

Action phase

- Goal setting
  - Goal specificity
  - Goal difficulty
- Initiation & maintenance of goal behaviour
  - Plans
  - Appraisal/ Feedback

(Scobbie et al, Clinical Rehabilitation, 23(4) 2009)
G-AP: Two case study examples

Phone local pool to find out weekend swim times

Coping Plan
Bullet point list

Confidence 9/10

Phoned the pool as planned

Discuss and agree on next action plan to work towards set goal

Decision Making

Feedback
- Praise success
- ↑self efficacy
- Incremental skill improvement

Appraisal
Jenny managed phone call,
Felt good about it

Exit G-AP
All goals achieved
No further achievable goals
Sit driving assessment

Coping Plan
No barriers

Confidence 10/10

Sat driving assessment as planned

Get back to driving is really important

Decision Making
Decide not to pursue driving goal for the time being

Providing support
• Understand and accept limitations
• Goal reappraisal

Feedback
Info not coming in quickly enough
Disappointed

Exit G-AP
All goals achieved
No further achievable goals
Evaluate G-AP Vs ‘usual’ GS practice

• Research Questions:
  I. What is the nature of community rehabilitation contexts in which G-AP could be delivered?
  II. What does ‘usual’ goal setting practice look like in these settings?
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REHABILITATION IN PRACTICE

Goal setting practice in services delivering community-based stroke rehabilitation: a United Kingdom (UK) wide survey

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Service responses
n= 437

Scotland: 118 (27%)
England: 279 (64%)
N Ireland: 9 (2%)
Wales: 31 (7%)
Q What title best describes your team?

- Community Rehabilitation Team (CRT): 36%
- Early Supported Discharge Team (ESD): 12%
- Combined CRT/EDS: 17%
- Bespoke team: 11%
- Hospital based outreach: 6%
- Reablement team: 5%
- Other: 13%
Q What types of patients are seen by your team? (n=437)

- Stroke patients only (n=124) - 29%
- Mixed patient group (n=312) - 71%
Unidisciplinary V multidisciplinary teams?

- Unidisciplinary (n=72)
- Multidisciplinary (n=335)

82% Multidisciplinary
18% Unidisciplinary
Q: What professional groups are represented in your team?

- Physiotherapist: 86%
- Occupational Therapist: 84%
- Rehabilitation Assistant: 70%
- Speech and Language Therapist: 64%
- Nurse: 44%
- Dietician: 26%
- Psychology: 24%
- Social Worker: 20%
- Doctor: 19%
- Other: 22%

% Teams (n=407)
Q. Is goal setting used by your team with people recovering from stroke? (n=395)

- 91% (All/most)
- 8% (Some)
- 1% (None)
Q Which method (if any) does your team use to guide goal setting practice?*

- Own method (health professional): 37%
- Own method (team): 24%
- Goal Attainment Scaling: 25%
- Canadian Occ Perf Measure: 17%
- G-AP Framework: 2%
- Other: 13%
- No method: 26%

* 25% of services reported use of 2 or more methods

% Teams (n=315)
Methods used to guide goal setting practice (n=380)

- Formal: 26%
- Informal: 39%
- Mixed: 18%
- No methods: 17%
Routine use of goal setting activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recommendations</th>
<th>% Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of goals &amp; plans</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Downgrade/ Disengage</td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>Feedback</td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Appraisal</td>
<td></td>
<td>92</td>
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<tr>
<td>Confidence to complete plan</td>
<td></td>
<td>59</td>
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<tr>
<td>Coping plans</td>
<td></td>
<td>68</td>
</tr>
<tr>
<td>Action Plans</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Set specific goals</td>
<td></td>
<td>93</td>
</tr>
<tr>
<td>Find out patient priorities</td>
<td></td>
<td>98</td>
</tr>
</tbody>
</table>
‘Routine’ goal setting practice

STAGE 1
- Goal Negotiation: 98%
- Goal Setting: 93%

STAGE 2
- Action Plan: 60%
- Coping Plan: 68%
- Confidence: 59%

STAGE 3
- Action / Behaviour

STAGE 4
- Decision Making: 62%
- Feedback: 87%
- Appraisal: 92%

Exit G-AP
All goals achieved
No further achievable goals

Accessible record of goals & plans: 39%
Summary

• G-AP is designed to optimise goal setting practice & stroke survivor recovery in community rehabilitation settings
• There is strong theoretical rationale and developing evidence base to support inclusion of key stages of G-AP in practice
• Teams delivering stroke rehabilitation in the community are complex (e.g. service model; staff profile; patient mix)
• ‘Usual’ goal setting practice is highly variable & potentially sub-optimal (e.g. planning, goal adjustment; accessible copy of goals/ plans)
Implications for research & practice

• Does G-AP offer any added value over ‘usual’ goal setting practice $\rightarrow$ effectiveness

• How can G-AP (or any other goal setting intervention) be delivered in different team settings with individual stroke survivors $\rightarrow$ implementation

• Goal attainment and goal adjustment can enhance recovery $\rightarrow$ outcomes
Any Questions?
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PLEASE CONTACT ME IF YOU WOULD LIKE A COPY OF THE SLIDES
References


**Stroke Association**: Struggling to recover, 2012.

**Stroke Association**: Unmet needs survey , 2010.


