CLIENT CENTRED GOAL
SETTING – the BRHS Experience/Journey
OBJECTIVES

• Highlight key issues associated with goal centred care plan from an AH perspective;
• Review evidence available that has guided decisions made;
• Highlight value of listening;
• Discuss strategies used at BRHS to enhance this approach.
Why Client Centred Goal Setting

- Client engagement – empowering of the individual to use their strengths and potential;
- Basic principles of motivation – also links between identity, self esteem, dignity;
- Achievement of positive health outcomes through empowering clients to make informed choices;
- Quality standards;
- Best Practice – research and evidence.
Background/history – the context

- Is not a new concept - origins in work of Carl Rogers in 1940’s;
- Features heavily in rehabilitation literature;
- Catalyst for Change in approach - Introduction of ASM in 2010 - focus on:
  - client strengths and potential of clients to improve their capacity;
  - Comprehensive/holistic assessment;
  - Promotion of wellness or active aging;
  - Actively involving clients in setting of goals and making decisions about their care;
  - Client autonomy;
  - Collaborative and respectful working partnerships;
  - Doing with not for.
Challenges

- Time;
- Assessment approaches – tended to be discipline specific, not always focused on client narrative;
- Clinicians experiencing a loss of professional status;
- Staff lacking autonomy to practice in this way;
- Lack of clarity about what actually constitutes person centred care.
Challenges

• Clinicians adherence to biomedical model approach – goals not always congruent with clients needs;
• Passivity of clients – expectation that clinician knows best;
• Tension between principles of beneficence (doing good; avoiding harm) and client autonomy.
Challenges (cont...)  

- Perceived inability of clients to participate in goal setting process and clients setting “unrealistic” goals/scope of goals;  
- Leach et. Al. (2010) observed that this was largely determined by the approach of the therapists.  
- Barriers to a client centred approach can be overcome through education of client and family and modification of communication between therapist and client.
Key Issues

- Developing appropriate communication approaches;
- Managing risk in a way that maintains the clients right to make choices;
- Managing the clients desire to pursue goals that clinicians may believe are not in their best interests (Client may not have had time to fully understand consequences of a newly acquired disability);
- Changing role/focus of clinician from technical/expert to partner or facilitator.
Dignity of Risk

- Acknowledging life experiences come with risk;
- Each of us has at some stage stepped into the unknown and risked failure – our accomplishments, whether success or otherwise has enabled our development as a person and enhanced our independence and identity;
- Taking a positive view of risk taking, balanced with safety. Acceptance of client “failing”.
- Having conversations with team to mitigate risk
Enablers – Strategies used at BRHS

- A culture/ethos and environment that is conducive to client centred care developed;
- Executive Support – Workplans, Position descriptions, recruitment/interview questions and component of Strategic Plan;
- Changing focus of goals from impairment to activity limitation and participation;
- Enhancing accessibility and flexibility of clinician, eg; right place – in client’s home;
- Acceptance that no goal was too large or small.
Enablers (cont)...

- Change of approach in assessment – collaborative, holistic, focus on client strengths, needs/what is important to the client, aspirations and capacity;
- Documentation – use of modified forms to record and focus assessment, care plans;
- Staff champions – have provided in-services to colleagues.
Strategies (cont)...

- Viewing goal setting process as dynamic with regular reviews;
- Case conference which focuses on client goals;
- Ensuring clients have enough information to make informed decisions, includes education - clinicians need to facilitate the setting of realistic goals;
- Development of self management skills in client.
Strategies (cont)...

- Use of client friendly language and providing clients with a document outlining their goals and actions
- Staff training/capacity building
  - Better Questions are the Answer/Motivational Interviewing
  - Change Management & Leadership training
- Staff Supervision – opportunity to reflect on own values, beliefs and discuss concerns.
Where are we at now – focus on communication

• Parry, R.H. (2003). Communication during goal setting in physiotherapy treatment sessions - study objective was to understand the communication challenges entailed in goal setting.

• This study highlights importance of communication with patients and need for clinician to change focus to person and not clinical, importance of listening and asking of open ended questions and need for negotiation to facilitate realistic goals.
Where are we at now – focus on communication (cont)...

• Rosewilliam, Roskell and Pandyan (2011) highlight the following skills as being vital for ensuring a client centred approach –
  ❖ Listening skills
  ❖ Negotiation skills
  ❖ Ability to appropriately guide patients – clients and families need enough information to be partners in the process of setting goals
  ❖ Ability to think laterally and adopt alternative methods of communication for patients with speech or cognitive issues
  ❖ Continue to support clients to make choices
• COPM – outcome measures; DNA’s
When you talk, you are only repeating what you already know. But if you listen, you may learn something new.

- Dalai Lama
References