



Goal Setting

Goal-setting is an important strategy to assist individuals and families build their capacity to make informed decisions and manage their own health care. Goal-setting also can be used by parents of Children and Youth with Special Health Needs (CYSHN) to build adaptive skills, social skills and independence. These skills are critical to youth transitioning to adult services and independent living.

Specific goals may address:

1. Health literacy
 - a. Understanding health care information
 - b. Making informed decisions
 - c. Using the Internet to obtain health care information
2. Self-management goals
 - a. General goals e.g., knowing how to reach the on-call doctor when the office is closed
 - b. Specific self-management goals, e.g., asthma medication management
3. Adaptive skills, social skills and independence, for example;
 - a. Knowing the basics of good nutrition, planning and preparing meals
 - b. Using community transportation
 - c. Participating in community recreational and leisure activities of their choice

There has been limited research on the effectiveness of health-related goal-setting. Most of the research has been with adults and self-management of chronic conditions, e.g., diabetes, asthma, obesity, and heart disease. The following guidelines also borrow from research on workplace goal-setting:

1. Work collaboratively with the individual and family to set goals.
2. Identify goals that are specific and short-term (proximal) rather than long-term (distal).
3. Choose goals that are reasonable and achievable, and make sure the individual and family feel the goal is important and have confidence in achieving it (self-efficacy).
4. Start small and build on success, which will build self-esteem and self-efficacy and lead to more ambitious and perhaps clinically meaningful goals,
5. Provide regular feedback; a combination of phone follow-up, email and face-to-face meetings works best.
6. Use salient and frequent external rewards for children and youth.
7. Goal-setting discussions and follow-up can be conducted by allied office staff (e.g., the office care coordinator).
8. Also identify supports external to the office as needed, e.g., school staff or public health nurses (OCCYSHN's CaCoon program).

Goal-setting for the individual and family involves a process very similar to the office's quality improvement program. Use the Plan-Do-Study-Act or PDSA cycle.

1. Select a goal and agree on an action plan (Plan)
2. Collect information on how you are doing (Do)
3. Interpret the information (Study)
4. Revise and update the action plan (Act)

Set the stage by encouraging self-advocacy (speaking up), self-determination (shared decision making), self-care and independence at all visits. Provide general information on the condition and its treatment, and also use handouts with information on developmentally appropriate adaptive and social skills. All of this is important background information to help individuals and families identify goals. Remember, achievement of goals will build an individual's self-esteem and self-efficacy which is critical to the individual's overall success. Collaborative goal-setting must be based on an accurate assessment of the individual's and family's interest and capacity to set goals and follow action plans. Tools such as motivational interviewing may be useful to clinicians and office staff.