

If your LTG is:

Client will move 35# objects needed for work from table to counter without ↑ in pain by 12/18/11.

then one of your STGs might be:

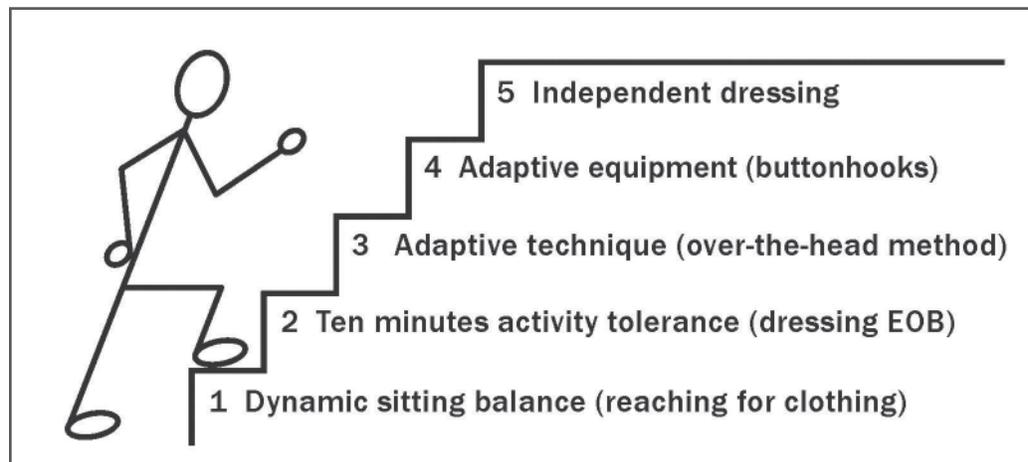
Client will be able to lift 10# objects needed for work without ↑ in pain by 12/5/11.

You may have several STGs (objectives) for each LTG. For example, suppose you are treating Mr. Hawkins, a 45-year-old executive who sustained a **R** CVA a few days ago and has **L** hemiplegia. On evaluation, you find that he is oriented X 4, verbal, intelligent, able to learn, and has a supportive wife. After talking with him about what he would like to achieve in occupational therapy, you and he decide upon a goal of independent upper body dressing. You believe that this is a realistic goal, provided that he receives skilled instruction and the necessary adaptive equipment. You set a series of STGs:

1. Seated edge of bed, client will reach for clothing items at arm's length with CGA to maintain dynamic sitting by the end of the 3rd treatment session.
2. By the 6th treatment session, client will be able to tolerate >10 minutes of dressing activity without rest break seated edge of bed with CGA.
3. After skilled instruction, client will be able to don shirt sitting EOB using one-handed techniques with min verbal cues by 7/10/11.
4. Client will be able to button shirt using a button hook with 2 or fewer verbal cues by 7/12/11.
5. Client will complete all upper body dressing tasks with modified independence seated EOB by 7/15/11.

As you can see, each of these STGs is measurable, observable, and action-oriented. The first four STGs are steps to the ultimate LTG (Figure 6-1).

Figure 6-1. Steps to the ultimate LTG.



An intervention plan is always a work in progress. Unexpected events and conditions can impact the progress your client will be able to make toward his or her goals. If you find a goal unrealistic, you are obligated to change it. It is not useful to continue with a plan that is not working. For example, suppose that your client begins to have some motor return in his involved **L** upper extremity. You now know that he may be able to dress his upper body without adaptive techniques or equipment, and he wants very much to do that. You would need to write a new set of STGs for him.

GOAL WRITING: THE COAST METHOD

There are several formats available for writing goal statements (Sames, 2010). In this manual, we will present a new format: the COAST method. This method was designed around the principles put forth by Crepeau et al. (2009a) that contemporary practice should be client-centered and occupation-centered. Just as the SOAP format is one way of learning to document occupational therapy services, the COAST method is simply one way of learning to write goals. While settings may vary in the format used, learning the COAST method will ensure that you consistently include all necessary information in your goal statements.