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Inventory-facilitated Goal Attainment Scaling Interview conducted by disease experts is associated with a broader range of goal areas

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Objectives

Goal attainment scaling is a personalized, patient-centered clinical outcome assessment that quantifies the effects of an intervention based on individualized goals[1].

Clinicians and/or disease experts work with patients and/or caregivers to identify personal goals (symptoms and challenges) and develop goal scales that are meaningful to them[2].

Goal inventories are predefined lists of symptoms, goals and/or challenges associated with each disease. They can be used to ensure consistency across sites, clinicians, patients and can ensure the relevancy of the goals, while also standardizing the implementation.

Although use of a goal inventory and interviewer expertise in the condition and are thought to improve goal setting, their impact has not been systematically investigated.

Here we assessed the impacts of interviewer expertise and the use of a goal inventory on the number of goals, goal type, time to set goals, and goal quality in individuals with dyslexia.

Methods

Seventeen participants in whom dyslexia was verified with a standardized questionnaire and reading tasks were interviewed by two interviewers; one with expertise in dyslexia (n=9) and one without (n=8).

Nine participants were provided with an inventory of 30 goal areas related to dyslexia. Eight participants were asked to set goals without viewing the goal inventory.

In the inventory, goals were mapped to four major domains: reading, writing, emotions, and social and self-advocacy domains.

GAS Interviewers facilitated the goal setting interview and asked participants to set between 3 and 5 goals.

The Inventory Domains

- Reading
- Writing
- Emotions
- Social and self-advocacy

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Methods

How Goal Attainment Scaling Works:

Identify Goals → Build Gas Scales → Measure Attainment

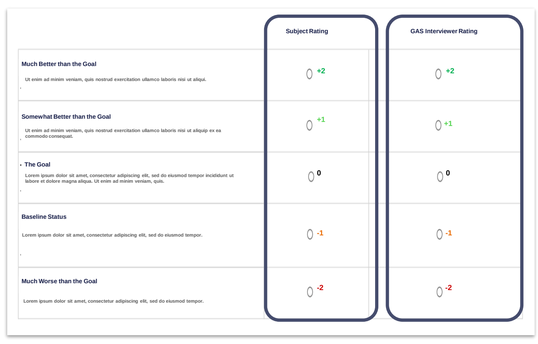
Clinician facilitates interview for patient/caregiver to identify goals

Together, they set the 5-point goal attainment scale for each goal

Each rates during follow-up whether the goals have been attained

The Goal-Setting Visit

The Follow-Up Visits

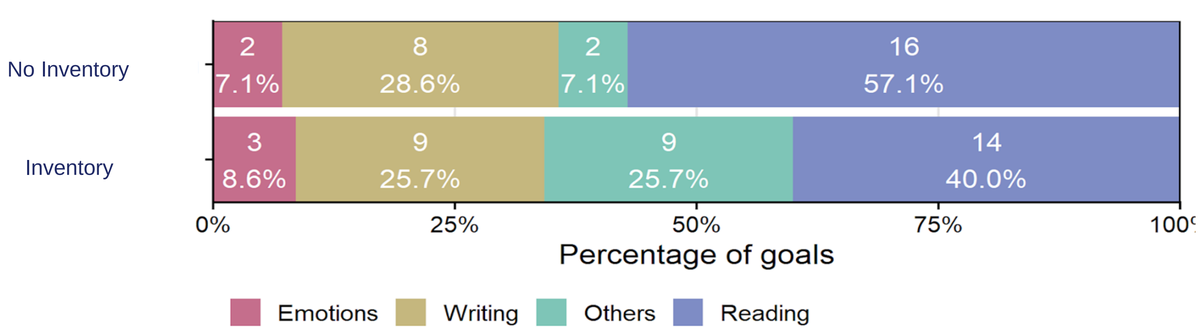


Results

All participants set between 3 and 5 goals (total goals, n=63). Participants who used an inventory set more diverse goals than those with no inventory.

Those who set goals de novo primarily set reading goals (57.1%), with fewer writing (28.6%), emotional (7.1%), and social and self-advocacy domains (7.1%) goals.

By contrast, those who used an inventory set fewer reading goals (40%), more social and self-advocacy goals (25.7%) but a similar number of writing (25.7%) and emotional (8.6%) goals compared to those who did not use a goal inventory.

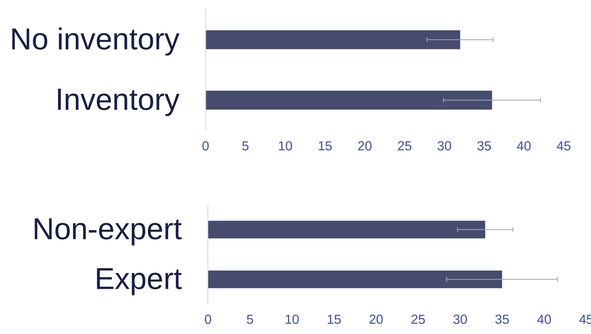


Results

The expert interviewer set more goals than the non-expert (36 vs. 27 goals). Participants who used an inventory set more goals than those without (35 vs. 28 goals, with a mean of 3.9 ± 0.8 compared to 3.5 ± 0.5, t=-2.31, p=0.03).

During goal quality assessment, most goals (62/63) were rated as acceptable or excellent, but the expert set more goals rated as excellent (29/36) than the non-expert (6/27).

Interview Duration



Conclusions

The use of expert interviewers and a goal inventory to facilitate the goal-setting process can help clinicians and individuals identify a broader range of goal areas and develop higher quality goal scales.

These semi-standardized goal inventories can be prepared by disease experts, with special consideration to the conceptual model of the disease and the product's proposed mechanism of action. In this way, goal inventories can ensure that the goals set are relevant to the intervention and/or the treatment.

Goal inventories can also be used to train interviewers and to orient the patients to the goal-setting process.

The goal inventories can be introduced to the patients prior to the screening interview. This will give them time to think about their goals, symptoms, and challenges and may improve the goal setting process.

Acknowledgement & References

1- Kiresuk, T. J., Smith, A., & Cardillo, J. E. (Eds.). (2014*). Goal attainment scaling: Applications, theory, and measurement*. Psychology Press.

2- Knox, K., Stanley, J., Hendrix, J. A., Hillerstrom, H., Dunn, T., Achenbach, J., ... & Rockwood, K. (2021). Development of a symptom menu to facilitate Goal Attainment Scaling in adults with Down syndrome-associated Alzheimer's disease: a qualitative study to identify meaningful symptoms. *Journal of patient-reported outcomes*, 5(1), 1-10.