



Goal Setting in Speech- Language Pathology

A GUIDE TO CLINICAL REASONING

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Introduction

Are you struggling with how to move from diagnostic information to patient-centered, functional goals? If so, this is the resource for you!

We encourage you to start at the beginning so that we share a common terminology and cognitive framework. You will then be equipped to engage with the case studies that allow you to practice clinical reasoning across a variety of disorders, patient ages, and settings. You can use this resource independently to develop or enhance your clinical reasoning skills or work through it with an instructor or clinical supervisor for the additional benefit of their expert knowledge.





About the Authors



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1 Clinical Reasoning Introduction





The Value-Add

We have all been there. You feel prepared from your graduate coursework. You know diagnostic procedures and have collected excellent data. Developmental norms and medical etiologies are fresh in your mind. You have administered assessments, conducted an in-depth interview with the family, and observed the client in functional interactions. The data are comprehensive and your knowledge is solid. As you have been taught, you next sit down to write three to four objective, measurable, timely, and functional goals. The problem: you are paralyzed as to where to go from here. You struggle to synthesize the information that you have gathered to write even one patient-centered goal.

Navigating the clinical decisions needed to establish functional and relevant treatment goals can feel overwhelming and even impossible. YOU ARE NOT ALONE. Feelings of frustration and inadequacy are common. After combined years of working with graduate students, we, as educators, have identified what you are experiencing: difficulty navigating the complexity of clinical reasoning in goal planning. We argue that clinical reasoning is not a skill that is innate, but a skill that must be taught and practiced in order to master.

Here are some examples taken from personal experience. Can you identify what is wrong in these scenarios?

1. A graduate clinician evaluates a 7-year-old child with minimal language skills (Mean Length of Utterance is 3.5) and severely impaired intelligibility due to speech sound substitutions. During the evaluation, she is fascinated to discover that the child cannot whisper. She proposes a goal to her clinical supervisor that the child work on whispering, which could be a helpful skill with peers.



2. An SLP, midway through his clinical fellowship at a sub-acute rehab facility, evaluates an older gentleman with moderate expressive aphasia and spastic dysarthria. Staff report that he spends days alone without socializing with other residents. The clinical fellow creates three goals for the patient including (1) increased intelligibility when reading sentences, (2) production of adequate vocal quality when sustaining “ah” for 10 seconds, and (3) increased accuracy in picture naming of kitchen and school items.
3. A graduate clinician administers a standardized test to a 4-year-old child. She notes that the child is unable to use negatives appropriately in sentences. She uses the wording of the standardized test item verbatim to formulate the treatment goal.
4. A beginning clinical fellow conducts a bedside swallowing evaluation on an 85-year-old woman in the advanced stages of Alzheimer’s dementia. The patient’s daughter expresses concerns about her mother’s lack of oral intake. After the evaluation, the SLP writes a goal for the patient to demonstrate safe swallowing of restricted consistencies (puree with honey-thick liquids) during three meals per day.
5. A graduate clinician evaluates a 2-year-old dual language learner who is not speaking in either language. Based on the supervisor’s advice, the graduate clinician recommends that the parents choose one language for the child to minimize any confusion with language development. The graduate clinician then writes a goal to work on requesting preferred items with gestures and words in only one language.

In the above scenarios, clinicians conducted and analyzed assessments, gathered client-centered information, and identified areas of need. What they failed to do, however, was to synthesize the data to devise functional, impactful goals. As



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illustrated by these examples, novice clinicians often have difficulty prioritizing skills, generalizing test performance to a larger skillset, choosing goals that are relevant to a specific client's environment and social settings, and factoring the client's diagnosis/prognosis into the plan.

What distinguishes expert clinicians from novices is not necessarily a difference in data collection. Rather, expert clinicians have internalized clinical reasoning processes that allow them to thoughtfully consider and weigh the data in order to formulate functional, meaningful goals.

Sound easy? We fully acknowledge that it is not. This resource guide aims to teach novice speech-language pathologists how to use their knowledge and clinical skills like an expert. Specifically, this guide makes explicit the unseen reasoning and processing that is required to make service delivery personable and functional for all patients. The skill set involved in clinical reasoning enables us to practice at the top of our license.

As you progress through this resource, we encourage you to reflect on:

- where you find yourself getting stuck in the goal-writing process;
- the types and quality of goals you write; and
- ways to improve and strengthen your goal-writing skills to meet your patients' needs.

A Useful Analogy

We all love a good brownie. Pretty much anyone can pick up a box of brownie mix from the grocery store and follow the recipe. It is not necessary to understand the components that



are provided in the box. A novice, an individual with little to no experience in baking, will follow the recipe explicitly without deviating from instructions. In fact, failure to do so (e.g., adding less oil or no eggs), could result in an inedible rock.

Over time, a novice baker develops an understanding of the ingredients as separate parts to include knowing what is essential and non-negotiable in the process. This individual also learns which ingredients can be supplemented or improved to take brownies to the next level. Some options include: using part buttermilk and part whole milk, doubling the vanilla, or adding cherries, chocolate chips, or nuts. Experience drives the transition from novice brownie-maker to expert brownie creator.

Let us extend this concept to apply to the skillset of clinical reasoning in speech-language pathology. As speech-language pathologists, treatment goals are our brownies. In the beginning, novice clinicians are given specific “recipes,” which they follow without deviation, for both diagnostics and treatment planning. As clinicians’ knowledge and experience with patients, settings, and disorder types grow, so does the depth of clinical reasoning skills needed to efficiently create meaningful treatment goals.

One common misconception is that an expert’s clinical reasoning skills correlate directly with time or years of experience, but this is not always the case! While it is unnecessary to provide a comprehensive review on this topic, we would like to highlight a few pertinent points that differentiate experts from novices. These points will be useful while reading this text.

- **Academic knowledge:** Didactic knowledge is a strength for novice clinicians because it is both current and fresh; however, there is less depth to that knowledge. Because of experience, experts are able to efficiently draw from and apply knowledge of relevant content areas when composing treatment goals.

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- **Clinical experience:** Although it may seem obvious, it is important to acknowledge that novices lack the experience that comes only with patient care. Experts use their wealth of experiences over a career to inform the diagnostic and goal-writing process in their specific work setting.
- **Flexibility:** Unlike novices, experts are adept at modifying goals when new information or data are presented. They can efficiently use their academic/continuing education knowledge with clinical experience when incorporating new information so that goals are more functional for the patient.

So how do these differences reveal themselves in expert and novice clinicians with regard to the goal-writing process? To help highlight some pertinent differences, we provide a case study of an adult with a fluency disorder. After the case study, we will operationally define terminology that is key to understanding the clinical reasoning process for expert and novice



clinicians. While definitions can be dry, they are necessary for understanding the goal-writing process. Do not stop reading at the definitions because, following each definition, we provide differences between the expert and novice clinician from the case study in order to illustrate each concept.

An Introductory Case Study

An 18-year-old college freshman asks to be evaluated and treated at the university speech-language pathology clinic. According to his intake summary, he reports having stuttered his entire life. He has received speech-language pathology services on and off since the age of three. During his school years, he felt comfortable and well supported by teachers, peers, and support staff. He is currently enrolled in a core requirement, a public speaking course, where he is required to give impromptu, timed speeches that will be graded. He wants to achieve an A in the course without accommodation. Evaluation results include:

- a severity equivalent of moderate on the Stuttering Severity Instrument (SSI-4; Riley & Bakker, 2009);
- a mild-moderate impact rating on the Overall Assessment of the Speaker's Experience of Stuttering (OASES; Yaruss & Quesal, 2016); and
- secondary characteristics while speaking including eye blinks and facial grimaces.

A Novice Clinician's Response

“I think this client would benefit from easy onset, relaxation, and breathing exercises. I can see adapting materials from ‘turtle talk’ to demonstrate slow rate and bumpy versus smooth speech.”



Proposed Goals

1. The client will identify bumpy versus smooth speech in 90% of opportunities.
2. When provided a model, the client will use easy onset at the word-phrase level in 90% of opportunities.
3. When provided a model, the client will use easy onset at the sentence level in 90% of opportunities.
4. During a structured therapy session, the client will imitate common age-appropriate sayings using smooth speech in 8 of 10 trials.
5. The client will self-report 90% accuracy during a home program on diaphragmatic breathing.
6. The client will demonstrate 100% fluent speech during a 10-minute interaction.

An Experienced Clinician's Response

“The important factors to consider include this client's quality of life from the OASES, the required speeches in class, the secondary behaviors he is exhibiting, and the client's personal goals. This client is not new to stuttering; he has a long history of speech therapy so it is safe to assume that he has foundational knowledge of fluency shaping and stuttering modification techniques. We need to have a follow-up conversation about the client's preferences and self-perceived successes. The focus of therapy should be functional application of therapeutic strategies to enhance the client's self-perceived success in a classroom setting.”



Proposed Goals

1. The client will demonstrate the use of fluency shaping or stuttering modification strategies at least 10 times during a two-minute structured conversation on a topic of the client's choice.



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2. Upon viewing a five-minute recording of himself delivering a simulated class speech, the client will identify and discuss with 90% accuracy contexts where his secondary behaviors occur.
3. During a simulated three-minute class presentation to an unfamiliar listener, the client will independently use fluency shaping or stuttering modification strategies at least 15 times.
4. Before speaking activities in a classroom setting, the client will use a self-disclosure statement about stuttering a minimum of two times in three weeks as evidenced by self-report.

Terminology in Clinical Reasoning

Prototypes

In the medical literature, the term ‘prototypes’ is often referred to as ‘illness scripts’. Prototypes are the clinician’s background

Table 1–1. Prototype: Case Study Application

Novice	Expert
This clinician is using a prototype of a textbook stuttering case (e.g., a young child who is brought to a private therapy setting by his parents for fluency therapy). She uses her limited fluency prototypes to approach treatment planning for the adult in this case study.	Functionality, client characteristics, and the client’s goals inform which prototype is referenced. The expert clinician in this case study is working with the prototype of an adult client living with a fluency disorder who needs functional strategies and goals in his current situation and context (i.e., a university course).

