The UNC Aphasia Goal Pool is meant to be a resource for speech-language pathologists and speech-language pathology students. It is also meant to inform our intervention research between researchers and clinicians working in outpatient clinics under typical productivity requirements.

As we continue to develop and test hypotheses about collaborative intervention planning, we want to consider the perspectives of speech-language pathologists who work in varied settings and likely have approached the problem with different strategies. We also seek to help clinicians share their varied perspectives with each other. To this end, we started the UNC Aphasia Goal Pool. For illustration purposes, we used the four model prompts simply to characterize the unedited goals speech-language pathologists submitted to this pool.

**Focus: Communication Participation**

*The client and therapist decide on goals, roles, and responsibilities.*

**Prong 1: Skills and Abilities**

*The client and therapist collaborate to identify a set of specific skills and abilities that are important for the individual.*

**Prong 2: Environmental Strategies**

*The client with aphasia and important communication partners can identify ways to make the environment more supportive of communication.*

**Prong 3: Emotional Supports**

*The caregiver will demonstrate comprehension and appropriate application of communication supports to the person with aphasia.*

**Prong 4: Neuroscience**

*The client will choose and work toward a goal that is aligned with their personal and social goals.*

In addition to contributing goals to our collective pool, visitors to our website are invited to participate in brief survey studies (5-10 minutes). We share some of the results on our website and in future surveys and we analyze most responses in qualitative research studies.

During the period September 1 to March 1, 2019, our optional survey was about what SLPs do and do not include as written goals and how we train family and friends as communication partners. Some of those responses are reported here to include discussion.

"I always use videos of communication partners having structured and unstructured conversation and ask intelligently and recursive strategies and ask them. I give strategies and tips on what I have observed and we observe together-these things made the caregiver more likely to adhere to the plan."

"Don't forget kids, parents, and if/when appropriate, coworkers."

**TRAINING FAMILY AS COMMUNICATION PARTNERS**

At some point, I was told to only write goals for the patient. That insurance only covered anything for the caregivers and so not to write it as a goal. I always provided training for family/caregivers anyway. Just never stated it as a goal.

In order to be reimbursed, goals have to be about the patient. So I might make a goal such as: Patient will repair communication breakdowns when attempting to express thoughts and needs with minimal assistance from the communication partner."

"Counseling is referred to as Education which is reimbursable. SLP typically does not get reimbursement for counseling. I also add goals for caregivers and other family members."

**QUALITY AND AMOUNT OF GOALS CONTRIBUTED**

Since May 2015, we have collected goals from speech-language pathologists across the United States (1,026 unique contributors) and have received 5,461 unique goals. Some goals are repeated due to different sources of the same goal (e.g., different names or different online sources). In the total number of goals (5,461), less than 3% were about communication partner training.

"I would like to collaborate with others about how goal writing. But there is no one to collaborate with in my setting."

**RESEARCH SURVEY**

**PARTNER TRAINING METHODS**

*Having the family member demonstrate or repeat back instructions/directives taught*

*First, I observe the partner interact and make notes about what they are doing well and not well. I explain the strategies and educate. Finally, I have them role play with another.*

*Use pictures of brain to teach patient and family about normal pathways and communication disorders.*

*I have communication partners document situations that are challenging in between sessions so that we can determine where the communication breakdown occurred and troubleshoot ways to avoid it from happening again.*

*Typically provide verbal education with demonstrations when introducing strategies. I supplemented with written handouts and highlight specific strategies that are applicable to each patient/care partner.*

*Work ensuring you have a handful and additional resources (e.g., online resources such as online, books, and additional definitions/ handouts) to give communication partners is helpful if it takes the burden off the caregiver to have it. So everything you say is your opinion.*

*Frequently set up a communication book based on information that the patient and family want. I train family and patient on its use.*

*Always use videos of communication partners having structured and unstructured conversations and ask intelligently and recursive strategies and ask them. I give strategies and tips on what I have observed and we observe together these things made the caregiver more likely to adhere to the plan."

"Don't forget kids, parents, and if/when appropriate, coworkers."

"In order to be reimbursed, goals have to be about the patient. So I might make a goal such as: Patient will repair communication breakdowns when attempting to express thoughts and needs with minimal assistance from the communication partner."

**CHALLENGES AND REASONS FOR NOT INCLUDING AS GOALS**

*Communication partners are not reimbursed for sessions, hence it is difficult to have a consistent goal addressing them.*

*Sometimes family members are not present during treatment sessions and are difficult to reach via telephone.*

"Counseling is referred to as Education which is reimbursable. SLP typically does not get reimbursement for counseling. I also add goals for caregivers and other family members."

**THE FOURC MODEL**

The purpose of the FOURC model is to coordinate interventions, ensure they are driven by anticipated generalization, support motivation, and help establish a collaborative partnership between the clinician and person with aphasia (Haley et al., 2019). To establish feasibility of implementation, the model was developed through partnership between researchers and clinicians working in outpatient clinical under typical productivity requirements.

We share examples from the goal pool. These examples are organized in different ways to highlight the way they write goals. As a thank you to all who contribute, we share unedited work in many different settings and have varied levels of experience. We share these goals with the submitted goals. Instead, we work to do not critique or revise the submitted goals. Instead, we work to support motivation, and help establish a collaborative partnership between the clinician and person with aphasia (Haley et al., 2019). To establish feasibility of implementation, the model was developed through partnership between the clinician and person with aphasia (Haley et al., 2019). To establish feasibility of implementation, the model was developed through partnership between researchers and clinicians working in outpatient clinical under typical productivity requirements.

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"In order to nurture post-prong 1 focuses on facilitating language skills that are important for the individual. We then move on to prong 2, which focuses on environmental strategies that make the environment more supportive for communication. Then, prong 3 focuses on emotional supports that support the caregiver in understanding and managing the situation. Finally, prong 4 focuses on neuroscience strategies that address the underlying brain changes that contribute to communication difficulties."

"Goals cannot be that much that's important to the patient. If you think of something close but really work on something a bit different that doesn't lend itself to quantification. Communication is more complex.

"I don't think there are tools that don't lend itself to quantification. Communication is more complex.

"The caregiver will demonstrate comprehension and appropriate application of communication supports to the person with aphasia.*

"My goals are already written for me. I only get to select a goal. There is a choice of 120 goals.*

"There have been a lot of tools for the patient. I must acknowledge the family/patient goal in one STG.*

"Goals must reflect medical necessity and the need for skilled intervention.*

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"I don't think there are tools that don't lend itself to quantification. Communication is more complex.

The Aphasia Goal Pool Project: Updates and Observations

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The Aphasia Goal Pool at UNC is a way to help speech-language pathologists share experiences and knowledge about treatment planning for aphasia across the continuum of care. Since May 2015, we have collected goals from speech-language pathologists who work in many different settings and have varied levels of experience. We share these goals and information about them in a variety of ways.

Contributors are asked to share sample goals from their practice or answer questions about the way they write goals. As a thank you to all who contribute, we share unedited examples from the goal pool. These examples are organized in different ways to highlight strategy, focus, and problem solving. We share our 25 to 100 goal examples per goal pool contribution. We do not critique or restate the submitted goals. Instead, we work to reflect the clinical excellence that exists within the community of aphasia practitioners and to challenge and support one another to offer the best services we can to people with aphasia.

Currently, the goal pool includes more than 1,214 goal examples submitted by speech-language pathologists and graduate students in the US and worldwide. Six months ago, when we started 803 goals that had been shared by ASHA certified speech-language pathologists, distribution across the FOURC prongs, communication partners, and cognition, was very uneven (see figure). Currently, we are working to understand more about how our community assesses environmental and psychological supports.

**RESEARCH SURVEY**

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