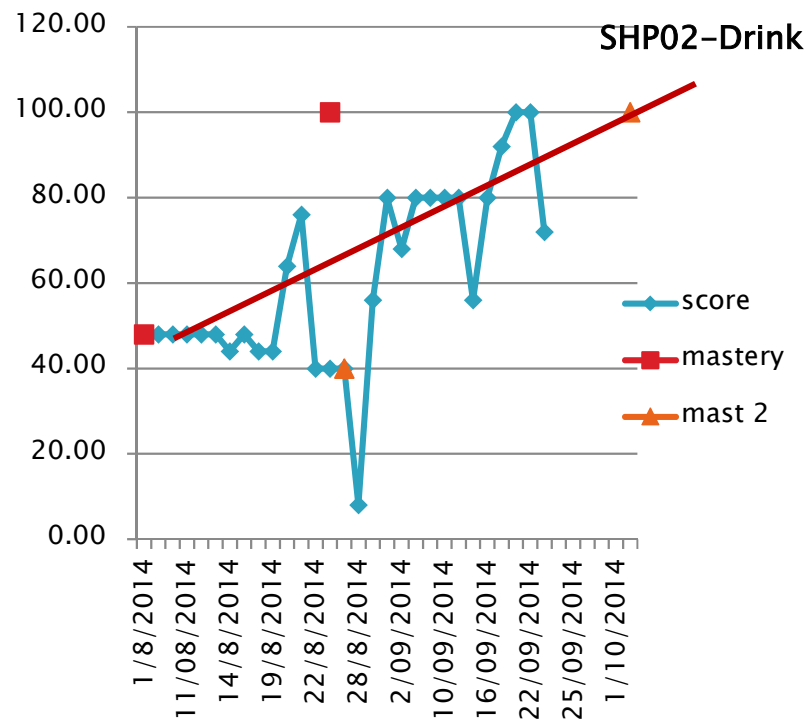




Goal Mastery @ Yooralla EDAR



Assoc. Prof. Keith R. McVilly
Dr Danielle Newton
Mr Christopher Wallace
Mr Stuart Findlay
Dr Jeffrey Chan



Background Questions Driving This Project

How can we deliver services to people which have *meaningful* and *measurable* outcomes?

How can we prove that we do what we say we will do for people; how can we be more accountable to the people we serve?

How can we be NDIS ready?



Goal Mastery

- Developed by Grafton in the USA
- The systematic development, implementation and evaluation of support strategies
- Designed to support the acquisition of *skills*, and promote the *achievement* of clients consistent with their *needs and aspirations*.



Six steps to Grafton Goal Mastery

1. Conducting a thorough assessment of the individual's strengths and needs;
2. Writing goals that are functional, measurable, and specific to the needs;
3. Collecting data, typically on a weekly basis;
4. Graphing data and comparing them to a Minimum Growth Line
5. Determining level of progress according to a specific standard;
6. Providing a reporting mechanism to identify goal mastery rates at all levels within the organization



Goal Mastery Pilot

- 9 staff developed the programmes across
4 EDAR services
+ an additional 7 staff were involved in
delivering the programmes
- 32 Clients volunteered to participate
 - 19 allocated to intervention +
 - 13 allocated to wait-list control



Establishing The Goal Mastery Process for Individuals

- Skill-related goals for each participant were established by staff trained in Goal Mastery, in consultation with participants and families.
- Individualised *task analysis*, *systematic instruction* and *reward programmes* were developed.
- Staff met on at least a fortnightly basis to refine plans and review client progress.



The programmes included:

- travel training
- meal preparation and eating
- making purchase at shops
- using an iPad
- arrival and bag routines



Implementing The Goal Mastery Process for Individuals

- Individualised skill development programmes were implemented for a minimum of three times each per week.
- The recording included who implemented the task analysis, when changes were made and individual trial data.



Measuring The Goal Mastery Process for Individuals

- Staff rated client progress according to a prompt hierarchy for each step of the task analysis every time the programme was implemented.

0= Unable to complete even with assistance

1= Hand-over-hand

2= Partial physical

3= Verbal

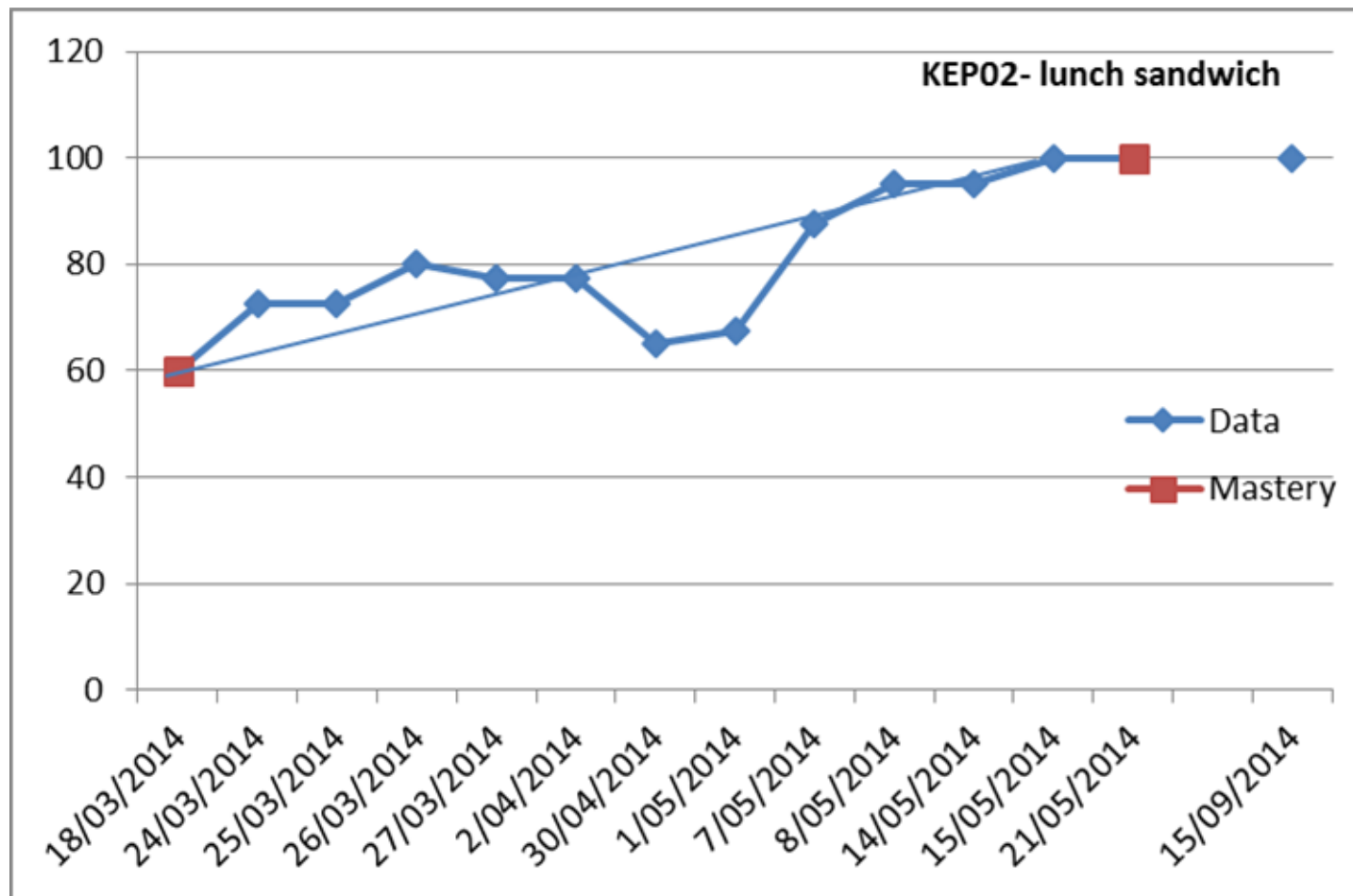
4= Gestural

5= Independent

- A total score was then calculated for each trial indicating a percentage of total attainment: $\text{Score} / \text{Possible score} \times 100$.



An Example of Goal Mastery Data





Additional Data to Help Interpret the Results

- Client demographics
- Measures of *Adaptive Behaviour*
- Measures of *Challenging Behaviour*
- Measures of *Mental Health* status
- Interviews with families
- Interviews with staff



Did it work as we expected?

- We observed increases in skill
 - it worked
- The rate of increase was similar to that predicted by the minimum growth line
 - staff were reasonable predictors of client performance



Did staffing / organisational issues make a difference?

- There were no major differences in skill gains across the 4 centres
- There were no major differences in skill gains where either the plan authors implemented programmes or this task was delegated to other staff
 - Goal Mastery can be successfully implemented by a range of staff, so long as the Task Analysis is written to a 'gold standard'



Did client characteristics make a difference?

There were no major differences in skill gains across:

- Gender
- Levels of adaptive behaviour (pre-existing skills / level of disability),
- Levels of challenging behaviour,
- Presentation of psychopathology

- Goal mastery appears equally successful across different client demographics



Some trends were evident

- Those with higher scores on measures of *Personal Living & Community Living* on the SIB-R generally took less trials to criterion.
 - Where people have lower pre-existing skills in these areas, it is likely they will require opportunity for more trials and over a longer time



Some trends were evident

- Those with higher scores indicating greater '*self-absorption*' on the DBC, generally took more trials to criterion.
 - Where people have higher pre-existing psychopathology, it is likely they will require opportunity for more trials and over a longer time



How much time and resource might be needed to repeat this success?

- Programmes took between 1 and 27 trials to achieve mastery (mean 10)
- Programmes took between 1 and 9 weeks to reach mastery (mean 5)
 - These figures provide guidance on how long to persist and when to consider programme reviews



Conclusion

Goal Mastery can provide:

- a mechanism to deliver services with *meaningful* and *measurable* outcomes
- an effective way to prove that we do what we say we will do for people; and to make us more accountable to the people we serve.
- a system to help services to become NDIS ready.