An Introductory Guide
For Clinicians & Service Managers

GOAL SETTING & CASE REVIEW
FOR PSYCHOLOGICAL THERAPIES SERVICES

By The Mental Health Collaborative

Health Delivery Directorate:
Improvement & Support Team
Introduction

This guide provides a basic introduction to goal setting and case review. It is part of a series of introductory guides for psychological therapies services. These guides cover four areas: Demand, Capacity, Goal Setting & Case Review and Clinical Administration. There is also an introductory guide called ‘Start Here’ that looks at how to implement change in the midst of uncertainty about what will work.
Goal setting and case review are crucial aspects of managing demand in psychological therapies services. In any service it is important to be clear about the goals of the intervention. They need to be achievable and should match as closely as possible both the identified needs of the patient and their expectations.

Improving our ability to set appropriate treatment goals, building in case review, and reviewing existing case loads will notably improve the efficiency of our service and the treatment of our patients.

Some may say that the goal setting approach only works with a CBT treatment model. Certainly, the method and language used fit well with a CBT model. But all therapeutic interventions could reasonably be expected to set clearly defined and measurable goals, albeit using a different framework or language.

For the purposes of these guides, a Psychological Therapy Service is any local service providing psychological therapies. Examples might include: Primary Care Mental Health Teams, Community Mental Health Teams, Clinical Psychology Service and Psychological Therapies Services.
Goal Setting

It is not unusual for people to be referred for psychological therapy when the identified need may not be best met by therapy. For example, someone whose psychological distress is the result of notable debt problems, may need help from a specialist debt advice service.

Often people have high and unrealistic expectations of what can be achieved with psychological therapy. Understandable and normal reactions to events such as bereavement are not likely to need, or benefit from, psychological therapy. A person’s goal of not experiencing a feeling of loss would not match the likely outcome of psychological therapy.

It is also important to consider the expectations of referrers and patients with respect to the goals of different levels of service. A brief guided-self help programme with a limit of three sessions, a stress control class of 4 sessions, six brief counselling sessions, and sixteen High Intensity CBT contacts would all have their own limits on what was achievable.

Often people have high and unrealistic expectations of what can be achieved with psychological therapy
Case Review

Monitoring and reviewing cases is an important part of our work as psychological therapists. It allows us to monitor progress towards a good outcome and check that our input/competency matches the needs of the patient.

In practice many clinicians, especially the less experienced, greatly appreciate the learning they gain from regular case review. For case review to be effective:

- this process should be non-threatening, supportive and used to inform both the individual and the service about clinical issues that arise;
- occur in supervision, as well as forming part of a psychological therapist’s individual reflective practice;
- allow the recording of information that will help planning of training.

From the operational point of view, there is a need to monitor the demand generated by each case and to compare this with predicted demand. There is also a need to monitor fit with service/team criteria. Regular recording and collation of service use information should be an integral part of the service manager’s role. The Demand for Psychological Therapies Services guide provides further information on this.
Goal Setting
SMART Clinical Work

One way of considering clinical interventions is to be SMART. For each patient we can ask ourselves a number of questions about the goals of the intervention.

S.M.A.R.T. stands for

- **S**: Treatment goals should be *specific*
  - Therapist and patient should be able to *measure* whether they are meeting their goals
- **M**: Are the goals set, *achievable* and *attainable*?
  - Can you *realistically* achieve the goals with the resources you have? (This will include therapist and patient resources, as well as the impact of external factors).
- **A**: Have you set a *time* for achieving or reviewing the goals?
SMART working
Things to consider

**Q. What is a realistic amount of improvement?**
**A.** It is worth considering what % improvement is realistic and possible, 80% improvement may well be enough to allow the patient to move forward. Is it worth trying for a possibly unrealistic 100% improvement?

**Q. Does everything need to be addressed at once?**
**A.** For complex presentations it may be appropriate to focus on goals that are likely to be achievable with the therapy available.

**Q. Are there significant factors that serve as barriers to progress?**
**A.** For some, the role of external factors and social stressors may act as a barrier to improvement. In such cases it may be more expedient to refer onwards for help with these issues before considering therapy.

_The resources, skills and abilities a patient brings to therapy are important contributing factors to their progress_

**Q. Do the patient and therapist share the goals?**
**A.** Shared goals can be considered, regardless of the therapeutic model, to be important. Active participation in the therapeutic process is an important variable. Thus a shared view of goals and methods of treatment can be seen as essential to the establishment of a sound therapeutic alliance.

**Q. Is the patient ready to change?**
**A.** Change is a process that unfolds over time. Starting therapy before a patient is ready to make changes and undertake the work required to make progress is unlikely to succeed, and may be a significant cause of ‘drop-out’.
Goal Setting
Starting SMART

The best place to start SMART working is at the first assessment interview. This allows more accurate matching to the referral criteria for your service(s) than using referral letters.

The initial assessment could have a solution focused aspect to it, building in discharge planning from the start. This may include:

• Clarifying problem areas;
• Setting SMART treatment goals;
• Agreeing what is expected of therapist AND patient;
• Identifying supporting activities that the patient can undertake in addition to the therapy;
• Identifying and addressing potential barriers to progress.

“...the patient should be transferred to another therapist or service where there is a better match between competency and need.”
Goal Setting

SMART Matching

If you are working with a matched/stepped care model then it will be easier to be SMART. Once a case has been assessed it should be matched to the level of service most appropriate. This matching needs to include patient characteristics. For example, if guided self-help will involve reading and record keeping, a level of literacy will be required.

Goal Setting

SMART Reformulation

It is not uncommon for the initial formulation to be revised in the course of therapy. This may lead to revised SMART treatment goals and may mean that the patient should be transferred to another therapist or service where there is a better match between competency and need. In a stepped care model, this would be a transfer to a more intense/longer duration psychological therapy or a step down to guided self-help or practical support rather than active therapy.

Goal Setting

SMART Stepping

Stepping up or down should be arranged within a service and should happen as seamlessly as possible, without the need for a further referral that could lead to another wait for the patient.
A healthy psychological therapy service has a system that automatically builds case review into a patient’s journey. This would include:

- Ensuring new cases meet referral criteria;
- Building in discharge from the outset;
- Contracting an initial number of sessions;
- Setting a review date;
- Revise aims/reformulate if needed;
- Not routinely offering ‘check up’ appointments;
- Routinely monitoring and measuring caseload activity and manage.

**Application Tip**

The Wiseman Workload Measure (WWM) is one tool that can help you with caseload management. The WWM measures actual and total workload. Within the tool total workload is defined as ‘Direct Care, Indirect Care, Role/Agency Tasks and Travel.

The Measure also features a Turnover and Time on Caseload Monitor. The WWM is completed by individual practitioners but can be aggregated to represent team and service total activity and total capacity.

For further information please see: www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/74
Case Review

Detox for psychological therapy services

Most psychological therapy services gradually build up a number of cases that are not achieving good outcomes or seem ‘stuck’. This can lead to reduced capacity, as well as frustrated and demoralised patients and therapists.

It is a good idea to have a regular team case review session, at least twice a year. Team members should bring along all cases that have exceeded an agreed number of sessions, or where they are feeling ‘stuck’.

A case review checklist can be useful to help the review run smoothly. See below for an example of a checklist. This can be used in individual supervision as well as team reviews. Local area teams may wish to add more specific questions and criteria to match their service profile and competency mix.

If cases are being seen because there is no suitable alternative, despite not meeting team criteria, this can be a good opportunity to identify and specify gaps in supporting services/agencies. The information can be used to clarify unmet need and gaps in services that can be used to inform future planning.

As the team will know their capacity, it is possible to quantify the impact of increasing alternative services on the capacity of the team. In some cases this could be costed and allow for a well made business case for increasing alternative service provision.
Staying Case
Review Checklist

The following is an example of a checklist that could be used by clinicians on their own, or in supervision.

The language used may not suit the therapy model, and not all points may be relevant. It is the concept of a systematic, goal orientated review that is important.

A checklist will work best if the clinical staff in the service have contributed to its development. Different levels and types of services will require different review checklists.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes/No</th>
<th>Action planned</th>
<th>By whom</th>
<th>By when</th>
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<tbody>
<tr>
<td>Does the case meet service criteria?</td>
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<td>What are the aims of therapy? Are they SMART? Will you know when they have been achieved?</td>
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<td>Have you checked progress against aims? If aims met but problems remain, have you reformulated?</td>
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<td>Do they need your level of skill? Could someone else do the work?</td>
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<td>Do they still need the service?</td>
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<td>Is there a follow-up appointment – if yes is it necessary? Could the follow-up be by phone?</td>
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<td>Are there dependency issues?</td>
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<td>Are you ‘worried’ that they have nothing else?</td>
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<td>Are there attendance problems? Is the DNA policy clear to the patient and is it being applied?</td>
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Summary

The following checklist will help you decide whether you are making effective use of your current capacity. Rather than a simple yes/no choice you can select ‘partly’, as we recognise that most services will be in the process of looking more closely at what they are doing.

If you can answer yes to every question in this checklist, then you are probably doing everything you can to make the most effective use of your current capacity. If you answer no or partly to questions, then this indicates an area where you could do further work.
<table>
<thead>
<tr>
<th>Goal Setting and Case Review</th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
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<tbody>
<tr>
<td>Are all cases checked for match to service criteria?</td>
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<td>Does the service use a goal setting approach?</td>
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<td>• Are the goals of therapy explicit?</td>
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<td>• Are the goals S.M.A.R.T.?</td>
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<td>Is there a seamless system for stepping up/down to services that best match goals?</td>
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<td>Is there a system of case review built into supervision?</td>
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<td>Do you regularly review case loads against treatment and service goals?</td>
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<td>Do you regularly check progress against aims?</td>
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<td>Is there a good match between level of skill and identified needs?</td>
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<td>Are there flexible arrangements possible for follow-up appointments?</td>
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<td>Are there systems to deal with dependency issues?</td>
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<tr>
<td>Is the DNA policy clear and is it being applied?</td>
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These booklets have been produced by the Scottish Mental Health Collaborative. For further information about the work of the Scottish Mental Health Collaborative please visit its website: www.scotland.gov.uk/PsychologicalTherapiesServicesIntroductoryGuides/GoalSettingsandCaseReview

These booklets are a series of five. These are listed below:

- Improving Access to Psychological Therapies Services
- Capacity for Psychological Therapies Services
- Demand for Psychological Therapies Services
- Clinical Administration for Psychological Therapies Services
- Goal Setting & Case Review for Psychological Therapies Services

PDF copies of these booklets can be assessed at the Scottish Government website: www.scotland.gov.uk

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