

Teaming Up: Setting Practical and Meaningful Goals

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Physical, occupational, or speech therapies can be a part of the care plan for infants, young children, adolescents and adults with developmental concerns or disabilities. These services help people who have difficulties with:

- movement
- daily self-care activities
- communication

At any given time you may find yourself or your family at different points with one or more of your therapy services. You may be considering if you need to:

- start therapy
- return to therapy, or
- continue with a therapy in which you or your child are already doing

No matter where you are in your therapy, it is important to talk with your therapist about your goals and priorities.

When goals are focused on practical needs for patients and their families, there is often better progress to reach them. The reason for this is simple – if you want to reach it, it is more likely that you will work hard to do so. Seeing progress is motivating. The goal that a physical therapist thinks is best for a patient may not



be what the patient or their family feels is most important. This can mean slower progress and less desire to work on those goals.

Identifying Goals

Patient and family input is vital to figuring out the priorities for therapy services. You are the expert on your situation. Patients and families have unique needs, concerns, priorities, and strengths. Telling the therapist about these things is important for goal setting.

Talk to the therapist about what you are looking to accomplish through therapy and things you

(and your child) do well. Some questions to think about:

- What does your child enjoy?
- How does your family enjoy spending time?
- What do you hope to reach by going to physical therapy (or occupational/speech therapy)?

For some, this answer comes very easily. “I want my child to walk,” or “I want to button my clothes to get dressed.” For others, the question is hard. Some may have broad goals such as, “I want my child to talk better”

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or “to catch up with peers on the playground.” Digging deeper with more questions can help you figure out what your family would like to see improve. Some more questions to think over may be:

1. What does that look like or mean to you? (what would you see or hear in your daily activities to help you know that your child is doing better with these activities?)
 - a. Example: “talk better” = “he uses words to ask for a drink or snack”
 - b. Example: “catch up with peers on the playground” = “he can climb the ladder and go down the slide safely on his own”
2. What do you need help with that you wish you could do on your own?
3. What are the next things you would like to be able to do better (or the next things you would like to see your child doing)?

Sometimes, it can be helpful to use a tool or resource with your therapist to help find and prioritize goals. The Canadian Occupational Performance Measure (COPM) is one tool that can be used. It looks at activities a person needs to do, is expected or hopes to be able to do better or with less help. The person or family members think about self-care activities, tasks involved with work or school, play and recreation activities, chores and more. The COPM helps to find the most important goals. It will also rate current performance, and level of satisfaction with current performance. The ratings can be used to help track change over time.

Another tool is the Participation and Environment Measure – Children and Youth (PEM-CY). This tool can be found online and filled out by the parent(s), then shared and talked about with the therapists on one’s care team. The PEM-CY gives information about the child’s participation at home, school, and in the community. The tool lets parents give ratings of what the child does, how involved the child is in activities, and if the parents would like to see a change in the child’s level of involvement.

A Deeper Understanding

After deciding on goals, there should be more discussion to outline and make the goals clear. It is important for the therapist to know more about how the patient and family live, play and work. This will help make the goal meaningful. It will be helpful to tell your therapist about:

- What a typical day looks like for your family (i.e., routines, school and work schedules, other activities)

- Who lives in your home
- Who helps with different activities throughout the day and week
- How your family gets around the community (i.e., driving, bus, bike, other family members).
- Information about your home and other places your family spends time (i.e., uneven surfaces, shared time with other family members, multi-level home)

The patient, family, and therapist should also talk about how to make the goal as detailed as possible. Without this, it may be hard to know if and when you have met the goal. Some goals may be achievable and appropriate as initially stated. Others may need to be broken down into smaller parts and worked on in small parts over time. For some people who need a lot of caregiver assistance, the goal may not be for the individual to reach independence with the activity. Instead, having them work toward being able to do parts of the activity may lead to improved daily routines for the patient and caregivers.





It is also important to look at how many goals you make. Too many goals can make it hard to reach any of them. Talking about how goals may relate to one another and talking about which goals are most important to reach first is key.

Moving Forward

After setting goals, the patient, family and therapist will work on a plan for how to reach the goals. Sometimes this is done directly with one type of therapy. Other times, additional providers or resources need to be included to help with overcoming barriers or collaborating on health -or educational needs. One example is bathing or showering. An occupational therapist may give strategies for the acts of washing and dressing, but a physical therapist may be able to help with improved balance for standing while showering or stepping in and out of the bathtub.

As a plan starts to take form, the patient and family should also give input on preferences and feasibility for therapy times and frequency of visits. A therapist will provide a recommendation based on the patient's situation, but the family's ability to follow through with the plan is important. Often times,

there is more than one option to consider in how to work toward achieving therapy goals.

Throughout the entire process, it is important to be open with the therapist. Ask questions and give comments about progress and things you notice throughout the therapy process. Your voice is key!

Finally—goals can change. Situations and priorities for families, health status throughout growth and development, and resource availability can change over time. Therapy goals need to be flexible to change as well.

Resources

Website:

CanChild Research in Practice: Family-Centered Service
<https://canchild.ca/en/research-in-practice/family-centred-service>

Article:

Randall KE, McEwen IR. Writing patient-centered functional goals. *Phys Ther.* 2000;80:1197-1203.

Tools:

Law M, Baptiste S, Carswell A, McColl MA, Polatajko H, Pollock N. *The Canadian Occupational Performance Measure* (5th ed). Ottawa, ON: CAOT Publications; 2014.

Coster WJ, Bedell G, Law M, Khetani MA, Teplicky R, Liljenquist K, Gleason K, Kao Y. Psychometric evaluation of the Participation and Environment Measure for Children and Youth (PEM-CY). *Developmental Medicine and Child Neurology.* 2001;53(11), 1030-7.

Parents can access and download the PEM-CY to their personal computer at: <https://www.canchild.ca/en/resources/248-participation-and-environment-measure-for-children-and-youth-pem-cy>



We have many ways you can stay connected

Would you like to get CenterLines–News you can use from the Center for Disabilities and Development by email? If so, email us at:

CenterLines@uiowa.edu

Please give your name and all email addresses where you wish to have the newsletter sent. We will still mail copies to those who want them.



Have you been looking for us on Facebook? Look no further! The Center for Disabilities and Development will be sharing stories, photos and information on child and adult development. Make sure to “Like” University of Iowa Stead Family Children’s Hospital Facebook page.

Would you like to share your story? Please email: heather-roman@uiowa.edu.

Top 10 Iowa attractions to visit this summer

1 National River Museum & Aquarium
Dubuque, Iowa
www.rivermuseum.com/

Learn about not only the history of the Mississippi River and other Rivers of America, but also see live fish. With daily activities of fish feeding, “creature features”, demonstrations, 4D theater, and feature exhibits everyone can find something they enjoy!

2 Iowa State Fair
Des Moines, Iowa
iowastatefair.org/

The Iowa State Fair offers everything from live entertainment to 83 different types of food on sticks to rides and enjoyment for the whole family!

3 Downtown Des Moines Farmers Market
Des Moines, Iowa
desmoinesfarmersmarket.com/

The Downtown Des Moines Farmers Market is a treat for everyone! Local artists, seasonal flowers, farm fresh produce and food, music and entertainment!



4 Blank Zoo
Des Moines, Iowa
blankparkzoo.com/

The Blank Park Zoo is a dream come true for animal lovers! They have lions, tortoises, giraffes, monkeys, penguins and more!

5 Iowa City Jazz Fest
Iowa City, Iowa
summerofthearts.org/festival-menu/jazz-festival/about.aspx

The Iowa City Jazz Festival celebrates the love for jazz music, local artists and vendors, and downtown Iowa City.

6 National Balloon Classic
Indianola, Iowa
nationalballoonclassic.com

Watch hundreds of the coolest hot air balloons fly over as you sit on a grassy field and enjoy beautiful Indianola. The Classic includes activities like live entertainment, meeting the pilots, parades and more!

7 Field of Dreams
Dyersville, Iowa
fieldofdreamsmoviesite.com/

Visit the site of the famous movie Field of Dreams. Tour the ball park and learn all about what went into filming the iconic baseball movie.



8 Reiman Gardens
Ames, Iowa
reimangardens.com/

Visit the living garden and explore a large variety of plants from towering palm trees to aromatic herbs. Get inspiration for your own garden, enjoy unique art and architecture, and relax in an indoor oasis.

9 Iowa Kernels Baseball
Cedar Rapids, Iowa
milb.com/index.jsp?sid=t492

Catch a Cedar Rapids Kernels home game and have a classic day at the ball park. Watch the great American pastime and enjoy a hot dog.

10 Okoboji Summer Theatre
Spirit Lake, Iowa
stephens.edu/okobojisummertheatre/

Enjoy a comedy, classic, or musical during one of the nine productions this summer in the beautiful and historic Okoboji Summer Theatre.



Fun and Healthy Summer Snacks to Share

Cooking with your children can be a fun learning experience. Preparing food together can encourage your kids to try new foods and learn about nutrition. Measuring ingredients and following recipe directions can help develop math and reading skills.

The following recipes include utensils and equipment you will need. Depending on the age of your child some items may need to be used by, or with the help of, an adult.



Strawberry-Orange Ice Pops

Making your own colorful, refreshing ice pops is fun and easy—plus, you get to know what’s in them when you enjoy them later. And what’s in them is real fruit and fruit juice. The pulp floats to the top so that when you unmold them there’s a clear layer and a cloudy layer. Beautiful!

MAKES: 8 POPS
HANDS-ON TIME: 5 MINUTES TOTAL TIME: 4 HOURS

KITCHEN GEAR

Blender or food processor
Ice-pop molds or paper cups and wooden sticks

INGREDIENTS

1 cup very ripe strawberries, hulled
("hulled" means with the green top taken off)
1 cup orange juice

INSTRUCTIONS

1. Put all the ingredients in the blender or food processor and blend until liquidy.
2. Divide the mixture evenly among the ice-pop molds or paper cups. If you're using paper cups, put them on a small baking sheet, cover them with plastic wrap, and then poke a wooden stick down through the wrap into each cup. Freeze until solid, around 4 hours.



Zucchini Pizza Bites

Zucchini gets sliced and topped with tomatoes and cheese in our meltingly delicious and bite-sized version of a favorite party food.

MAKES: 40 TINY PIZZAS TOTAL TIME: 30 MINUTE

KITCHEN GEAR

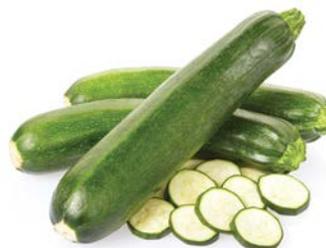
Sharp knife (adult needed) Aluminum foil
Cutting board Heatproof spatula
Measuring cup Measuring spoons
Large baking sheet Oven mitts or pot holder

INGREDIENTS

2 medium-size zucchini (trimmed)
1 tablespoon olive oil (or Olive oil cooking spray)
3 to 4 cups tomato or marinara sauce (jarred or homemade)
1 cup shredded part-skim mozzarella (4 ounces)

INSTRUCTIONS

1. Set a rack in the highest part of the oven. Turn the oven on and set it to broil. Cover baking sheet with aluminum foil.
2. Cut each zucchini into rounds about 1/4 inch thick. You should get about 20 rounds from each. (If the zucchini are skinny, cutting them on the bias—at an angle—will give you larger pieces).
3. Spread the zucchini rounds in one layer on the baking sheet and lightly coat them with cooking spray (or use a pastry brush or paper towel to brush them with the olive oil). Turn all the pieces over and spray (or brush) again. Put the baking sheet in the oven and broil the zucchini until the rounds begin browning, about 3 minutes.
4. Carefully turn the zucchini over and top each piece with 1 teaspoon sauce and 1 heaping teaspoon cheese. Broil until the cheese is melted, about 1 to 3 minutes, taking care not to burn it. Remove the baking sheet from the oven and cool for a minute or two, then serve right away.



NOTES

If you have bigger or smaller zucchini, just use fewer or more of them and adjust the topping amounts accordingly!



Provider Highlight

Emily Boshkoff

CDD Psychology
Ball State University and
University of Indianapolis

How many years have you been practicing?

1 ½ years

What is a Psychologist?

A psychologist is a mental health expert whose job is to diagnose and help people. They help by using therapy and do not give medication. Psychologists can train in many areas. They can work with children, adults with mood disorders, veterans, relationship challenges, and much more.

Why did you choose your field?

I have always wanted to work with people with disabilities. When I was 13, I helped at a camp for adults with disabilities and after that I knew what I wanted to do. I volunteered during the rest of school, and when I went to college I majored in psychology. After college, I took a couple of years off and worked in direct care. When I went back to school, I kept working with people with developmental disabilities.

What areas interested you in your field?

I mostly work with children and young adults with autism spectrum disorders and other developmental disabilities. I diagnose young children with autism, intellectual disability, ADHD, or other developmental concerns. The rest of my time is spent working with parents and caregivers who have children with disabilities and challenging behavior. An example would be; a child with autism may be aggressive to other people because they don't have the skills to let someone know what they want. I teach ways to help them handle and stop their challenging behavior.

Who benefits from seeing a psychologist?

A person with mental illness, behavioral concerns, or even social concerns like stress or relationship problems would benefit. Because psychologists train in many areas, they can treat a variety of challenges.

How do these services help people live independent lives?

Psychologists help people to be as happy, well-adjusted, and self-sufficient as they can be. They help teach people skills to better handle any challenges they face. They also give information to people

to help them understand their challenges better and what services will help. An example would be; when I diagnose a child with autism. A diagnose gives parents the information they need about what strengths and challenges their child has and how to get help.

What does your department offer to patients that other programs don't?

Our team works in helping people with developmental disabilities. We are able to give a variety of services that are not offered to people in other parts of the state. Families come here from all over the state for these services.

Why did you choose CDD?

I chose to work at CDD because it offered a variety of experiences. I am able to work with families with a number of concerns and challenges. I like doing evaluations for diagnosis. I enjoy the chance to work with children and young adults with severe and challenging behavior. We have a day treatment clinic that sees patients intensively for 2 weeks. This is a unique service that is not offered many places across the country. I also really enjoy working with everyone who works here. It's such a great professional community.

What would you say to a patient and family coming to the CDD for the first time to see you?

Welcome! We are happy you are here. Please let us know what we can do to make your time here as positive as possible, and let me know of any questions you have along the way.

Why Iowa Compass rewrote it's tip sheets in plain language

Iowa Compass is the state's leading source of information on services and supports for Iowans with disabilities. The Compass database has thousands of records that guide people to disability-related services and programs. Compass also has records called "tip sheets." Tip sheets give people an in-depth look at some disability-related topics.

Compass answers questions from users to make new tip sheets.

- What users search for in the database?
- How they answer survey questions?
- What they ask about on phone calls to Compass?

Last fall, Iowa Compass began to rewrite all of its existing tip sheets in plain language.

What is plain language?

- Plain language is clear communication.
- It helps people find the information they need.
- They can understand it the first time they read or hear it.
- They can use it to meet their needs.

Using plain language is an important step in meeting health literacy standards. Health literacy standards help more people understand what

their health care providers tell them during a visit. The standards also help them remember what they are told, and remember it correctly.

Health literacy standards help Iowa Compass connect people with the disability resources they need. The standards make sure people can act on the information they get from Compass records and tip sheets. Using plain language to meet these standards is only part of the Compass strategy for clear communication.

It is not always possible to use plain language. Disability-related terms and program names may be new to people and long. The names of health conditions or technical terms can be complex. To make tip sheets more clear, Compass:

- Follows a new format, starting each tip sheet with the main purpose.
- Defines new and complex terms and names.
- Adds headings to help people find what they need quickly and easily.
- Uses bullets and lists to organize facts.

What can you find out from Compass tip sheets?

At this time, Compass has nine tip sheets. All of them are now written

in plain language. These are the tip sheet topics:

1. Facts about the Individuals with Disabilities Education Act (IDEA)
2. Finding Accessible Housing
3. Assistive Technology Loan Closets
4. How Section 504 Protects Students with Disabilities
5. How to Ask Private Agencies for Help Paying for Assistive Technology
6. How to Use Crowdfunding to Buy Assistive Technology
7. Microboards in Iowa
8. Tax Facts for People with Disabilities
9. Workers' Compensation as a Source for Assistive Technology Funding

You can find links to all nine tips sheets online: <http://search.iowacompass.org/MatchList.aspx?n52245;Iowa%20City;12368;;N;0;0;tip%20sheet;ExactPhrase>

Compass is working on some new tip sheets. Staff are pulling together information from multiple sources and experts. All new tip sheets will meet health literacy standards.

Do you have an idea for a new tip sheet? Let Compass know: www.iowacompass.org.

CenterLines

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CenterLines is published quarterly. We encourage subscribers to also read our partner newsletter *Possibilities in Education and Training*. You can find that newsletter and others at disabilitytraining.org.

CenterLines, the newsletter of the Center for Disabilities and Development at University of Iowa Stead Family Children's Hospital, is published four times a year. It provides families with current information on child and adult development, issues affecting

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people with disabilities, and resources available to them and their families. The newsletter is available in print, in Spanish, and also by email.

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The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.