

## **GUIDELINES FOR WRITING FAMILY-CENTERED OUTCOMES**

**There has been much confusion regarding the writing of outcomes and goals following our previous EI trainings. In Virginia, outcomes and goals must be family-centered to meet Part C requirements and functional and measurable to secure insurance reimbursement. While there are many ways that this can be achieved, we have attempted to give some ideas and examples of how this might look. Again, this is not an exact science or a directive on how to write outcomes and goals but simply an attempt to put some of the ideas in writing. This document has been reviewed and approved by Medicaid.**

### **DEFINITIONS**

#### **Family-centered Outcomes**

Family-centered outcomes are the desires and goals that a family has for them and their family member. They are created with the family after assessing what activities are meaningful to the individual family members. This includes not only activities of daily living but also the family's ability to participate in cultural and social experiences that they hold valuable.

#### **Functional Outcomes**

“Function” refers to those activities identified by the family that support the development of the child's physical, social and psychological well being. For example, the ability to feed oneself, to hold a toy, to communicate, or to play may be a functional outcome. Early intervention teams do not “treat” the primary diagnosis i.e. cerebral palsy, autism, but instead treat the functional disability.

To determine appropriate functional outcomes, you might ask the family the following questions:

- What are the activities that your family would like to do that are difficult?
- Have you given up doing any chores or family outings?
- Is there anything that you would like to do or feel that you could do more easily if you had help or more information?
- What kinds of things would you like “Joey” to do that would make life easier for you or more fun for him?
- Which of your concerns do you feel is the most important at this time?

## **Measurable Outcomes**

The outcome must be written so that all members of the team and the reviewer at the insurance company will understand when the outcome has been met.

In early intervention, outcomes should address one of the following areas:

- They should enhance the family’s ability to care for or to engage in activity with their child.
- They should enhance the child’s ability to participate in functional activities (feeding, dressing, moving in his environment, communicating, playing, etc).
- They should expand on activity settings in which the child already participates successfully.

## **COMPONENTS OF A LONG-TERM OUTCOME**

**A functional and measurable long-term outcome contains the following:**

- Performance
  - Who
  - Will do what
- Criteria
- Conditions
- Time frame for outcome achievement (target dates on the IFSP)

## **Performance**

In early intervention, “who” will be either the child or a caregiver. “What” is the activity that the child or caregiver will perform. It should be observable and repeatable, having a definite beginning and ending.

- Joey will eat dinner.

## **Criteria**

This is the measurement piece. How well or how often will the child have to be able to do the activity for the family to determine that the outcome has been achieved?

- Joey will eat dinner “each evening”.

## **Conditions:**

Conditions are anything that must be present for the outcome to be met. Not all outcomes will have conditions.

- Joey will eat dinner each evening “in his highchair”.

Conditions help to define the outcome. In this case, the family and the rest of the team have determined that the “highchair” is necessary for Joey to be successful in eating dinner.

## **COMPONENTS OF A SHORT-TERM GOAL**

Once the long-term outcome is identified then the same process can be used for the short-term goals. To determine the short-term goals ask the family to identify what that long-term outcome would look like in their daily routine.

In Joey’s case, the parents identify several specific things that need to occur at dinner for them to feel that the long-term outcome has been met.

- Joey must sit at the table for more than a few minutes and increase his attention span.
- Mom and Dad will understand what Joey wants during dinner so that he has less frequent meltdowns.
- Mom will know what foods Joey should be able to eat. He often gags and she is afraid that he will choke.
- Joey will eat what the rest of the family has for dinner.
- In addition, the therapists noted that the chair that Joey sits in is too large for him and does not offer adequate support for chewing and swallowing or using utensils. His feet dangle and his chin is at the table height. For dinnertime to be successful, Joey must be seated in a chair that is appropriate for him.

So for Joey's family sitting, not crying and whining, communicating wants and needs and not gagging define the outcome.

**The long-term outcome:**

- Joey will eat dinner each evening in this highchair.

**The short-term goals:**

- Joey will remain seated in his highchair at the dinner table for 20 minutes without fussing and crying.
- Joey will use pictures to let his mom and dad know what he wants at least 2 times during dinner.
- Joey will swallow soft table foods without gagging at all meals.
- Joey will eat two of three choices offered to the rest of the family at dinnertime.

**The outcome and goals meets the following requirements:**

- They enhance the child's ability to participate in functional activities (feeding, dressing, moving in his environment, communicating, playing, etc)
- They are measurable. Joey must do this each evening.
- They are functional. Eating is an activity of daily living and is also a social and cultural experience.

As a service provider working with Joey and his family you will also develop session goals that will get you to achieve the short-term goals. For example, initially you might be working with the family to get Joey to sit at the table for only five minutes. It is not necessary on the IFSP to document every little step that will get you to the outcome.

Sometime we may find that families have very different characteristics that define their idea of “success”. Let’s take the example given above. Joey’s family has stated that their long-term goal for Joey is that “Joey will eat dinner each evening in his highchair”. But let’s assume that a discussion with a different family has lead us to identify the same long-term goal for very different reasons. Kyle’s family also wants Kyle to “eat dinner each evening in his highchair”, but there are no feeding concerns. In fact, Kyle’s family defines “eating dinner” very differently from that of Joey’s family. To Kyle’s family, “eating dinner” means using dinnertime to discuss daily happenings, share family time, and to plan future family events. However, Kyle is 27 months old and has a language delay that does not allow him to participate in the family conversation and planning. When he does try to speak, no one understands what he is saying. He understands what is being said to him, but is very frustrated when he can’t take part in the social interaction important to this family. So, instead of trying to be a part of the conversation, Kyle grabs food from the table, eats his dinner quickly and then begins to run around the room or hop from kitchen chair to kitchen chair to gain attention. He screams loudly and consistently, which upsets his baby sister, who begins to cry every evening. Kyle’s older brother just sits quietly and observes the chaos. Mom admits that Kyle frequently has a large snack every afternoon, so Kyle may not be very hungry at dinnertime. Kyle’s family has identified several things that must take place for Kyle to successfully “eaten dinner in his highchair”:

- Kyle should remain seated in his own chair during the meal.
- Kyle should stop making his sister cry during dinner.
- Kyle should ask for food instead of grab it from the table.
- Kyle should be able to talk about his day.
- Kyle should be a part of the dinner conversation.

**The long-term outcome will remain the same:**

- Kyle will eat dinner each evening in his highchair.

**The short-term goals may be as follows:**

- Kyle will remain seated in his highchair for 20 minutes during dinnertime.
- Kyle will make soft sounds, using an “inside voice” that does not upset his sister (i.e. singing, humming, whispering, soft words).
- Kyle will use at least 3 single words his family can understand to ask for foods on the table or to ask for help during each dinner.
- Kyle will use 2 words together (including pronouns and –ing verbs) to tell his family 2-3 things that have happened during his day.

**The outcome and goals meet the following requirements:**

- They enhance the child’s ability to participate in functional activities (feeding, dressing, moving in his environment, communicating, playing, etc)
- They are measurable. Kyle must do this each evening.
- They are functional. Eating is an activity of daily living and is also a social and cultural experience.

Because Kyle’s mother knows that giving Kyle a large snack in the afternoon makes him less hungry at dinnertime, it will be important to include help with planning and preparing a healthy snack under the intervention strategies portion of the IFSP.

A third scenario approaches the measurement piece differently.

Matthew is an 18-month-old boy with cerebral palsy. He is able to pull up to a standing position on the couch but gets stuck there and cannot go anywhere. He can commando crawl for a very short distance but is essentially dependent on someone in his family to

move him around in the house. Mom meets with the team and says, “ I want Matthew to walk”.

The team feels that Matthew will eventually walk with the aid of a walker but that this is a long-term goal.

In their discussion with mom the team realizes that walking is the ultimate goal but that it would also help the family if they could figure out a way that Matthew could immediately move throughout his house. Mom is in agreement that this would be helpful and would increase Matthew’s overall feeling of competence.

**So, the long-term outcome is as follows:**

- Matthew will be able to move throughout his house using a walker.

**The short-term goals show levels of progression towards the long-term outcome:**

- Matthew will move throughout his house (@ 20 feet) on a scooter board.
- Matthew will move throughout his house (@20 feet) using a walker with physical help from his family.
- Matthew will move throughout his house (@20 feet) using his walker with verbal cues from his family.
- Matthew will move throughout his house (@20 feet) using his walker by himself.

Again, they are measurable, functional, and meet the requirement of enhancing the child’s ability to participate in functional activities.

The service provider is going to assist the family to work on all those physical things that will allow Matthew the strength to stand and walk but those little steps do not need to be on the IFSP.

**Hopefully, using these guidelines will aid you in your aspiration to “make all of the pieces fit”! Developing goal writing skills is an ongoing learning experience that most definitely includes a “learning curve”.**