

Parallel Session 2

1. Goal Attainment Scaling (GAS) as an Outcome Measure in Special Seating

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Summary

This brief session will look at Goal Attainment Scaling (GAS) as a standardised measure of demonstrating effectiveness in seating. Using teaching, discussion, and practical examples, we will review GAS as an alternative possibility for showing outcomes in special seating provision.

Aims and Objectives

- Participants will be able to discuss the importance of outcome measures in the context of special seating prescription
- Participants will be able to discuss two main purposes of Goal Attainment Scaling
- Participants will be able to apply this outcome measure to at least one client in their practice after the workshop

Background

Introduction

As clinicians who are skilled in special seating assessment processes, we use our assessment findings to prescribe the most suitable seating system for each individual. However, with an increasing requirement to demonstrate equipment effectiveness and value for money to funding agencies, it is important that our interventions also include evaluation strategies to demonstrate changes and outcomes achieved. This means we must learn to define our intervention in quantifiable ways and identify the outcomes to which it contributes.

Outcome measures

Kendall describes an outcome measure as *a measure of change, the difference from one point in time (usually before an intervention) to another point in time (usually following an intervention)* ¹.

McDowell asserts that outcome measures *should be standardised, with explicit instructions for administration and scoring* ².

These definitions imply that we have to be able to recognize and document the specific starting point with our clients, use tools which allow repeated measures and are sensitive to small changes, and be able to interpret the results of a re-test to understand any outcomes. This process fundamentally relies on our ability to set appropriate goals and objectives with our clients and/or families, and measure progress against these, where possible using a standardized measure.

This, of course, would be the ideal situation. However, the field of special seating is known for its complexity. There is wide variation in our client presentations and hence subsequent seating configurations, a range of functional goals, and differing environments in which seating systems are used. Often too, our clinical goals may be less important to our clients than their functional and/or social goals.

There are many outcome measures available for use nowadays. However their application to seating systems for clients with complex physical and/or cognitive disabilities can be limited. Some may be norm-referenced, and may lead to a rapid "ceiling effect" because the steps are too large to register the incremental improvements made by clients with complex disabilities. Some criterion-referenced outcome measures

rely on interview-style administration, again making them impractical for this complex client group.

Discussion

Goal Attainment Scaling (GAS)

First used in the late 1960's to evaluate the outcome of mental health treatment, Goal Attainment Scaling (GAS) broadly involves the setting of individual goals (GAS literature confusingly refer to these as objectives) based on issues that will be the focus of treatment, selecting indicators for each goal, and specifying the expected level of outcome for each goal³. As with many clinical interventions, measuring the impact of special seating means recording a change in function, comfort, or ease of use as a result of using the special seating. GAS makes room for the inherent variance in individuals, but relies on our clinical skills to work with the client and carers to identify the specific issues that the seating system will address for each person.

References

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