

Target Area: Executive Functioning Deficits / Cognitive Deficits

<p>Webb & Glueckauf (1994). <i>The Effects of Direct Involvement in Goal Setting on Rehabilitation Outcome for Persons with Traumatic Brain Injuries</i>. <i>Rehabilitation Psychology</i> 39(3): 179-188</p>	<p>PEDro score - 5/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design: Y Studytype: RCT. Y Population: n=16 adults with a diagnosis of TBI (GOAT ≥ 80), 88% male, M=27.4 years (1.9). Y Groups: Two groups based on participant's level of involvement in goal setting: 1. High Involvement (HI). 2. Low Involvement (LI). Y Setting: Inpatient rehabilitation / community setting.</p> <p>Primary outcome measure/s: Y Goal Attainment Scaling.</p> <p>Secondary outcome measure/s: Y None.</p> <p>Result: Both groups improved from pre to post testing but, there was no statistical difference between HI and LI group at post-treatment. However, at follow-up the HI group had maintained more goals whilst the LI group had returned to pre-treatment levels (between group stats performed).</p>	<p>Aim: To examine whether the level of participant involvement in goal preparation effects specific rehabilitation outcomes.</p> <p>Materials: Goal blocks, specific goal worksheets.</p> <p>Treatment plan: Y Duration: 8 weeks (8 hours total). Y Procedure: 1 session (1 hour) per week. Y Content: There were the three parts to the therapy. 1. <i>Orientation</i>: Both groups were given a detailed explanation of the goal setting process but more input expected from the HI than the LI group. 2. <i>Goal Setting</i>: Participants in both groups prioritized their goals (HI on wooden blocks and LI on paper), goals were behaviourally operationalised and goal attainment scaling performed. 3. <i>Goal Monitoring</i>: HI group taught the Goal Assessment technique, which includes reviewing goals, monitoring and rating own goal progress and completing a goal follow-up diary. LI group monitored goals but not using the above technique.</p>