

Visual Analog Scales for Participation Goals

What is a participation goal?

As a field, SLPs don't tend to write true participation-level goals. Instead, we tend to write goals that target skill or activity with the intention that it will generalize to life participation. Here is an example of such a goal:

- Client will demonstrate speech intelligibility of 90% or higher at the end of 8 weeks to facilitate participation in knitting club. (Baylor & Darling-White, 2020, p. 1341)

Participation-level goals directly measure life participation, not skills or activities. According to Baylor & Darling-White (2020), we should use a patient-reported outcome measure (PROM) as our primary assessment tool for participation goals.

The PROM may be a published tool or it may be a scale we write with our patient in the form of a self-anchored rating scale or goal attainment scaling.

Self-anchored rating scales

- Valid, non-standard assessment tool
- Patient defines the end points
- Provides individualized, patient-centered outcome measure
- Also useful as a brain-storming and teaching tool.
- Two main types: Likert scales and visual analog scales
 - Likert scale: Rate on a scale from 0-5, 0-7, or 0-10.
 - Visual analog scale (VAS): user ticks off where they stand on a 100 mm line.

Example of a SMART goal using a Likert scale:

- Client will report experiencing a level of nervousness about communicating in social interactions in work settings as a 3 or lower (scale of 0-10; 0 = not at all nervous, 10 = very nervous) by the end of 6 weeks. (Baylor & Darling-White, 2020, p. 1354)

Examples of SMART goals using VAS (second one is a skill-based goal):

- Client will report a level of satisfaction with participation in conversations at knitting club as 80 or higher on a 100 mm VAS by the end of 8 weeks. (Baylor & Darling-White, 2020, p. 1341)
- Client will demonstrate all aspects of voice quality at an SLP-judged rating of 15 or lower on the CAPE-V protocol by the end of 12 weeks. (Baylor & Darling-White, 2020, p. 1353)

5 steps for using VAS in collaboration with patient and/or family

1. Identify a single participation-level situation the patient would like to improve.
 - a. Motivational interviewing, checklist, PROM, etc.
2. Create the VAS and get a baseline measure
 - a. Patient defines the endpoints of a 100 mm line and ticks off where they think they are.
3. Turn the VAS into a SMART goal
4. VAS as a brain-storming or teaching tool (optional)
5. Reassess with the same VAS
 - a. Provide the patient with an unmarked version of the same scale used in the assessment, using the same question and same endpoints.

Example patient: Isabel

Isabel is a 67 year old widow who has mild anomia following a stroke, which causes her a lot of social anxiety. She goes to an aphasia support group, but she rarely speaks because she doesn't want to "sound like an idiot."

Applying the 5 steps to Isabel's case

1. **Participation-level situation:** Isabel would like to feel more comfortable speaking up in her aphasia support group meetings.
2. **Create the VAS and obtain a baseline measure:**
 - Isabel chooses her endpoints: not at all comfortable - very comfortable.
 - She ticks a line at 34 mm from the left end of the scale.
 - **Isabel reports that her feeling of comfort for speaking during her aphasia support group meetings is 34/100 on a VAS scale, where 0 mm = not at all comfortable and 100 mm = very comfortable.**
3. **Turn the VAS into a SMART goal**
 - When we asked Isabel to mark where she thought she could be after 4 weeks of therapy, she ticked a line at 77 mm.
 - **Isabel will report improved comfort with speaking in her aphasia support group meetings from her baseline of 34 mm to 77 mm on a 100 mm VAS (0 = not at all comfortable, 100 = very comfortable) in 4 weeks.**
4. **VAS as a therapy tool**
 - In a therapy session, we could pencil a line in at the 50% mark and ask her to think of ways she could go from her 34 mm mark to the 50 mm mark in the upcoming week.
 - Based on her responses (or on our ideas that she likes), we can help her work out or learn a strategy that she can try at her next aphasia support group meeting.
5. **Reassess with the same VAS**
 - When it was time to discharge, we gave Isabel a blank scale with the same endpoints.
 - We'll assume Isabel did very well with her speech therapy. She ticked off 85 mm, exceeding her goal.
 - **GOAL MET. Isabel improved her comfort with speaking in her aphasia support group meetings from her baseline of 34 mm to 85 mm on a 100 mm VAS (0 = not at all comfortable, 100 = very comfortable) after 4 weeks.**

Primary reference:

- Baylor, C., & Darling-White, M. (2020). Achieving Participation-Focused Intervention Through Shared Decision Making: Proposal of an Age- and Disorder-Generic Framework. *American Journal of Speech-Language Pathology*, 29(3), 1335–1360.
https://doi.org/10.1044/2020_AJSLP-19-00043