

Tips for Goal Attainment Scaling

Goal Attainment Scaling (GAS) can be subjective or objective

- Subjective tool: A patient-reported outcome measure (PROM) - interview-based tool used for initial evaluation, teaching/coaching, and final assessment. Ideally, make it measurable.
- Objective tool: A personalized, performance-based objective measure - a tool the clinician uses to measure baseline, progress, and outcomes.

GAS rating scale options

- Often defined as a 5-point scale ranging from -2 to +2 (example below).
- 3-milestone GAS - only fill in three levels: -2, 0, and +2. Provides flexibility.
- Staircase GAS - Use a drawing of a staircase with 5 steps instead of -2 to +2. More motivating to patients.

5-point GAS scale

- +2: much better than expected
- +1: better than expected
- 0: expected outcome of therapy
- -1: worse than expected
- -2: much worse than expected

Where to write the pre-treatment baseline

- (-1) if patient's score could conceivably worsen
- (-2) if there is no possible worse performance
- (0) if goal of therapy is to maintain the baseline performance

Tips for writing a GAS chart

- Only change one element between steps (ex. frequency OR level of independence, but not both). Write one chart for each element that may change as a result of therapy.
- Make the steps equidistant, to measure an equal amount of change.
- Use a range for continuous measures.
- Write the goal in plain language.
- For the pre-treatment baseline, use what the patients generally do, not what they do on their worst or best day.
- Negotiate with the patient to agree on an expected outcome, placing more hopeful goals at (+1) and (+2) as stretch goals.
- Provide emotional support for patients who have a fear of failure.

Mistakes to avoid in GAS

- Measuring change in more than one way on a single chart.
- The distance between possible outcome levels is not equal.
- Incorrect assessment of pre-treatment baseline.
- Levels that are too easy to achieve or aren't meaningful.
- Writing levels that are too optimistic or have too long a time-frame.
- Not specifying a time-frame.

Free materials for learning and using GAS

- For an easy-to-read, comprehensive overview of GAS plus a detailed framework for how to use it in clinical practice, read [Bard-Pondarré, et al. \(2023\)](#). The supplementary material includes worked examples and templates.
- If you'd like an in-depth learning experience, complete with PowerPoint slides, videos, and a handbook, check out [Logan \(2023\)](#) and [Logan et al. \(2024\)](#).

References

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