Decision Making in Goal Setting and Intervention Planning

Body Functions and Child Factors
Goal Setting

What is changeable?

What is fixed?

Variables that are amenable to change are targets for intervention

Variables that are not amenable to change are important to know in order to set realistic goals (Bartlett et al)
Child Factors

Child factors thought to influence motor development:

Adaptive behaviors
Temperament
Motivation
Self-efficacy
Risk-taking behaviors
Child Factors: Adaptive Behavior

Children with multiple disabilities possess less effective adaptive behavior than children with a single developmental delay or physical disability.

Children with severe limitations in posture and mobility are challenged in their interactions with their environments, making them less adaptive.

Children with communication problems are less adaptive than children without communication problems.
Adaptive Behavior: The Therapist’s Role

Specifically target the promotion of adaptive behavior during day to day and therapy activities.

Focus on the child’s ability to apply and generalize skills and behaviors in a variety of real life contexts.

Foster components of adaptive behavior:
- Confidence
- Expression of personal needs
- Curiosity
- Response to social expectations
Adaptive Behavior: The Therapist’s Role

Variable practice of a task leads to flexibility and the child’s ability to adapt to changing contexts and conditions.

Making changes in the environment where the child is practicing the task leads to the child’s ability to adapt to varying environmental conditions.
Motivation: Jennings, Connors, Stegman

This study matched children with and without disabilities for SE status and IQ.

Children with disabilities:
- Exhibited less motivation
- Were less persistent with difficult tasks
- Chose challenging tasks less frequently
- Spent more time unfocused
- Played for shorter periods of time
- Engaged in less complex play
Motivation

Experience of having a disability

Children persist only when success is anticipated. Children with disabilities did not anticipate success.

Children with disabilities generally have less opportunity for free play, less environmental exploration, and less control of their environment.

Adults do not expect children with disabilities to achieve mastery, so the children’s dependency behaviors are reinforced.
Motivation

Children with disabilities were:
- Most motivated to persist in social tasks
- Least motivated to persist in motor and cognitive tasks

Within these tasks, they were:
- Most motivated by social interaction with adults
- Moderately motivated by social interaction with peers
- Least motivated by object-oriented cognitive tasks
Motivation

High motivation is associated with fewer activity limitations and reduced family burden.

Low motivation adversely influences functional potential and effectiveness of interventions.

Motivation to succeed is influenced by the child’s expectation and interest:

Can I do this task?
Do I want to do this task?
Motivation

Children with CP experience pleasure from mastery.

Motivation to succeed is affected by:
- Past experiences
- Beliefs concerning one’s ability to succeed
- Amount of value attributed to the task

The discrepancy between capability and performance is largely dependent on motivation.
Motivation: The Therapist’s Role

Provide the child with opportunities for successful mastery attempts.

Begin the session with activities that are successful.

Structure all activities so there is success initially.

Allow the child to choose activities and provide input into goals and priorities.
Motivation: The Therapist’s Role

Continually assess the child’s abilities so that you can:
  Carefully match the challenge level of a task to the child’s skill level to maximize success
  Avoid presenting repetitive, boring and unchallenging work

Guard against over-helping, over directedness, and dependency on adults.

When help is needed, be unobtrusive.
Motivation: The Therapist’s Role

Structure the environment to foster a sense of autonomy:

Child-centered
Play-like
Responsive
Peer interactive
Exploration friendly
Opportunities to affect change
Motivation: The Therapist’s Role

Reinforce independent efforts at mastery.

Incorporate child-led instructional strategies.

Use social interaction with adults and peers as motivation.

Choose activities that are meaningful and valuable to the child.

Choose activities the child believes he can do and wants to do.

Focus the child’s attention on his successes.
References


References:


