**What are person-centered functional goals?**

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles

**Why target person-centered functional goals?**

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual’s potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

**What is the ICF, and how does it help?**

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual’s activities and participation in everyday life.

**ICF: International Classification of Functioning, Disability and Health**

- **Health Condition**: disorder or disease that informs predicted comorbidities and prognosis
- **Body Functions and Structures**: anatomical parts and their physiological functions
- **Environmental and Personal Factors**: physical, social, attitudinal, and environmental factors and factors within the individual’s life
- **Activities and Participation**: execution of tasks or involvement in life situations

**ADDITIONAL RESOURCES:**

- asha.org/slp/icf/
- who.int/classifications/icf/en/
**Person-Centered Focus on Function: Dementia**

**Case study: Mrs. B**

**Health Condition: Moderately severe dementia (GDS stage 5)**

### Assessment Data

#### Body Functions and Structures

_Cognitive-communication (non-standardized testing)_
- Oriented x 2 (person & place)
- Inconsistent responses to simple 1-step directives
- Impaired comprehension of complex/abstract information
- Perseveration of thought and language
- Inconsistent responses to yes/no questions about self/wants/needs
- Impaired safety awareness & problem solving
- Poor recall of major life events (but recalls immediate family)

#### Activities and Participation

_(family/caregiver interview)_
- Is unable to live alone due to increased dependence in activities of daily living
- Experiences social isolation (e.g., stops participating in church activities, book club, etc.)
- Responds to written (word- or phrase-level) cues

#### Environmental and Personal Factors
- Age: 87
- Comorbid chronic health conditions: hypertension, end-stage renal disease, recent history of multiple falls
- Wheelchair use
- SNF resident (since 2 weeks ago for long-term care)
- Difficulty adjusting to new living environment
- Resistance to increased level of care provided in SNF
- Only surviving daughter lives out of state

### Clinical Reasoning

**What impairments most affect function in this setting or at discharge, based on clinician assessment and the individual's/caregiver’s report?**

**What activities are most important to the individual in the current or discharge setting?**

**What environmental/personal characteristics help or hinder participation in activities or situations in the current or discharge setting?**

### Goal Setting

#### Long-Term Goal:

Mrs. B will use functional communication in 75% of situations when provided with customized cues and strategies by trained caregivers in order to participate in self-care and social activities in her setting.

#### Short-Term Goals:

- Mrs. B will respond verbally or nonverbally to yes/no and dual-choice questions relating to her wants and needs in 80% of trials when provided with multimodal cueing by trained caregivers to increase ability to participate in meaningful interactions with others.
- Mrs. B will use memory aids with 80% consistency to sequence self-care activities given consistent set up and supervision by trained caregivers to increase participation in self-care.
- When provided with set up and supervision from trained caregivers, Mrs. B will read and follow a written script to participate in telephone conversations with family and friends in up to one conversation per day over five sessions.

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* GDS: Global Deterioration Scale (Reisberg, Ferris, de Leon, & Crook, 1982)