What are person-centered functional goals?

• Goals identified by the person, in partnership with the clinician 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 person
• To optimize the person’s potential to participate in meaningful activities
• To facilitate a partnership that ensures the person has a voice in their care and outcomes.
• To demonstrate the value of skilled services to payers

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organization (WHO). It provides a framework to address a child’s functioning and disability related to a health condition within the context of that person’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
- Activities and Participation: execution of tasks or involvement in life situations
- Environmental and Personal Factors: physical, social, attitudinal, and environmental factors and factors within the individual’s life

Additional Resources: asha.org/slp/icf/ • who.int/classifications/icf/en/
Person-Centered Focus on Function: Adult Stuttering

Health Condition: Stuttering

Case study: George

**Assessment Data**

**Activities and Participation**

**Body Functions and Structures**

SSI-4\(^a\)
- Mild stuttering according to SSI-4
  - Overall Score = 19
  - Frequency = 8 (speaking = 3% syllables stuttered, reading = 2% syllables stuttered)
  - Duration = 8 (2 seconds)
  - Physical concomitants = 3 (head movements, movement of extremities)

**Client Interview\(^b\)**

- Stuttering-like disfluencies include single-syllable repetitions (e.g., my my myself), sound prolongation (e.g., mmmmy), and blocks (i.e., no sound)
- Physical tension/secondary behaviors (e.g., eye closure; head and trunk movements; jingling keys when blocking)
- Avoidance behaviors (e.g., word substitutions)

**Speech-Language Samples**

- George chose his career because he thought it would require less talking; he wanted to be a teacher.
- George has been passed over for promotion due to speaking abilities.
- George refrains from speaking in work-related meetings, ordering at restaurants, and speaking on the phone.
- OASES-A Impact Rating = 3.80 (Severe)

**Environmental and Personal Factors**

**Environmental Factors (Client Interview\(^b\))**
- Spouse is very supportive and understanding
- George received unsuccessful speech therapy in elementary school

**Personal Factors (OASES-A\(^c\); Speech-Language Samples; Client Interview\(^b\))**
- Age: 34
- Monolingual English speaker
- Onset of stuttering in childhood
- Works as a software engineer
- No family history of stuttering
- No co-existing speech-language disorders
- Reports feelings of exhaustion, isolation, frustration, and concern that his children will stutter

**Clinical Reasoning**

What impairments most affect function in this setting, based on clinician assessment and individual/family report?

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

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

**Goal Setting**

**George's Functional Goals**

**Long-Term Goal**
George will identify feared speaking situations, develop an action plan, and implement a strategy to reduce avoidance.

**Short-Term Goals**
- George will tell five different listeners that he is a person who stutters.
- George will reduce target avoidance behavior to a self-rating of 2 on a 5-point scale (1 = never, 2 = rarely, 3 = sometimes, 4 = a lot, 5 = always) across three consecutive sessions.
- George will enter into one feared speaking situation each week for 5 consecutive weeks.

**Long-Term Goal**
George will reduce physical tension related to stuttering moments in a variety of speaking situations and environments.

**Short-Term Goals**
- George will identify physical tension/secondary behavior in 80% of stuttering moments across three sessions.
- George will reduce physical tension (e.g., cancellation) in 80% of stuttering moments across three sessions.
- George will reduce physical tension during a stuttering moment in five different speaking environments.

For clinical and documentation questions, contact healthservices@asha.org.

*The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.*

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\(^a\)SSI-4 = Stuttering Severity Instrument for Adults and Children, Fourth Edition (Riley, 2009). \(^b\)Ethnographic interviewing: Asking the right questions to the right people in the right ways (Westby, 1990). \(^c\)OASES-A = Overall Assessment of the Speaker’s Experience of Stuttering-Adult (Yaruss, & Quesal, 2010).