

Goals

The aim of rehabilitation is to restore the person to the greatest possible degree of functional ability and independence. The hospital team discuss with the person and family what they would like rehabilitation to achieve and what competencies are especially important to them. The person or family may have unrealistic goals which need to be modified to be achieved.

The overall rehabilitation plan is geared as far as possible to the chosen goals, but the ultimate result cannot be predicted. Every stroke is different and progress is individual.

Being realistic can be quite painful. But you just have to concede that your future doesn't include being a brain surgeon or a 747 pilot.

Setting goals

Goals could be categorised in different areas, although some will fall into more than one category:

- **physical rehabilitation**, e.g. regaining movement or strength, walking without help, losing weight, stopping smoking
- **family and household**, e.g. housework, minding grandchildren, cooking, gardening, driving, using the phone
- **social and recreational**, e.g. participating in club activities, playing music, going to football matches, knitting, travelling, playing cards
- **vocational**, e.g. returning to a former job, completing study, writing, using a computer, using specific tools, driving
- **personal**, e.g. being able to live, shower or dress independently.

Choose realistic goals

Being too optimistic about what can be achieved will only lead to disappointment and frustration. It is better to first choose goals that you and the rehabilitation team agree are well within reach. These can be a stepping stone to bigger or longer term goals.

At the same time, make sure you talk to your therapy team about goals that are really important to you and that you feel you are capable of reaching.

Choose measurable goals

Be definite about what you want to achieve. A goal 'to be useful' is too open-ended: narrow it down to exactly how you see this aim. Similarly, an aim 'to get better at walking' could be pursued rather vaguely for a very long time – better to have a definite goal, such as to be able to walk to the end of the street and back.

Keep a log

Write down in your diary the goals you have chosen and the dates you hope to achieve them by. Record daily or weekly progress. Video is an excellent way of recording progress.

Milestones on the way

Longer-term goals can be broken down into stages. An aim to go to a family/whānau celebration in another town might include:

- being able to get in and out of the car
- riding for two hours in the car

I've reassessed my goals in life and they don't bear much resemblance to the ones I had before the stroke: I want to dance with my wife again, and walk down the aisle with my daughter on my arm on her wedding day.

Everyone said no! – but at the end of six months I was able to take driving lessons and passed a defensive driving test. Being able to drive the car again gave me a sense of normalcy and independence.



- being able to eat independently
- managing steps

Each stage can become a separate short-term goal, with progress recorded and the milestone suitably celebrated.

Motivation to achieve goals

The initial enthusiasm to reach goals may lessen as weeks of therapy roll by. Also, progress in the earlier stages of rehabilitation may be faster than later on – recovery tends to reach a plateau and then continue more slowly. Having reached a stage where progress seems rather static, if there is not sufficient motivation to keep looking ahead, the situation can become difficult, especially for people living alone.



'If he doesn't do it with his head, he won't do it with his body.'
(Comment from veteran Stroke Club member about new member who wasn't putting much effort into progress.)

The effects of a stroke may leave a person with reduced motivation or interest in goals (see page 68). Anxiety can undermine motivation; for example, fear of falling may hinder regaining mobility. A bad experience can take away the courage to try again.

When the person's motivation is low, family/whānau and caregivers will need to play a bigger part in encouraging and supervising practice of skills. However, remember that just as workers need holidays, people undergoing rehabilitation need time out – it's hard work!

If a person refuses to try, and their only disability is physical it is appropriate to be firm about the need for effort. If they also have anxiety, emotional instability or severe mood swings, it can be very difficult to make them extend themselves. Professional help and advice will be needed.

What helps

- Re-evaluate goals
- Re-prioritise goals
- Don't give in to thoughts that further recovery won't happen
- Adjust goals so they are more achievable, and break them down into sub-goals (see page 137)
- Make sure the goals are what the person wants rather than what the health professionals or family think should happen
- Review the diary and celebrate progress made already
- Make a graph or chart that records progress made, and display it prominently as a daily reminder and incentive
- Joining a support group, e.g. a stroke club, where others are experiencing similar problems, may help to take away some fears and bring difficulties more into the everyday world where they can be looked at and dealt with.

Following the stroke my wife had problems with swallowing. Now the problem doesn't exist, but she is still fearful about going out to a meal where they might serve salads – we have to take a sandwich for her, just in case.

If a person is reluctant to take on challenges the family member/caregiver could discuss the situation with a Stroke Foundation CSA or therapist, who would take the time to find out what would interest the person and introduce them into a new group. With permission, a CSA could contact former associates, e.g. an RSA or senior citizens' club, and advise them about how best to support the person when they returned.

Getting back into the community, pursuing old interests or new challenges can make a person feel better about themselves and continued improvements may follow naturally.