Goal-Attainment Modeling in a Health-Coaching Program

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Abstract

One aspect of improving behavior change in individuals is to create realistic goals. Health coaches assist in the development of attainable goals and improve self-efficacy in clients in order to promote behavior change. In order to know if the health coaching program is effective, goal achievement and the effectiveness of the program must be evaluated. Are goals for the client too hard or unachievable? Are goals for the client too easy and not challenging the client enough? These are factors that could affect behavior change. Therefore, it is important to incorporate an evaluation process for the health coaching program. By incorporating the mechanisms of the Goal Attainment Scale (a standardized process traditionally incorporating three goals), health coaches may have a standardized approach in evaluating the program as well as individual client improvement, which would in turn, lead to more successful health coaching programs. Therefore, the purpose of this article is to provide a rational for utilizing the Goal Attainment Scale in health coaching programs to achieve program and client success regardless of the number of goals set for clients.
Developing goals specific to client needs is important for successful behavior change. Health coaches are trained in effective communication to assist clients in developing attainable goals and to develop clients’ strengths in order to promote behavior change (Palmer, Tibbs & Whybrow, 2003). It should be noted that health coaches do not create client goals, but rather assist in identifying and achieving them (Johnson, Saba, Wolf, Gardner, & Thom, 2017; Kivelä, Elo, Kyngäs, & Kääriäinen, 2014; Olsen & Nesbitt, 2010; and Palmer, Tibbs, & Whybrow, 2003), making clients take an active approach (Bennet, Coleman, Parry, Bodenheimer, & Chen, 2010). The utilization of health coaches is effective in changing the lifestyle behavior of chronically ill patients and improving self-efficacy, as well as mental health status (Kivelä, Elo, Kyngäs, & Kääriäinen, 2014).

One aspect of client behavior change is to develop realistic goals. When creating goals, often times, people utilize the SMART method (specific, measurable, achievable, relevant, and time bound) (Ross, 2013, p. 361-381); however, this does not always ensure that goals are realistic to the client’s needs. Realistic goal development should be completed with the understanding that just because a goal is set, it does not always mean there is going to be success. Different variables, such as unrealistic goals, motivation, or even the readiness to change for clients, can change their goal attainment. It is important to plan a strategy so that clients know how to act when faced with certain obstacles and challenges (Ross, 2013, p. 361-381). However; in a review of literature conducted, it was concluded that having a back-up plan may actually have a negative effect on goal completion. This may occur because clients reflect solely on the back-up plan which could reduce the goal desire; thus, it is more important for clients to be mindful of their goals and stated target behaviors for success rather than creating back-up plans.
Since goal creation is an aspect of the health coaching program, the goal completion or even the program should be assessed in order to know the effectiveness of the health coaching program.

Utilizing a Goal Attainment Scaling (GAS) method may be an option to assess goals in a health coaching program while also evaluating the program effectiveness. Turner-Stokes (2009) stated that if used in a health coaching program, the GAS is a method of scoring clients’ individual goals achieved during an intervention that uses the clients’ own outcome measures. The researcher goes on to state that this method also provides a scoring method that is standardized for the purpose of statistical analysis (Turner-Stokes, 2009). According to Lewis, Larson, & Korcuska (2017), a GAS can be utilized as a method to monitor, measure goals, and provide a basis for client feedback in health coaching programs. When combined with the motivational interviewing process used in health coaching programs (a client-centered approach focusing on intrinsic motivation, efficacy, and the reduction of ambivalence as defined by Arkowitch & Westra in 2009), the GAS has been found to be a useful tool in health coaching programs that can also provide structure (Lewis, Larson, Korcuska, 2017). Kolip and Schaefer (2013) indicate that utilizing the GAS can also be adopted for the use of community based interventions (something that may be useful for health coaches focusing on community endeavors) and can be used when there are a wide range of different goals needed to be met.

**Defining Goal-Attainment Scoring**

It was first proposed by Kiresuk & Sherman (1968) that an evaluation be conducted that included a measureable scale for each patient-therapist goal that could show patient’s goal-attainment and be utilized in a standardized T-score for a mental health program. This method was proposed to be used for both patient goals and to be used as an evaluation of the entire program.
program (Kiresuk & Sherman, 1968), thus the GAS was developed. Since the 1968 development, the GAS has been utilized in various programs including therapeutic recreation (Crewe, Garetz, McCaffrey, Prince, 1982), rehabilitation (Turner-Stokes, 2009), and even in health coaching programs (Park, Moon, Ha, & Lee, 2017). Because the GAS incorporates a rating system of client goals, this will provide an assessment approach that can be used across various professions for documentation, program evaluation, and client tracking.

Traditionally, the GAS incorporates the evaluation of 3 goals. Goal outcomes are assessed using a Level of Expected Outcome of +2 to -2 scale (+2 Much more than expected, +1 More than expected, 0 Expected outcome, -1 Less than expected, and -2 Much less than expected of the outcome). With this method, 0 is the expected outcome and a clear description of goals including the expected outcome for above and below 0 is needed. If a person receives a +2, this may mean that a goal was set too low (Kolip & Schaefer, 2013). The following Figure 1 is an example of a blank GAS that includes 3 goal statements. This does not include descriptions for each expected outcome.

<table>
<thead>
<tr>
<th>Level of Expected Outcome</th>
<th>Rating</th>
<th>Behavioral Statement of Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goal Statement 1</td>
<td>Goal Statement 2</td>
</tr>
<tr>
<td>Much More Than Expected</td>
<td>+2</td>
<td></td>
</tr>
<tr>
<td>More Than Expected</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Expected Outcome</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Less Than Expected</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Much Less Than Expected</td>
<td>-2</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Blank Goal-Attainment Scale.
Kolip and Schaefer (2013) discussed the use of a GAS in health promotion using an example taken from the alliance networks on health promotion with the main goal being “ensuring sustainability by training volunteers for physical activities for the elderly (Figure 2). Figure 2 illustrates a GAS that was utilized in health promotion discussed in Kolip & Shaefer’s (2013) research and demonstrates the use of one goal statement with a goal of “ensuring sustainability by training volunteers for physical activities for the elderly.

<table>
<thead>
<tr>
<th>+2</th>
<th>By the end of the year, two volunteers will have been recruited to become trainers and will have started qualifying for this position.</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1</td>
<td>By the end of the year, two volunteers will have been recruited to become trainers but only one will have started qualifying for this position.</td>
</tr>
<tr>
<td>0</td>
<td>By the end of the year, two volunteers will have been recruited but will not have started qualifying for this position.</td>
</tr>
<tr>
<td>-1</td>
<td>By the end of the year, one volunteer will have been recruited.</td>
</tr>
<tr>
<td>-2</td>
<td>By the end of the year, no volunteers will have been recruited.</td>
</tr>
</tbody>
</table>

Figure 2. Completed Goal-attainment scale.

One aspect of health coaching is improving behavior change. If one looks at the Transtheoretical Model of Behavior Change, it involves 5 stages of change (precontemplation, contemplation, preparation, action, and maintenance). During the contemplation stage, people are ready to take action. It is at this stage that a health coaching program should be implemented, leading the client to the Preparation phase, then to the Action phase. In this Action stage, people modify their behavior so that they can overcome a problem (Taylor, 2015). One aspect of this model includes addressing self-efficacy. Self-efficacy is the “situation-specific confidence people have that they can cope with high risk situations without relapsing to their unhealthy or high risk habit” (Proschaska & Velicer, 1997). Self-efficacy in clients is an important role of health coaches. Traditionally, the GAS measures three outcomes with goal statements. However,
having three goals may be a bit lofty or overwhelming for some clients. In some instances, many more goals may be needed for clients. If only two or even four goals were developed with a client (versus three used in the GAS), could a GAS still be just as useful in the documentation process? No documented research has been found that utilizes more or less than the three goal approach with a GAS. Therefore; it would be worth investigating the effectiveness of the goal attainment scaling system in health coaching programs using something other than the three goal process. Will the GAS be as effective in evaluating individual goals and a health coaching program in these instances?

**The Value of Setting Goals**

Goal-setting increases achievement. Following proper processes for setting goals helps individuals focus on achievement (Baghurst, Tapps, & Kensinger, 2015; Symonds & Tapps, 2016). Historically, multiple experimental and correlational studies suggest evidence that setting goals increase success rates in various settings, including sport, education and development (Baghurst, Tapps, & Kensinger, 2015; Symonds & Tapps, 2016). For example, in the Morisano, Hirsh, Peterson, Pihl, and Shore’s (2010) study about whether an intensive, online, written, goal-setting program for struggling students would have a positive effect on students’ academic achievement. They led college students through a series of setting specific goals and helped them define specific strategies for achieving those goals. Over the 4-month period, students who successfully completed their goals displayed statistically significant improvements (30% increase) in their academic performance compared to the control group.

Set goals are often a collaboration between coaches and clients. Coaches and clients set goals together based on a common understanding. When clients negotiate goals with coaches, they take ownership of the goals and they learn how to set achievable goals, consequently
improving self-efficacy. Also, allowing individuals to choose their tasks allowing them to achieve goals can enhance their satisfaction, which leads to increased motivation toward goal-achievement (Baghurst, Tapps, & Kensinger, 2015).

Conclusion

There are very few studies directly related to health coaching and attaining goals. However, understanding how goal setting is and has been used in health coaching provides professionals and educators with strategies and methods that may be successful in their own environments.

Health coaches are tasked with being able to provide proper guidance for clients to develop strong and appropriate goals related to all activities provided within the health coaching process. Therefore, if a health coach properly implements a goal setting experience that utilizes the expected outcomes from the Goal Attainment Scale, it will increase client task motivation, more accurately be able to set and achieve proper goals, and coaches will be more readily capable of evaluating and providing feedback toward those goals.
References


