SAMPLE BEHAVIORAL HEALTH AND REHABILITATION GOALS AND OBJECTIVES

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Why Use These Goals:

✓ describe **skills being trained**
✓ avoid **COPM score goals**
✓ avoid **participation-only outcomes**
✓ reflect **OT intervention targets**

Participation outcomes such as: "complete a full day of school" or "increase satisfaction scores" **are results of therapy,** not goals. Remember: **"The COPM measures change. It is not the skill."**

Routine-Based Examples:

Skills being trained

- time management
- task prioritization
- routine organization
- executive functioning

LTG (Health Management – Psychiatric or Community Setting):
By discharge or end of treatment period, Client will complete a personalized daily routine, including hygiene, movement, structured rest, and self-monitoring check-ins, with moderate cues in 4 out of 5 days.

STO 1: Within 5 days, client will complete her morning hygiene routine within an agreed upon time frame using a visual schedule with no more than two cues.

STO 2 : Sleep Routine Organization: Within 4 weeks, KM will develop and implement a structured evening routine including at least two sleep hygiene strategies to support consistent sleep preparation on 5 nights per week as documented through sleep logs.

LTG Example 2: Routine Organization / Role Balance

Within 12 weeks, AR will develop and implement a structured weekly routine that allocates time for work, coaching, and personal activities, using planning and time-management strategies (e.g., weekly scheduling, task prioritization) with no more than one verbal cue, as documented through weekly routine planning sheets and therapist review.

STO 1: Energy Management

Within 6 weeks, AR will identify and implement two energy-management strategies (e.g., task chunking, scheduled rest breaks) during work tasks with no more than two verbal cues in 4 of 5 observed sessions, as documented through therapist observation and self-report logs.

Participation-Focused Examples

- **LTG (Participation – Community-Based or Step-Down Setting):**
  Within 6 weeks, client will demonstrate goal-directed task persistence in one structured daily occupation (e.g., academic task, mealtime routine, or structured leisure activity) for at least 15 minutes with no more than two verbal cues in 4 of 5 observed occupational therapy sessions, as documented through therapist observation and self-report logs.

  STG 1: Within 1 week, client will identify her emotional state using a feelings scale and identify a selected strategy that could support continued participation in the task during goal-directed task persistence in 3 out of 5 opportunities with minimal cues.

  STG 2: Within 2 weeks, client will initiate one structured mealtime or academic routine by completing the first two steps of the task with no more than two prompts in 70% of opportunities.

Sensory/Regulation-Based Examples:

Skills being trained

- interoceptive awareness
- self-monitoring
- strategy selection
- anticipatory regulation

- **LTG (6 weeks):** Within 6 weeks, JS will independently identify early indicators of emotional or sensory overload and select an appropriate self-regulation strategy prior to engaging in challenging interpersonal situations, in 4 of 5 observed opportunities, as documented through therapist observation and self-monitoring logs.

  Short-Term Objective 1

  Sensory Regulation Awareness: Within 3 weeks, JS will identify and generate a written list of at least five sensory inputs that he experiences as grounding or calming and explain when and how these inputs can be used prior to anticipated interpersonal stress, as documented through completion of a sensory regulation worksheet and therapist review.

  Short-Term Objective 2

  Early Stress Identification: Within 3 weeks, JS will identify at least three personal physiological or emotional indicators of escalating stress during structured activities, in 4 of 5 sessions, as documented through therapist observation and self-report logs.

  Short-Term Objective 3

  Communication Strategy Development: Within 4 weeks, JS will demonstrate use of two structured communication strategies for managing interpersonal conflict during role-play scenarios, with no more than one verbal cue, in 4 of 5 sessions, as documented through therapist observation.

LTG Example 2: Sensory Self-Regulation

Within 12 weeks, AR will independently identify and implement at least three sensory regulation strategies (e.g., scheduled movement breaks, environmental modification, proprioceptive input) to increase goal-directed task persistence during work or structured activities for at least 45 minutes, as documented through therapist observation and self-monitoring logs.

STG 2: Task Persistence / Attention

Within 6 weeks, AR will demonstrate goal-directed task persistence to a structured leisure or work-related task for 30 minutes identifying and incorporating use of a self-selected regulation strategy as needed to completed identified task with no more than one verbal cue, in 4 of 5 sessions, as documented by therapist observation.

WRAP-Aligned Examples: WRAP-based goals are strong because they measure the client's ability to:

✓ recognize internal states, including self-monitoring and trigger identification
✓ plan behavioral responses
✓ monitor symptoms over time
✓ develop self-management routines (occupational self-management)

These are **occupational self-regulation skills**, which then support participation.

Long-Term Goal 1

Within 6 weeks, JS will identify personal triggers and early warning signs associated with escalating interpersonal stress and develop a written action plan for responding to these triggers using items from his wellness toolbox, as documented through completion of WRAP planning worksheets and therapist review.

(This aligns directly with the Triggers and Early Warning Signs sections of WRAP.)

Short-Term Objective 1

Trigger Identification: Within 2 weeks, JS will identify and document at least three interpersonal situations that serve as triggers for escalating stress or emotional dysregulation, via completion of the WRAP trigger identification worksheet.

Short-Term Objective 2

Early Warning Sign Recognition: Within 4 weeks, JS will identify and describe at least three early warning signs that indicate increasing stress or emotional dysregulation, as documented through self-monitoring logs reviewed during therapy sessions.

LTG Example 2: *WRAP-Informed Self-Management*

Within 8 weeks, KM will develop and implement a personalized wellness management routine identifying triggers, early warning signs of stress or fatigue, and at least three strategies to improve daily functioning during school and work demands, as documented through completion of WRAP planning worksheets and therapist review.

STO 3: WRAP Trigger Identification: Within 3 weeks, KM will identify and document at least three situations that increase stress or fatigue during school or work activities and list one coping strategy for each trigger using a WRAP trigger worksheet.

STO 4: Early Warning Sign Recognition: Within 4 weeks, KM will identify at least three early warning signs of increased stress or fatigue and select one regulation strategy to address each sign in 4 of 5 therapy sessions as documented through therapist observation and self-monitoring logs.

LTG: Financial Management Routine

Within 8 weeks, KM will independently organize and implement a weekly budgeting routine to allocate income for rent, utilities, and groceries using a structured budgeting system, completing the routine in 3 of 4 consecutive weeks as documented through budgeting worksheets and therapist review.

STO 1: Budgeting Skills: Within 3 weeks, KM will categorize weekly expenses into at least three budgeting categories (rent, food, utilities) using a budgeting worksheet with no more than two verbal cues in 4 of 5 sessions.

Skills being trained

- financial organization
- routine development
- task sequencing
- executive functioning

LTG: Pain Management for Work Endurance

Skills being trained

- body mechanics
- pacing strategies
- symptom monitoring
- energy conservation

LTG 1 Within 8 weeks, KM will independently implement pacing and body positioning strategies to increase standing and walking tolerance to 60 minutes during work or school activities while reporting pain no greater than 3/10 in 4 of 5 observed opportunities as documented through therapist observation and self-report logs.

STO: Pain Self-Management: Within 4 weeks, KM will demonstrate two pacing or body positioning strategies to manage lower back pain during standing tasks for at least 30 minutes with no more than one verbal cue in 4 of 5 sessions.

Conversational Guidelines:

What to Do:	What to Avoid:
Stay on topic or transition appropriately	Interrupting
Take turns	Abrupt topic changes
Use appropriate tone and volume	Overly personal comments
Ask relevant follow-up questions	Irrelevant or repetitive comments
Respect boundaries	Ignoring social cues

Social Skills – Conversational Reciprocity

Skills being trained:

- conversational initiation
- turn-taking
- topic maintenance
- social reciprocity

LTG: Within 6 weeks, client will initiate, respond to, and increase reciprocal, socially appropriate conversation with a peer by completing at least 3 conversational exchanges using appropriate turn-taking and topic maintenance, with no more than one verbal cue in 4 of 5 observed opportunities, as documented through therapist observation.

STO 1: Within 2 weeks, client will initiate a conversation using a context-appropriate opening statement in 3 of 5 opportunities with no more than two verbal cues.

STO 2: Within 3 weeks, client will maintain a conversational topic for at least 2 exchanges by providing relevant and context-appropriate responses, with no more than two verbal cues in 4 of 5 sessions.

Social Communication – Appropriateness & Inhibition

LTG: Within 8 weeks, client will demonstrate socially appropriate conversational responses by selecting and producing context-appropriate verbal statements and inhibiting inappropriate responses during structured and semi-structured interactions, with no more than one verbal cue in 4 of 5 observed opportunities, as documented through therapist observation and role-play performance.

STO 1: Identification (FOUNDATIONAL)

Within 2 weeks, client will identify whether a verbal statement is socially appropriate or inappropriate in structured scenarios (e.g., role-play, video examples) in 4 of 5 trials with moderate cues.

STO 2: Discrimination (WHY it matters)

Within 3 weeks, client will explain why a statement is socially appropriate or inappropriate based on context (e.g., tone, topic relevance, boundaries) in 4 of 5 opportunities with moderate cues.

STO 3: Response Selection

Within 5 weeks, client will select a context-appropriate verbal response from two or more options during structured social scenarios with no more than two verbal cues in 4 of 5 trials.

STO 4: Inhibition / Self-Monitoring

Within 6 weeks, client will pause and use a learned Monitoring (self-monitoring) strategy (e.g., “think-check-speak”) to inhibit an inappropriate verbal response before speaking in 4 of 5 observed opportunities with no more than one verbal cue.

STO 5 — Repair Strategy (ADVANCED)

Within 8 weeks, client will demonstrate use of a repair strategy (e.g., apologizing, rephrasing, clarifying intent) following a socially inappropriate statement during role-play or real interactions in 3 of 5 opportunities with minimal cues.

Self-Advocacy / Therapeutic Communication

Skills being trained:

- Identification (self-awareness of needs and preferences)
- Expression (assertive communication)
- Boundary Setting
- Initiation (initiation of communication)
- Regulation (emotional regulation during expression)
- Social Pragmatics (tone, clarity, appropriateness)

LTG: Within 6 weeks, client will communicate needs, preferences, or boundaries using clear and assertive language with no more than one verbal cue in 4 of 5 opportunities.

STO 1: Within 2 weeks, client will identify and verbalize personal needs or preferences during structured activities with moderate cues.

STO 2: Within 4 weeks, client will use an "I statement" to express a need or boundary in 3 of 5 opportunities with no more than two verbal cues.

Executive Function – Task Initiation

Skills being trained:

- Initiation (task initiation)
- cognitive flexibility
- action planning
- sequencing
- time awareness
- use of compensatory strategies (e.g., cueing systems, countdowns, checklists)

LTG: Within 6 weeks, client will independently initiate a multi-step task within 2 minutes of instruction using a learned initiation strategy in 4 of 5 opportunities, as documented through therapist observation.

STO 1: Within 2 weeks, client will identify and trial two Initiation (task initiation) strategies during structured activities with moderate cues.

STO 2: Within 4 weeks, client will initiate a familiar 3-step task within 5 minutes using one strategy with no more than two verbal cues in 4 of 5 sessions.

Interoception – Awareness to Action

Skills being trained:

- Identification (interoceptive awareness)
- Identification (emotional identification)
- Interpretation (body–emotion mapping)
- Monitoring (self-monitoring)
- Anticipation (anticipatory regulation)
- Selection (strategy selection) based on internal cues

LTG: Within 6 weeks, client will identify internal body signals and select a corresponding regulation strategy prior to escalation of distress in 4 of 5 opportunities, as documented through Monitoring (self-monitoring) logs and therapist observation.

STO 1: Within 2 weeks, client will identify at least 3 internal body signals associated with stress or emotional changes during structured activities with moderate cues.

STO 2: Within 4 weeks, client will match internal body signals to corresponding emotional states in 4 of 5 opportunities with minimal cues.

STO 3: Within 5 weeks, client will select one regulation strategy based on identified body signals with no more than one verbal cue in 4 of 5 sessions.

Executive Function: Routine Organization / Task Completion

LTG: Within 6 weeks, client will complete a structured daily routine (e.g., morning routine, meal preparation, or household task) using external supports (e.g., checklist, timer, visual cues) with no more than one verbal cue in 4 of 5 opportunities, as documented through therapist observation.

STG 1: Task Initiation

Within 2 weeks, client will initiate a familiar 3-step task (e.g., preparing a meal or starting a morning routine) within 5 minutes using a visual or verbal prompt with no more than two cues in 4 of 5 sessions.

STG 2: Task Sequencing

Within 3 weeks, client will complete the first 3 steps of a structured task using a visual checklist with no more than two verbal cues in 4 of 5 opportunities.

STG 3 : Task Completion / Persistence

Within 4 weeks, client will complete an agreed-upon a structured task within 10 minutes using one external support (e.g., timer, checklist) with no more than one verbal cue in 4 of 5 sessions.

Executive Function – Time Management / Planning

LTG: Within 8 weeks, client will use a structured planning system (e.g., daily schedule, written planner) to organize and complete 2–3 daily tasks with no more than one verbal cue in 4 of 5 days, as documented through therapist review and self-report logs.

STG 1: Planning Awareness

Within 2 weeks, client will identify and write down 2 daily tasks using a structured template with moderate cues in 4 of 5 sessions.

STG 2: Use of External Supports

Within 4 weeks, client will use one external planning tool (e.g., checklist, phone reminder) to initiate a scheduled task with no more than two cues in 4 of 5 opportunities.
