The Register of Trauma Specialists
285 Hoxton Street, London N1 5JX – 0845 456 9537
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Care Aims

Qualitative Assessment Form

Ref. No. __________

Client Name: ____

Date of Assessment: ____________________

Episode No. _______ **Episode Length:** ________

CARE AIM:

EPISODE GOAL:

EVIDENCE:

SHORT-TERM GOALS:

OUTCOME:

FINISH DATE:

REFLECTIVE:

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FICTIONAL EXAMPLE ONLY

Ref. No. *123/ab*

Client Name: *Ms J.A.*

Date of Assessment: *12/04/05*

Episode No. *1* **Episode Length:** *2 months*

CARE AIM: *Resolution within two week treatment program*

EPISODE GOAL: *To deal with intrusive thoughts and panic attacks*

EVIDENCE: *Medical history of assault, Lack of sleep, developing panic attacks, 2 in last week with no prior history*

SHORT-TERM GOALS: *desensitisation of thoughts/triggering memory – relaxation training*

OUTCOME: *No further panic attacks, marked improvement in response to memories of incident*

FINISH DATE: *28/06/05*

REFLECTIVE: *The client reported feeling much less stressed following the initial session. There were no further panic attacks. She had been practising the relaxation routines taught to her - but not every day. She also reported that the information provided on fight/flight and how memory encoding affects behaviour very useful, this knowledge alone helped considerably. The client discharged herself expressing satisfaction with the treatment plan and its positive outcome. She did report feelings of sadness occasionally when she thought about the incident but expected this to fade with time. She reported being more aware of her personal safety*

The above fictional example assumes a 32 year old female whose new boyfriend had beaten her after drinking too much at a night club. She had no previous history of domestic violence and terminated the relationship immediately; however she did require hospital treatment but did not report the assault to the police although they were called to the scene by a witness and called her an ambulance.

She began to have panic attacks and found that she was unable to stop thinking about the assault, especially the sounds and pain associated with being struck and knocked to the ground and being kicked while crying and begging her assailant to stop. Although there were people around, including several men, no-one came to her aid apart from one witness who called the police on her mobile.

In this example, the **CARE AIM** was ***RESOLUTION***. Over a time period of two weeks, the **SHORT-TERM GOALS** and **EPISODE GOAL** were achieved **within the episode length**. Therefore the **CARE AIM** was successful at its **FINISH DATE**.

This client admits to feeling sadness when thinking about the incident but expects this to fade with time. She also reports being more aware of her personal safety. **However, should this issue need to be addressed that would be another care aim, with the AIM again being *RESOLUTION* and the GOAL being to stop the panic attacks and desinsitise the memory of the assault to stop unwanted symptoms. With regard to reflective practice, you would need to ask, "*Was there something different that I could have done to resolve this residual oral action?*"**

***NB*. ONLY ONE CARE AIM SHOULD BE OPERATING AT ANY ONE TIME**

Clinical Governance and Care Plans

Care Aims

The Government, as part of its drive towards **clinical governance** and in particular ***the measurement of clinical quality***, has initiated the practise of **care plans** within the NHS. A major part of this strategy is **CARE AIMS**. Although we, as caring professionals, already do most of what is required, **what we are not good at doing is demonstrating and recording our skills and duty of care to our clients in a form that is measurable.**

If we as professionals are to gain more acknowledgement and acceptability of our skills, then it is important that we are **seen** to be utilising models of care in accordance with those operating within the NHS, even though we are not currently obliged to do so.

Consequently, we herewith include a list of the main care aims, the format in which they are recorded and an example of how they can be implemented.

Such ***reflective practice*** should not be viewed as a negative exercise - it should be honest and searching but importantly constructive in its outcome.

Please note that Care Aims, whilst offering a measurable audit tool, should not replace clients' records but provide a valuable adjunct to them.

MAIN CARE AIMS

Assessment	To determine the nature and impact of problem, can the proposed treatment help, is it suitable? AND is the client suitable? (are there any Contra-indications for the proposed treatment?)
Anticipatory	To prevent the development of, or reduce the risk/effect or impact on the client
Resolution	To facilitate a lasting change in function within normal limits
Rehabilitation	To facilitate improvement
Enabling	To maximise the use of existing function
Palliative	To alleviate symptoms of the condition (*i.e.* reduce pain / increase comfort / help manage symptoms) when no other change is possible or appropriate

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