

GOAL WRITING FOR CAS

KEY POINTS:



GOALS MUST TARGET MOVEMENT, NOT JUST SOUNDS

CAS therapy focuses on the whole word because prosody, phoneme/syllable transitions, vowel quality, and timing are all important



GOALS SHOULD NOT BE WRITTEN TO TARGET A SINGLE SOUND

E.g. "XX will produce the /k/ sound in the final position of words...". Speech is not a string of isolated sounds – it's a coordinated movement gesture. Treating only single sounds misses the bigger picture and won't be as effective for children with CAS



GOALS SHOULD REFLECT MOVEMENT-BASED TARGETS LIKE:

- Accurate initial articulatory posture
- Smooth transitions between phonemes/syllables
- Accurate consonants/vowels in varied coarticulatory contexts (CV, VC, CVC, etc.)
- Accurate stress, rate, intonation



HOW DO I BEST WRITE GOALS FOR MY CLIENTS WITH CAS?

There is much variability from setting to setting regarding how goals need to be written. The tutorial published in American Journal of Speech-Language Pathology in 2024: [A Goal-Writing Framework for Motor-Based Intervention for Childhood Apraxia of Speech](#) (Case et al., 2024) can lend guidance across settings.

This tutorial provides a practical, research-aligned framework to help SLPs write effective, motor-based treatment goals for children with Childhood Apraxia of Speech (CAS).

Because CAS involves deficits in motor planning and programming, traditional goal-writing models often fail to capture the movement-based behaviors and practice conditions required for successful intervention.

#1 ASSESSMENT

- Assessment serves as the essential link between diagnosis and treatment planning for CAS
- Dynamic assessment is especially important. It helps differentiate CAS from other speech disorders and provides crucial treatment-planning information, such as stimulability and how the child responds to multisensory cues, slowed rate, or knowledge-of-performance feedback. These observations help identify which movement gestures and utterances should be targeted during therapy.
- Shared decision-making with families guides the selection of functional and motivating treatment words.
- Using all assessment results, clinicians choose an evidence-based CAS treatment approach and create a plan outlining service frequency, initial goals, and target utterances.
 - Goals must address both speech-motor needs and real-world communication needs.
 - Principles of Motor Learning (PML) shape decisions about treatment structure, such as session frequency, number of target words, practice organization, and feedback type.
 - Careful planning during this period provides a strong roadmap for early treatment and supports ongoing adjustments based on the child's progress.

#2 CLINICAL DECISION MAKING

Getting Started: Before writing goals, the clinician must choose the best approach and appropriate targets.

The following are considerations that will help guide the clinician's treatment decisions before writing goals:

- Which motor-based treatment approach fits the child's needs?
 - DTTC, ReST, Speech Motor Chaining, etc.
- What level of cueing is required to achieve success?
- What movement patterns or syllable shapes are most functional and stimutable?
- How quickly can cues be faded?

#3 TARGET A SPECIFIC MOVEMENT PATTERN

For DTTC Treatment, consider writing your goals for a specific movement pattern to be mastered and moved out of treatment. Use a goal-writing framework that applies to your setting but keep in mind the "key points" and include your specific movement target.

EXAMPLE GOAL:

"The child will accurately plan and sequence movement to produce the target word "hi" with varied/correct prosody 10 times in a single session, across 3 sessions, without cues from the clinician."