Formulating Goal Statements

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Chapter Objectives

Through the consideration of short case studies and reflective activities, this chapter:
o   provides an understanding of goal formulation;
o   considers practical methods for engaging the individual / family-member in identifying and prioritising meaningful personal goals as a key stage of the psychosocial approach;
o   considers helpful ways of reviewing and monitoring the achievement of goals;
o   promotes an awareness of strategies and resources that are helpful in overcoming difficulties / obstacles to goal formulation, thus supporting goal attainment; and,
o   offers some resources to support the practice of goal formulation and review.

Introduction

This chapter introduces the concept of goals and collaborative goal formulation as a key feature of psychosocial assessment and intervention. It offers practitioners a practical approach to working alongside individuals to formulate meaningful short and long-term goals, exploring how this can be achieved, and highlighting useful tips in the event of difficulties and obstacles. Goal setting is an essential component of a psychosocial approach and goals should be agreed from the outset, otherwise it can be unclear as to the progression of interventions and whether they have had any impact on the distress / problems experienced by the individual (Laidlaw 2015).

Goal Setting: *a feature of Psychosocial Approaches*

A **goal** may be regarded as a desired outcome, as something that you wish to achieve, such as living independently, getting a job or getting married (Wright et al 2014, p.52). Setting and working towards personal and meaningful goals is an effective way of focusing your life, achieving a sense of value and managing stress, which enhances the individual's morale, motivation, sense of achievement and self-confidence, reduces distress and their sense of demoralisation and hopelessness, and thus promotes hope and recovery (Meyer et al 2010; Powell 2009; Westbrook et al 2007; Wright et al 2014).

Working with the service-user and their carers to negotiate and enable their achievement of realistic goals forms one of the **Ten Essential Shared Capabilities** (DH 2004), *providing service-user centred care*. Supporting the individual to set and reach recovery-focused, strengths based, personal life goals provides meaning for the individual (Slade 2009, p.10-16): an approach that has consistently been emphasised within priorities for mental health care (DH 2006).

There are many different approaches to establishing clear and meaningful goals, as may be evidenced through the practice of goal setting as a key feature of both the nursing process (Barrett et al 2012) and several psychosocial approaches and strategies – *consider the following examples.*

Goal setting forms a key component of the planning stage of the problem solving approach to nursing care delivery, with goals offering short directive statements of the outcomes of care (Barrett et al 2012).

Meyer et al (2010) recommend helping individuals who have a severe mental illness to set and achieve goals, as an essential component of their Illness Management and Recovery program, emphasising a person-centred, individualised and recovery focused approach. As a component of a standardised intervention, which involves a combination of educational, motivational and cognitive behavioural strategies, this program enables the individual to define personally meaningful goals, supporting them to manage their illness through the achievement of their goals (p.23-5).

Within Cognitive Behaviour Therapy, collaborative goal setting forms an important phase of the intervention process, helpful in maintaining the structure and focus of sessions. Expressed in specific terms, goals focus upon issues highly relevant to the individual, and are useful in testing predictions, promoting positive behavioural change and working towards agreed outcomes (Westbrook et al 2007; Wright et al 2009).

A feature of Behavioural Family Intervention (Falloon et al 2004), individual family member goals and collective goals for the family are agreed over a series of individual and family sessions. Goal setting with the family is facilitated as part of the assessment phase and reviewed within educational sessions, which involves providing a rationale together with specific examples, assisting the family to agree and work towards one or more meaningful goals.

Importantly, practitioners and teams that are trained in goal setting are more likely to set goals that service-users / family-members will meet, which is likely to have a positive impact upon recovery. As a notable example, Clarke et al (2009) demonstrated improvements in the practice of goal setting following training, in areas such as: recovery focus; levels of goal attainment; and, problem solving the barriers to goal attainment.

Working towards a shared understanding

Setting goals can be difficult, as many people lack a goal orientation, are unsure about how best to set goals, may fear or have experienced failure or disappointment, or have felt pressured to pursue the goals of others (Meyer et al 2010; Powell 2009). Furthermore, negotiating and agreeing goals with a couple or family can prove challenging, as different and perhaps conflicting priorities may arise prior to reaching agreement.

Establishing a good rapport and working relationship with the individual / family is therefore a pre-requisite to collaborative and meaningful goal setting, strengthening and facilitating decision-making. Engaging the individual / family within collaborative **formulation** will enhance their understanding of their experiences and needs, lead to a focus upon high priority issues, and the development of goals and related plans for intervention / action. The place of goal setting within the care process is thus a key part of the care process, as represented within Fig. 1.

Fig. 1: *goal setting as a key stage of the psychosocial approach*
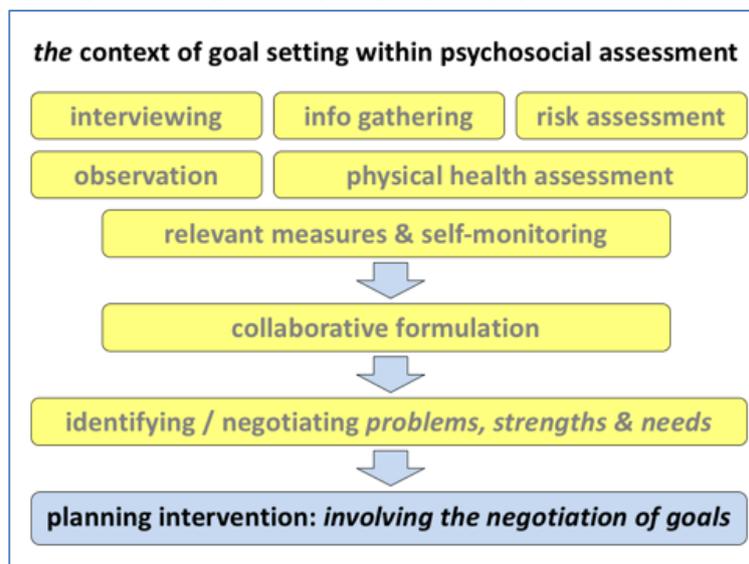
As with the development of problem statements, the role of the practitioner is to facilitate and guide this process. For goal setting to be meaningful, the practitioner clearly needs to adopt a style and approach consistent with some important principles for practice– *for example*:

- *collaborating* or working together with the person*,* assisting them to agree goals which are *personal* and *highly relevant* to their priority issues;
- helping to focus the individual upon a desired outcome that is achievable, and so being *outcome-orientated;*
- enabling the person to establish goals that are *clear* and *specific.*

This can be a difficult process – *for example*, consider the person who simply states that *'I want my voices to go'*. If goals take the form of vague, general and unfocused statements, they may never be achieved and may contribute to feelings of failure and hopelessness. It is therefore more helpful to set *specific* goals.

Of course, encouraging and assisting the individual to write down their goals can be therapeutic, expressing a commitment to act / do something, and promotes *ownership* and responsibility (Powell 2009, p.131).

Adequate time needs to be allocated for setting goals, being mindful of the potential difficulties that may arise. *Negotiation* is key during this process, ensuring the agreement of specific attainable goals, and providing the individual and practitioner with the opportunity to explore potential barriers and challenges to achieving the goals.

When facilitating goal setting, it can be really helpful to use strategies such as open questions, positive reframing / rephrasing, reflecting upon previous positive experiences, considering the availability of supports, and maintaining a focus upon small steps. These strategies will enhance the chances of achievement / success and reduce the risk of failure, demoralisation and blame. *For example*, consider the individual who struggles to believe in their ability to achieve their goal, perhaps saying, *'I want to go to the shop, but I can't.'* S/he could be encouraged to consider: *What has helped in the past?'; 'What would help me in achieving this goal of going to the shops?'*.

Identifying and Prioritising Personal Goals

Goal setting is a meaningful intervention that may be structured as a series of steps (Meyer et al 2010, p.39-40; Powell 2009; Wright et al 2014, p.52-53), as shown in Table 1.

Table 1: *the Steps of Goal Setting*

Step 1	explore your interests and goals before you became unwell, thinking creatively about different areas of your life (e.g. family, home, work, study, leisure) in beginning to identify valued goals, or what you'd like to achieve / improve over the next few years; *as a critical first step in enhancing motivation to change, clarify what is important*
Step 2	review your emerging list, modifying or dropping those potential goals that are incompatible or unattainable (Powell 2009)
Step 3	identify a long-term recovery-focused personal goal, focusing upon the desired outcome, and consider the benefits of change e.g. *how would things be better if you achieved this goal* (Meyer et al 2010; Treasure 2004; Wright et al 2014)
Step 4	identify two or three related short-term, or smaller manageable goals, and select one as your initial focus (Meyer et al 2010; Wright et al 2014)
Step 5	create specific steps or committed actions for making changes and achieving each short-term goal (Meyer et al 2010; Wright et al 2014)
Step 6	identify and plan for the obstacles or challenges that may need to be overcome (Powell 2009)
Step 7	steadily take steps towards the goal, gaining support and assistance as needed (Meyer et al 2010)
Step 8	recognise and celebrate effort and success, and overcoming obstacles (Meyer et al 2010; Powell 2009)

As a recommended stage in meaningful goal setting (*steps 3 & 4*), it is therefore important to help the individual to consider both long and short-term goals, which may be described as follows:

- **short-term goals** tend to relate to the stages or steps that are necessary in achieving long-term goals, often being the first steps towards recovery, which are possible to achieve in the short term (e.g. a few weeks) – they may thus be viewed as process orientated;

- **long-term goals** focus upon what the individual would like to achieve in the longer term (e.g. 3 – 6 months), providing overall direction and hope, and usually focus upon developing meaningful activities e.g. a job, independent living, confiding / intimate relationships (Wright et al 2009, p.261-2) – they may thus be viewed as desired outcomes (being outcome orientated), and are ideally recovery focused.

Considering Case Studies

As a focus for discussion and in providing illustration / examples, consider the following two case studies, as shown in Boxes 1 & 2.

Box 1: Case Study 1 – *Julie*

Julie is a 49-year old woman who lives with her mother. She doesn't have any children and has never been married. Julie used to work as a photographer and has travelled the world but for approximately 10 years she has not felt able to work. Although Julie lives with her mother and describes having a close relationship with her, she remains isolative and does not discuss her symptoms with her mother.

Julie first began to hear derogatory voices in her early 20's, and although the voices were distressing she was able to continue with her work. Julie has a history of alcohol use but has remained abstinent for over five months now. Julie continues to experience both positive and negative voices, the latter being the most prominent and distressing.

As a result of her distressing symptoms, Julie only goes out when she needs to. She avoids busy and unfamiliar places, and avoids making eye contact with others because she believes that she can read people's minds and they are being negative towards her. Julie is low in mood and distressed for large periods of the day. She feels that the voices are very powerful and she has no control over them. Despite the voices causing her distress, Julie does not want to lose the voices, stating that she would feel lonely without them and sometimes feels that they are trying to protect her and keep her from harm.
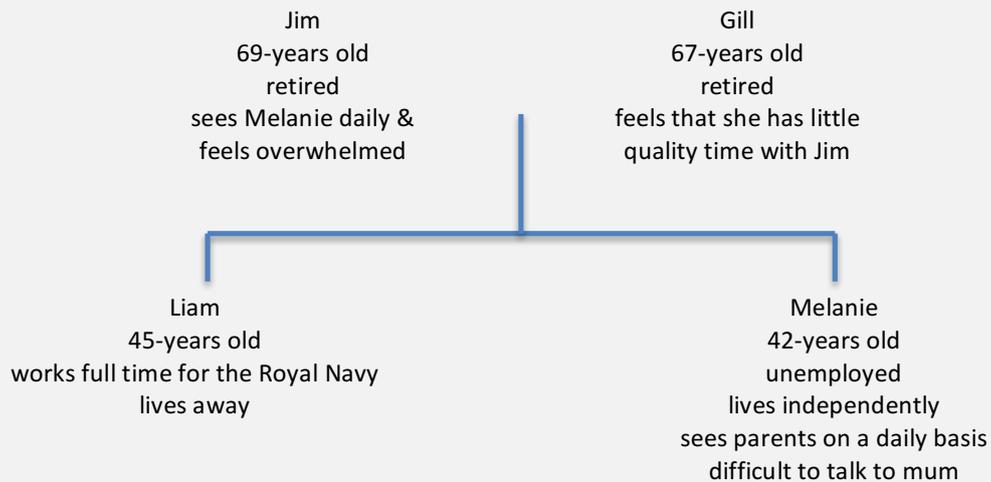
The ABC method was used to help in developing an understanding of her distressing experience of the voices:

A activating event	B beliefs / thoughts	C consequences
hearing the voices when getting ready to go out to the shop	As the voices tell me, I am useless, stupid, worthless, I should kill myself, I'm not worth anything, they're going to get me I believe the voices I feel worthless	distressed agitated & pacing around staying in / not going out

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Box 2: Case Study 2 – *the Smith family*

Melanie is a 42-year old woman who lives on her own, and has daily contact with her parents, Jim and Gill. Having a diagnosis of schizophrenia, Melanie has been receiving care from local mental health services for over 10 years now, though she depends on her parents for practical and emotional support, and particularly her Dad. Her parents feel that they have little quality time together and that much of their time is taken up with Melanie.

The following family **genogram** of the immediate family was developed:

Jim	Gill
69-years old	67-years old
retired	retired
sees Melanie daily &	feels that she has little
feels overwhelmed	quality time with Jim

Liam	Melanie
45-years old	42-years old
works full time for the Royal Navy	unemployed
lives away	lives independently
	sees parents on a daily basis
	difficult to talk to mum

Prior to becoming unwell, Melanie worked in a local supermarket, although found this difficult due to believing that: *'I'm being watched / followed; they going to get me; they want to hurt me; they're going to kidnap me.'*

Melanie recognises that she is dependent on her parents for support, in particular spending long periods of time with her father. Melanie finds it difficult to talk to her mother and feels that she is *'getting at her'*. This results in difficulties in their relationship, arguments and hostility. Jim feels overwhelmed by his caring role, but feels he needs to help to keep Melanie well. Gill feels that Melanie is more able and she demonstrates this when she is with her.

Reflective Activity 1:

Consider the two case studies and try to identify some examples of short and long-term goals both for Julie *and* for members of the Smith family.

In clarifying the difference between long and short-term goals, consider the examples shown in Table 2.

Table 2: *Examples* of Short & Long term Goals

Short term	Long term
Julie wants to get up at 9am each morning	Julie would like to return to work (photography)
Julie would like to be able to listen to the voices for 10 minutes each day	Julie would like to be able to go to the shops on her own
Jim wants to re-start playing golf once each week	Jim would like to improve his physical health
Gill would like to go for a meal with her husband once every two weeks	Gill would like to have more quality time with her husband (Jim)

Though it is helpful to develop both short and long term goals, it is important to realise that short-term goals are likely to be more helpful in the first instance, as these will have a greater chance of early success, and will therefore assist in further enhancing the individual's hope, morale, motivation and commitment to change (Morrison et al 2004).

When negotiating goals, it is essential to clearly define and prioritise goals with the person. The risk of failure to achieve the agreed goals will increase if you are not clear, specific, realistic and time-orientated (Meyer et al 2010). Negotiation and collaboration are key to reducing any potential conflict, clarifying the rationale and meaning of the goals that are agreed, and in agreeing priorities. When prioritising, it is important to consider risk / urgency, the importance of the various goals, the individual's level of distress, or whether one goal needs to take precedence (Westbrook et al 2007, p.156).

> *Key Message:*
> to enhance a sense of ownership, hope and recovery, it is pivotal that the identified goals are generated by the individual

Forming Meaningful Goal Statements

When developing meaningful goals it is important to be personalised, clear and specific. To assist this process, consider the following two well-known methods for writing goal statements.

Method 1: considering behaviour, conditions, frequency & duration
As described by Fox and Gamble (2006), the initial stage to forming a meaningful goal statement involves asking the individual to describe what they would like to achieve, encouraging them to describe something they would be doing *(a positive change or alternative behaviour)* that would indicate that the problem / issue is less severe or has been resolved.

Westbrook et al (2007, p.155) and Wright et al (2014, p.181-2) recommend facilitating this process of identifying a meaningful goal by asking a few open questions – for example: *What would be a meaningful change for you?, What would you like things to be like?, What would give you a sense of purpose?, What would you like to be different?*

The next stage would involve enabling the individual to phrase a goal statement, using their own words. Facilitating this process would involve reflecting back what s/he wishes to achieve, in clarifying, refining and fine-tuning the goal statement.

Fox and Gamble (2006) propose the use of a very helpful structure in formulating a clear and meaningful goal statement: *behaviour; conditions; frequency; and, duration.*

So, when forming a clear goal statement, always succinctly define the positive behaviour, and, as relevant, capture any required conditions, the frequency and the duration. The latter elements are helpful in providing clarity, measurement and sustainability. To illustrate, consider the case studies, and the goals for Julie and for Gill (Mrs Smith), as shown in Table 3.

Table 3: Goal Statements – *behaviour, conditions, frequency & duration*

always include   *and as relevant…*

Behaviour	Conditions	Frequency	Duration
Julie: I would like to be able to shop in the local supermarket	on my own	at least twice each week	for at least 90 minutes each time
Gillian: I would like to go out for a meal in a restaurant	with my husband	once each week	for at least 2 hours

Method 2: who, what, where / how & when

In considering the formulation of meaningful goal statements focusing upon addressing risk issues, Hart (2014, p.147-151) describes an alternative helpful structure: *the concerned person (or who will take responsibility for the action / solution); the objective; the context / setting; and, the time-frame.*

Similarly, Barrett et al (2012) recommend consideration of the following when developing a goal:
- Who will achieve it?
- What will they achieve?
- How will they achieve it? (alternatively: where / the setting)
- When will they achieve it by?

So for example: *Julie (who by) will keep herself safe (what) whilst at home (the setting) over the next 2 weeks (when).*

> *Reflective Activity 2:*
> Remind yourself about case study 2 and practice writing a goal statement for Melanie and for Jim, using one of the above methods.

Testing Goal Statements

In developing meaningful goals, it is highly recommended that each goal is clearly expressed, to facilitate a meaningful review at key points. It is therefore important to ensure that each goal is consistent with a series of key criteria or principles, which have been summarised by several authors in the form of 'aide memoire' style acronyms, as shown in Fig. 2 and described below.

Fig. 2: *Testing Goals*

These common acronyms refer to:
- SMART = Specific, Measurable, Achievable, Relevant / Realistic & Time-limited (for example: Wright et al 2014)
- SMARTEN = Specific, Measurable, Achievable, Realistic, Time-orientated, Explicit & Negotiated (Padmore & Roberts 2013)
- RUMBA = Relevant, Understandable, Measurable, Behavioural & Achievable
- SPORT = Specific, Person-centred, Observable, Realistic & Time-bound
- MACROS = Measurable, Achievable, Client-centred, Realistic, Outcome-written & Short (Barrett et al 2012)
- PRODUCT = Patient-centred, Recordable, Observable & measurable, Directive, Understandable & clear, Credible, Time-related (Barrett et al 2012)

These variations of well-known acronyms clearly share and reinforce the importance of some common principles:

- *Realistic:* it is important to ensure that each goal is realistic, not too limited or over-ambitious, which may require some delicate negotiation with the individual (Westbrook et al 2007: 156), thus increasing the likelihood of completion – *so, can you make it happen?*

- *Understandable:* each goal needs to be written in a simple way, such that the meaning is clear – *so, is it clear and easy to understand?*

- *Measurable:* clarifying how the goal will be measured allows for frequent and specific reviews of progress – *so, how would you know that you've completed your goal?*

- *Behavioural:* describing something that the person would be doing – *so, does it clarify the action that will be taken?*

- *Achievable:* negotiating what will be achievable given the individual's own resources and abilities (e.g. skills, time, supports from others, money, transport), focusing upon what is within the person's control, rather than relying upon the actions of others – *so, is it possible for you to do?*

- *Specific:* ensuring that the goal is very clear to the individual and is tailored to need, clearly identifying what will be done – *so, is your goal specific enough?*

- *Time-bound:* agreeing the time frame for completion allows for a focus upon progression, though some flexibility is helpful – *so, when will you have achieved your goal?*

It is helpful to select and apply one of these aide memoires in ensuring that you have negotiated a meaningful goal, thus promoting the individual's success in actually achieving the goal. This may lead to modifying and strengthening the goal statement and/or further breaking down a goal into a series of sub-goals. In practice, as you collaboratively formulate a goal statement, explain the preferred aide memoire to the individual as a guide to testing and agreeing a meaningful goal.

Reviewing & Monitoring Achievement

It is very important to ensure opportunities for the frequent review of progress in achieving agreed goals, for which several options may be considered. As examples, Meyer et al (2010, p.41), Powell (2009, p.134) and Wright et al (2014, p.181-2) offer goal setting / planning record forms which may be useful in explicitly recording and reviewing the setting and completion of goals. In addition to writing out a **SMART goal**, these proformas also involve specifying a series of related action steps.

As a further resource, consider our example below (Fig. 3). To illustrate, this considers Julie's goals, with a *focus upon short-term goal 2.* A blank copy of this proforma is provided for your own use in Appendix 1.

As shown in the example, the individual is involved in monitoring and rating how close they are to achieving their goal, using a simple scaling method.

Fig. 3: *Example* Goal Monitoring Record

Long-term goal – write down the goal you'd like to achieve over the next 3 – 6 months considering how you'd like things to be different in terms of your feelings and behaviour.	
I'd like to join a short course on photography at the local college within the next six months.	

Short-term goals – now break down your long-term goal into two or three smaller, manageable, short-term goals that you like to achieve over the next few weeks; then highlight the short-term goal that you'd first like to work on, by circling / underlining it.	
Goal 1	*I want to better structure my day, getting up by 9am each morning – within 2 weeks.*
Goal 2	*I would like to be able to manage the voices, feeling less distressed by them – within 4 weeks.*
Goal 3	*I want to be able to go to the local supermarket on my own, once each week – within 6 weeks.*
Steps – you may also find it helpful to write down a series of steps / actions that you need to take in achieving your chosen short-term goal.	
Step 1	*To start monitoring my voices within a voices diary.*
Step 2	*To make a list of potentially helpful ways of coping and managing the voices.*
Step 3	*To select two ways of coping and to try these out.*
Step 4	*To monitor how well these coping strategies work through my diary.*

Monitoring your progress (using a 0 – 10 scale)

write in dates for review	rate how close you are to achieving your goal, by placing a mark onto the scale (0 = no progress; 5 = partially achieved; 10 = fully achieved)										
2ⁿᵈ July	0	**1**	2	3	4	5	6	7	8	9	10
12ᵗʰ July	0	1	2	3	4	**5**	6	7	8	9	10
22ⁿᵈ July	0	1	2	3	4	5	6	**7**	8	9	10

Reflective Activity 3:

Take a look at the goals in Fig. 3 – to what extent are these goals SMART?

Try proposing some steps that Julie could take to achieve short-term goals 1 & 3.


As a more sophisticated method of monitoring and review, Bovend'Eerdt et al (2009) and Clarke et al (2006) describe the use of **goal attainment scaling**: a method for evaluating the attainment of goals, which involves rating attainment on a defined 3 or 5-point scale, where the mid point refers to the expected level (or indicator) of performance, and the high and low categories of the scale refer to much better or much less than expected performance. Applied within the rehabilitation setting, this method relies upon defining clear measurable goals and indicators, and can include the weighting of goals for importance and difficulty.

Monitoring performance and providing feedback has the potential to further enhance motivation and progress, allowing the person to consider what they hoped to achieve versus what they actually achieved (Clarke et al 2006).

Supporting Goal Attainment: *identifying resources*

Psychological well-being and goal attainment are closely associated and, according to Schindler and Sauerwald (2013), the support of friends and family is an influential factor in relation to goal attainment. It's important therefore to consider how goal attainment may be effectively supported by family / friends: one method is by the use of the red / green people exercise, wherein the service user is asked to consider those people who may be supportive of goal attainment (green people), and those who may not be supportive or may sabotage goal attainment (red people), with the aim of increasing contacts with 'green people', thus making attainment more likely. This **Socratic approach** enables exploration and discussion of helpful and unhelpful relationships in relation to the desired goal, and potential difficulties with regard to achieving it. The red / green 'people' can include the individual's 'voices' and their relationship with them (see Fig. 4), and the exercise can be used in relation to a variety of goals e.g. *Julie's goal of going to the supermarket*, or can be applied to reducing alcohol / drug consumption.

Fig. 4: *Example* **– using the Red / Green Person Exercise with** *Julie*
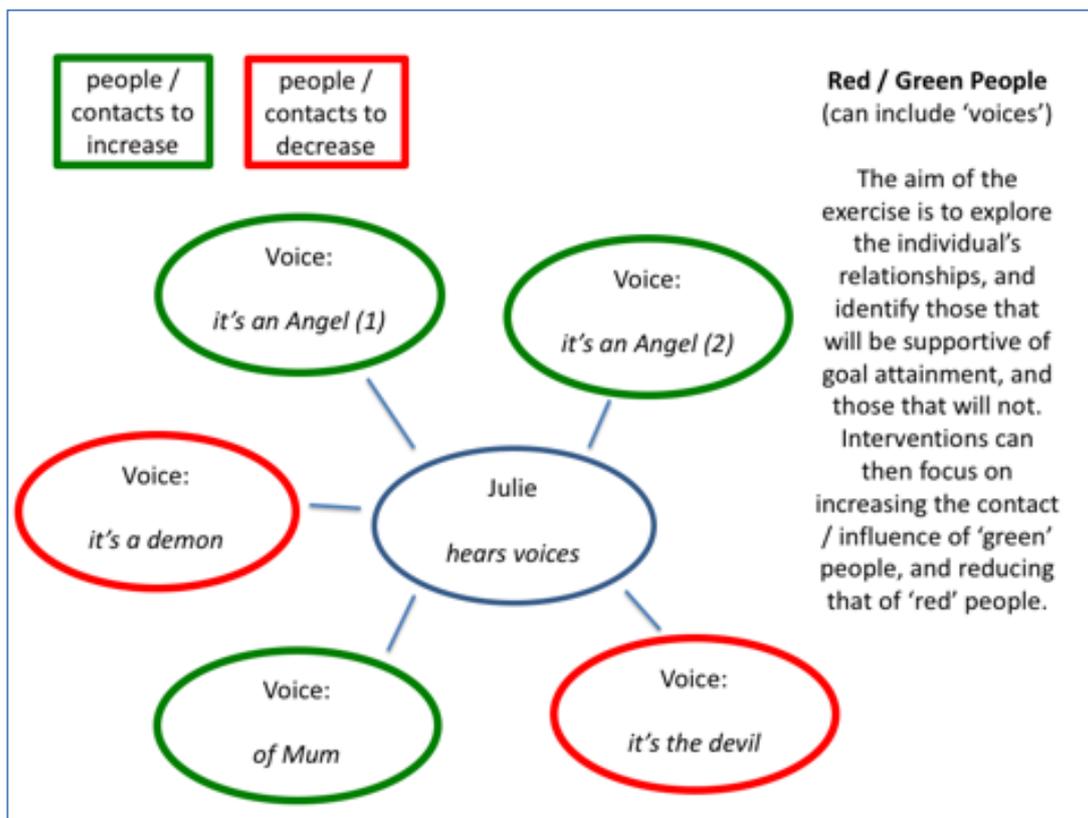
For Julie, it would appear that her mum and the 'angel' voices she hears are helpful to her, therefore in terms of supporting goal attainment, it would be important to enlist her mum's support (with Julie's consent), and to focus on reducing the impact of the devil's voice she hears.

In addition to enlisting the support of family and friends, it's also helpful to record success and failure (aided by the use of activity scheduling / diary recording etc…), and to ensure that progress towards the desired goal is monitored regularly (through care planning). However, building in an awareness of times when attainment may be more difficult or less likely can be helpful e.g. stress can adversely affect motivation and impact upon symptoms, so an awareness of and realistic contingency plans in relation to this can be helpful in supporting goal attainment.

Other strategies can include the provision of information as to local and online resources where service users and families / carers may be able to access support, examples of which are shown below.

Web Resources

For service users / families

www.selfhelpservices.org.uk
a North West based, user led mental health charity, which provides a range of support, services and opportunities for people living with common mental health problems such as anxiety, depression, phobias and panic attacks; at least 60% of the staff have had personal or lived experience of a common mental health problem

www.moodjuice.scot.nhs.uk
a Scotland-based website designed to help people think about emotional problems and work towards solving them; provides information and links to local resources for a range of issues e.g. benefit and debt advice, health related information, organisations / services, self help guides etc…

www.healthtalk.org/peoples-experiences/mental-health/experiences-psychosis/topics
has useful information about psychosis, causes, treatments, and coping strategies etc…

www.nhs.uk/Conditions/stress-anxiety-depression/Pages/low-mood-stress-anxiety.aspx
'MoodZone' has information about common mental health problems, and tips on improving mental wellbeing as well as links to other potentially useful information

http://www.mentalhealth.org.uk
the Mental Health Foundation provides information about a range of mental health problems, as well as being involved in research and policy development

http://www.mind.org.uk
MIND provides information about a range of mental health problems, information about rights, and where support can be accessed

www.rethink.org

Rethink provides information and advice in relation to living with mental illness, has a range of services and support groups nationally, and campaigns to improve policy in relation to mental health

www.turning-point.co.uk

Turning Point is a social enterprise, providing services which focus on improving lives for people, especially those with complex needs, across mental health, learning disability, substance misuse, primary care, the criminal justice system and employment

www.self-help.org.uk

a free searchable database of over 1,000 self help organisations, patient support groups and charities across the UK that provide support, guidance and advice to patients, carers and their relatives; the groups and organisations cover a range of medical conditions, diseases and treatments

http://self-help.tools

provides free downloadable self help tools, information about CBT, and advice about how to find an appropriate therapist

For practitioners

www.getselfhelp.co.uk

has free downloadable information leaflets, handouts and tools etc…

www.therapistaid.com

has free downloadable resources such as worksheets, videos, guides etc…

http://psychology.tools/

has free downloadable information about a range of therapeutic approaches / techniques to a range of problems, in a range of different languages

http://healthypsych.com/psychology-tools-series

20 free, downloadable practical psychology tools based in cognitive behavioural science and mindfulness-based theory

http://www.cci.health.wa.gov.au/resources/index.cfm

free downloadable resources to assist in providing interventions for mental health problems; the resources aim to provide general information about various mental health problems, as well as techniques that focus on a cognitive behavioural approach to managing difficulties

Identifying and Overcoming Difficulties & Obstacles

There may be occasions when the practitioner and individual do not agree on goals e.g. an individual detained under the Mental Health Act may want to be immediately discharged, which reinforces the need for sound therapeutic engagement and negotiation skills for practitioners, but also that goals should be achievable and relate to things over which the person has some control. It is also important to consider whether the service user has the resources they need in order to achieve their goals.

Motivation occurs when there is a discrepancy between how people currently see themselves / their situation, and how they want things to be e.g. wanting / achieving personal goals, and it diminishes if (see: Boudreaux & Ozer 2013; Westbrook et al 2007; p.154-156; Wright et al 2009, p.260-264):
- finding it difficult to identify specific goals due to feeling distressed;
- agreed goals are set too low or too high e.g. short-term goals seeming too simple or being inconsequential for the person, or being unable to progress long-term goals;
- being overly pressured to achieve the set goals;
- trying to work towards multiple or conflicting goals at the same time;
- goals are poorly defined.

Bullard and Slade (2014) emphasise the importance of collaboration and the early identification of goals, which is supported by McKeown, McCann and Forster (2002), who suggest that practitioners should ensure that when working collaboratively with service users, goal statements are kept as simple as possible, using behavioural (measurable), clear and unambiguous wording. However, sometimes activities and goals can be overwhelming, and so it can be useful to break goals down into specific and smaller steps, working at the person's own individual pace.

Being specific when setting goals also assists in identifying barriers or difficulties the individual may have in achieving them, however it is also important to avoid framing goals in terms of how the service user would prefer NOT to be *e.g. not drinking, not feeling afraid or staying in all the time,* which Westbrook et al (2007) refer to as the 'dead mans solution'. Instead, service users should be asked to consider how they would like things to be, or what they do want to do. Using the '**Miracle Question**' (see Westbrook et al 2007: 155-6) can help this process, as follows:

> *'I'm going to ask you a question that sounds really strange, but it'd be really helpful if you could try and answer it as honestly as possible, is that OK?'*
> *'Imagine that you go to bed tonight and while you were asleep a miracle happens, which means that the problem you've come here with, completely disappears.'*
> *'When you get up in the morning, how would you know that the problem had been solved? What sorts of things would be happening? What would you see? What would you be doing?'*
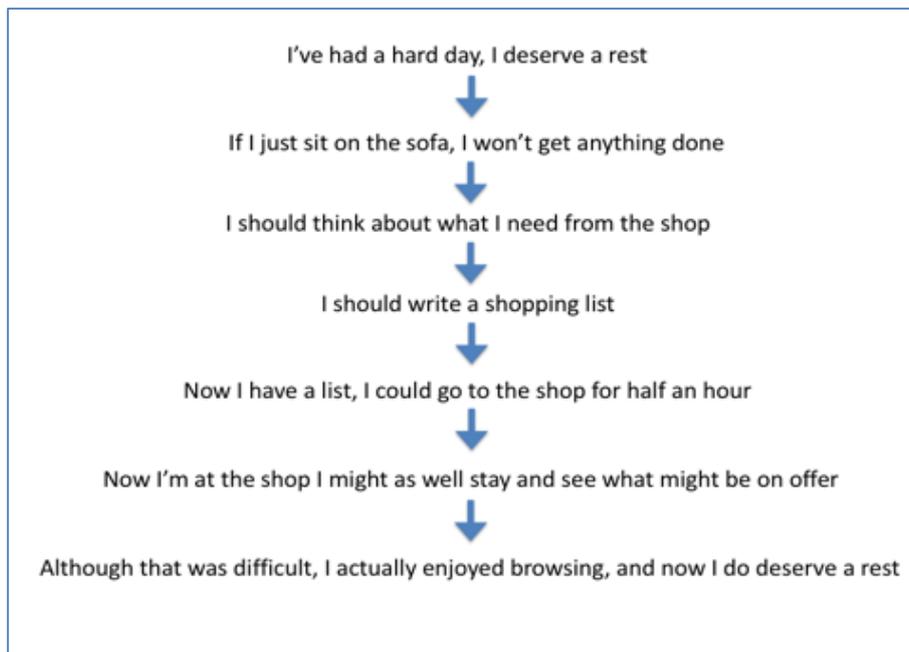
When following this up, it's important to ask for positive behavioural (measurable) descriptions *e.g. 'if you felt happier, what would you be doing?'*, and to reinforce this by asking further questions such as 'what else?' questions, and 'relationship questions' e.g. *'what else would be happening?', 'what would other people say or do?', 'what would they think?', 'how would other people notice that this miracle had happened and that you were different?', 'what would they say?'*

It is important to appreciate that this process may be difficult for service users, to give them time, and to accept their concerns. However, the process can allow practitioners to raise service users' awareness of exceptions in their lives, as follows:

> *'I know that this miracle hasn't happened, but are there any, even really small things that have already happened / are happening already?'*
> *'Tell me about a time when this problem wasn't so bad, what things were happening then?'*
> *'What was happening when you dealt with this more / most successfully?'*
> *'Are there times when this problem is not as apparent? What did you do to influence this?'*

Another potentially useful strategy is that of '**chaining**' which, according to Grist (2015), 'allows for the motivation muscle to be stretched' by linking smaller activities to an ultimate goal – consider the example for *Julie, in relation to going to the supermarket* (see Fig. 5).

Fig. 5: *Example* **– using Chaining with** *Julie*

I've had a hard day, I deserve a rest
↓
If I just sit on the sofa, I won't get anything done
↓
I should think about what I need from the shop
↓
I should write a shopping list
↓
Now I have a list, I could go to the shop for half an hour
↓
Now I'm at the shop I might as well stay and see what might be on offer
↓
Although that was difficult, I actually enjoyed browsing, and now I do deserve a rest

Remember: one of the key barriers to service users achieving their goals, and therefore making disengagement more likely, is that goals have been poorly articulated and written.

Recognising the challenges of writing goal statements

As discussed, when setting goals it is recommended where possible to ensure that goal statements are tested against key criteria, as summarised through the use of acronyms such as SMART.

Reflective Activity 4: testing and enhancing goal statements

Taking time to review this chapter, critically review the following goal statements, considering the extent to which each goal is SMART and, if appropriate, propose an example of a better phrased and SMARTer goal statement. You may find it helpful to relate these goal statements to particular individuals within the case studies, or to draw from your clinical experience.

1. *For Gillian to sleep better at night*

2. *For Julie to remain stable in mood*

3. *Julie will be symptom free*

4. *Jim would like to have quality time with his wife*

5. *For Melanie to comply with her medication*

Once you have proposed your own alternative goals, consider the examples provided within Appendix 2.

Formulating Goal Statements: *10 key points*

- A goal may be regarded as a desired outcome, as something that you wish to achieve.
- Goal setting is a meaningful intervention which may be structured as a series of steps.
- Establishing a good rapport and working relationship with the individual / family is a pre-requisite to collaborative and meaningful goal setting.
- The practitioner is recommended to adopt a collaborative approach in facilitating the development of specific, highly relevant and personalised, long and short-term goals.
- Working towards short-term goals is likely to be more helpful, offering a greater chance of early success, and further enhancing motivation and commitment to change.
- When formulating goal statements, succinctly define the positive behaviour and, as relevant, capture any required conditions, the frequency and the duration.
- Test and fine-tune goal statements by using an aide memoire, such as SMART.
- Ensure opportunities for the frequent review of progress in achieving agreed goals.
- Consider accessing the support of friends, family and other resources in progressing agreed goals.

- Consider the use of helpful practical strategies in overcoming difficulties, challenges and obstacles – *for example*: breaking goals down into smaller manageable goals; use of the Miracle Question; chaining techniques.

Chapter Summary

In this chapter, we have considered the place of collaborative goal setting within the contemporary practice of psychosocial and mental health assessment. We have presented a series of practical methods for the negotiation of personalised, recovery-focused, meaningful goals, and considered the importance of frequent monitoring and review. In discussing a series of potential difficulties and challenges, we have highlighted a number of helpful practical strategies and sign-posted some potentially helpful resources.

In ensuring a positive experience for the individual, we recommend that practitioners adopt a highly collaborative, flexible and creative approach in actively engaging the individual and their family members in identifying and achieving their personal goals, as a central aspect of therapeutic assessment and intervention.

Recommended Further Reading

Gamble, C. & Brennan, G. (2006) *Working with Serious Mental Illness: A Manual for Clinical Practice (2nd Edition)*. Edinburgh: Elsevier.

A popular text among mental health practitioners who are working with those who experience a serious mental illness, Jayne Fox & Catherine Gamble explain their method of formulating problem and goal statements in Chapter 9 (p139-144).

Powell, T. (2009) *The Mental Health Handbook: a cognitive-behavioural approach (3rd Edition).* Milton Keynes: Speechmark Publishing Limited.

A really helpful resource, this provides a set of practical resources and handouts to support therapeutic assessment and intervention, primarily based upon the cognitive behavioural approach. A CD-ROM resource is provided with the handbook, which includes materials on goal planning.

Westbrook, D., Kennerley, H., & Kirk, J. (2007) *An Introduction to Cognitive Behaviour Therapy: skills and applications.* London: Sage.

A popular text among mental health practitioners interested in the application of cognitive behavioural intervention, a helpful section is included on the use of the Miracle Question as a strategy to facilitating goal setting in Chapter 11 (p155).

Wright, N.P., Turkington, D., Kelly, O.P., Davies, D,. Jacobs, A.M., Hopton, J. (2014) *Treating Psychosis: A Clinician's Guide to Integrating Acceptance and Commitment Therapy, Compassion Focused Therapy and Mindfulness Approaches within the Cognitive Behaviour Therapy Tradition.* Oaklands, California: New Harbinger Publications Inc.

Focusing upon the use of an integrative approach for working with service users with psychosis, this clinical guide sets out practical interventions and exercises, supported by sample resources and downloadable tools, which includes goal setting (p.181-2).

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Glossary of Key Terms

Chaining: a method of linking smaller activities to an ultimate goal

Formulation: a way of integrating information gathered through the assessment phase, in reaching a shared understanding of the themes and issues concerning the individual's and/or family's presenting issues, needs and strengths, which becomes the focus and guide for intervention

Genogram: a brief way of representing relevant family history in the form of a family tree, that highlights major events experienced by the family e.g. health conditions, losses of family members, where they live(d), occupations, relationships, patterns of communication etc… (*for an example*, see case study 2)

Goal: a desired outcome, or something that you wish to achieve

Goal Attainment Scaling: a method for evaluating progress towards goals, which involves use of a personal rating tool / scaling technique

Long-term Goal: a recovery-focused desired outcome that can be achieved in the longer term, within 3 – 6 months or sometimes longer, such as gaining employment or independent living

Miracle Question: a specific goal orientated strategy from Brief Solution Focused Therapy, which involves considering indicators of positive change following the imagined experience of a 'miracle' that resulted in the presenting problem disappearing

Short-term Goal: a process orientated stage or step towards a longer term goal, that can typically be achieved within a few weeks and is often the first step towards recovery

SMART Goal: referring to the use of the well-known 'SMART' (specific, measurable, achievable / attainable, relevant / realistic and time bound) acronym for testing the quality and value of a personal goal statement; alternative acronyms include RUMBA, SPORT etc…

Socratic Approach: a method named after the Greek Philosopher, Socrates, this is a form of conversation / dialogue (whether internal or with another person) which involves the use of open questions and reflecting statements to support the individual's own realisations and enhance awareness of their own solutions

Ten Essential Shared Capabilities: a framework of shared capabilities that all staff working within mental health services should achieve and demonstrate as best practice (see DH 2004)

Appendix 1

Goal Monitoring Record

Long-term goal – write down the goal you'd like to achieve over the next 3 – 6 months considering how you'd like things to be different in terms of your feelings and behaviour.	

Short-term goals – now break down your long-term goal into two or three smaller, manageable, short-term goals that you like to achieve over the next few weeks; then highlight the short-term goal that you'd first like to work on, by circling / underlining it.	
Goal 1	
Goal 2	
Goal 3	

Steps – you may also find it helpful to write down a series of steps / actions that you need to take in achieving your chosen short-term goal.	
Step 1	
Step 2	
Step 3	
Step 4	

Monitoring your progress (using a 0 – 10 scale)

write in dates for review	rate how close you are to achieving your goal, by placing a mark onto the scale (0 = no progress; 5 = partially achieved; 10 = fully achieved)										
	0	1	2	3	4	5	6	7	8	9	10
	0	1	2	3	4	5	6	7	8	9	10
	0	1	2	3	4	5	6	7	8	9	10
	0	1	2	3	4	5	6	7	8	9	10

Appendix 2

Reflective Activity on Testing & Enhancing Goal Statements:
some alternative goal statements

As more meaningful alternatives to the stated goals in *reflective activity 4*, consider the following examples:

1. Gillian would like to gain seven hours sleep each night, during the majority of nights over the next two weeks.
2. Julie would like to be able to recognise and manage the changes in her mood – within three weeks.
3. Julie would like to learn ways of coping with the voices – within four weeks; Julie would like the voices to be less frequent, intense and distressing – within four weeks.
4. Jim would like to go out with Gillian for a meal in a restaurant in the next two weeks; Jim would like to go to the cinema with Gillian in the next 7 days.
5. Melanie would like to understand more about her prescribed medication, within two weeks; Melanie would like any side effects of her medication to be resolved or managed within 6 weeks.

How do these examples compare with your own suggestions?

Appendix 3

Further Reflective Activity: *Case Study – Luke*

Reviewing the practice recommendations that have been made within this chapter, consider the following short case study and identify some precipitating (trigger) factors and presenting issues for Luke and his wife. Then, propose one or two meaningful goals for Luke and for his wife.

> *Luke is a 29-year old man who is married with a young daughter. He is unemployed after being made redundant, is experiencing financial difficulties and smokes cannabis on a regular basis. Prior to Luke's relapse, his father died suddenly. Luke spends the majority of time in his house. He finds it difficult to trust others because he believes that someone is going to harm him or his family. As a result of this Luke has stopped socialising with his friends, although he does communicate with them via social media as he believes no harm can come to him this way. Luke occasionally goes out with his wife and daughter shopping, but he finds this very difficult and has had to leave due to severe anxiety and paranoia.*
>
> *As a consequence of Luke's withdrawal, his wife's social activity has also reduced. They often used to have meals with friends in the house and have regular gatherings with the family.*