Goals Form

Guidance on use

Mick Cooper, University of Roehampton, 2015
mick.cooper@roehampton.ac.uk

Background

The Goals Form is a simple, personalised tool that can be used to evaluate clients' progress in therapy. For further information about the rationale behind the Goals Form, see Cooper and McLeod (2011, Sage) *Pluralistic counselling and psychotherapy*.

Definition

Therapeutic goals can be understood as projected states of affair that clients hope to achieve through participating in therapy. It refers to what clients want to get *out* of therapy (e.g., 'not worry what others think about me') rather than how they want therapy, itself, to be (e.g., 'feel valued by the therapist').

Establishing goals

Goals for therapy should normally be established in a first, or assessment, session.

The goals should be determined by clients, in collaboration and dialogue with their therapists.

It should be explained to clients that any goals can be modified, removed, or added to as the work progresses.

Typically, therapists may start the process of establishing goals by inviting clients to describe what has brought them to therapy. Clients may then be invited to say some more about what they would like to get out of therapy. For instance, therapists might ask:

- 'Where would you like to be by the end of our work together?'
- 'What would you like to get from therapy?'
- 'What are your goals/hopes/wants for the therapeutic process?'
- 'What would you like to change in your life?'

As clients start to describe what they would like to get out of therapy, therapists can work with them to formulate each one as a more specific goal. Clients will typically establish between 2 and 7 goals. In agreeing goals for therapy, the following pointers should be borne in mind:

- ***Clarify.*** Work with the client to get a *specific* sense of what the goal is. For instance, if someone says they want to be 'happier', you can clarify what that actually means for them(e.g., 'Feel more energy in the mornings').
- ***Concise***. The wording of the goal should not be more than one sentence long (one or two lines of written text), so that it can fit on the Goals Form and can be easily assessed by the client. For instance, 'Feel able to stand up to my father and tell him what I really think.'
- ***Single goals.*** Try to avoid having too many diverse goals within one goal. Ideally, each goal should represent one main thing, so it is better to separate out diverse goals. For example, 'Feel vibrant' (Goal 1), 'Feel on top of things' (Goal 2), rather than 'Feel vibrant and on top of things'.
- ***'Absolute'.*** Goals should be stated in 'absolute', rather than 'relative', terms. For example 'feel happy' rather than 'feel happ*ier*'; 'feel *good* about myself' rather than 'feel

better about myself'. This is so that clients do not need to refer back to some reference point when rating.

- ***Approach goals***. There is some evidence to suggest that it may be better to formulate goals in *approach* terms (something the client wants to achieve) rather than as *avoidance* goals (something the client wants to get away from). For example, 'Feel happy and at ease' rather than 'Feel less sad and tense.'
- ***SMART.*** Remember the basic principles of effective goal setting: **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound.

Once wording is agree, each goal can be written down on a blank Goals Form (by therapist or client).

For each goal, clients should then be asked to indicate how much they currently feel they have achieved it by circling a number from 1 (*Not at all achieved*) to 7 (*Completely achieved*). They can also be asked to indicate which of the goals they would most like to prioritise/start working on.

Although research indicates that most clients find it helpful to establish goals, some do not. It is therefore important to discuss with clients, before commencing a goal-setting process, whether they would like to establish goals and/or have them written down and rated on a weekly basis. There may also be times when it is inappropriate or unhelpful to focus on agreeing goals (for instance, if risks issues are present). Clinical issues should always take priority.

Transposing the goals onto a Goals Form

Once sessions are complete, therapists should type up clients' goal onto the Goals Form. They should then print off some copies of this personalised form for use in subsequent sessions.

Using the Goals Form

At the start of each session, clients should be presented with their personalised Goal Form, and asked to spend a few moments rating how close they now feel they are to achieving each of their goals.

Clients' responses to the Goals Form may form the starting point for the therapeutic dialogue (for instance, if clients indicate that they have move towards, or away from, particular goals; or if one goal shows much lower attainment than the others).

Note: clients should not be presented with a blank Goals Form at the start of each session and asked to re-articulate their goals. This is an alternative (and potentially very valid) means of working with goals in therapy, but one that is distinct from the use of the Goals Form.

Revising the Goals Form

At any point in the therapy, clients or therapists may suggest that the goals on the Goals Form should be revised to more accurately represent the client's goals for therapy. This may involve the deletion of goals, the addition of goals, or the revision of the wording of goals. Particular times this may be most likely to happen are:

- When goals are achieved or no longer feel relevant to clients
- At review sessions
- Following completion of the Goals Form, for instance if clients note they are balking at particular goals or feels that something is missing.

The client and therapist should agree revisions to the Goals Form through dialogue. The electronic master copy of the client's personalised Goals Form should then be revised by therapists before the subsequent session, and this should then be used for following sessions.

Clients are able to revise their goals as frequently as possible. However, for purposes of statistical analysis (and also, potentially, to maintain consistency in the therapeutic work), it is better if the goals stay relatively stable throughout the therapeutic work (e.g., each goal remains active for at least five sessions or so).

Scoring

Simple graphs can be made (for instance, on Excel) to plot changes in clients' individual goals over time, and research suggests that many clients may find this a useful part of therapy. This is something that can be discussed with individual clients.

To calculate changes over the course of therapy, for service evaluation purposes, use the following procedure:

- *For each client, calculate the mean score for the goals at first rating* (the mean is the sum score for all of the goals divided by the number of goals). If a goal was established at the assessment meeting, this will be the assessment score; if it was established later on in the therapy, this will be the score at that time point. If goals are modified in any way, treat them as new goals.
- *For each client, calculate the mean score for the goals at last rating* If a goal is active until the end of therapy, this will be the score in the final session. If it is deleted or modified prior to the end of therapy, this will be the last time it was rated.
- *Calculate the mean first score across all clients, and the mean last score across all clients.* The difference between these two scores indicates how much, on average, clients have changed in your service. For evaluation reporting purposes, you can plot these scores on a graph.
- *Calculate an 'effect size' by dividing the mean amount of change by the 'standard deviation' of the first scores.* An effect size is an indicator of the magnitude of change. An effect size of 0.2 is typically defined as 'small', 0.5 as 'moderate', and 0.8 as 'large'. The standard deviation of the first scores can be calculated using the Excel command 'stdev'. Example: Mean first score = 2.4, mean last score = 4.7, standard deviation of first scores = 1.5, Effect size = (4.7-2.4/1.5) = 1.53).

Permission

The Goals Form is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International licence so it can be reproduced, used and distributed without payment of any fee as long as it is not changed and its origin acknowledged (by citing this paper, see below). Please do also let us know about your experiences of using the form or any findings from its use.

Cooper, M. (2015). Goals Form: Guidance on use. (Working paper). Retrieved from https://www.researchgate.net/profile/Mick_Cooper doi. 10.13140/RG.2.1.2576.7767

Client code:	Therapist:	Date:	Session:

Goals Form

Goal 1:						
Not at all achieved 1	2	3	4	5	6	Completely achieved 7

Goal 2:						
Not at all achieved 1	2	3	4	5	6	Completely achieved 7

Goal 3:						
Not at all achieved 1	2	3	4	5	6	Completely achieved 7

Goal 4:						
Not at all achieved 1	2	3	4	5	6	Completely achieved 7

Goal 5:						
Not at all achieved 1	2	3	4	5	6	Completely achieved 7