Working With Goals in Therapy

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Special thanks to Hanne Oddli, Gina di Malta

Why Goals?

Outline of Workshop

1. Directionality as a foundation for goal-oriented practices
2. Goal dimensions
3. Principles for goal-oriented practices
4. Using forms and measures
Goals are...

‘Internal representations of desired states’

1. Directionality as a foundation for goal-oriented practices

Being as directional
Direction

‘...that primal tension of a human soul which moves it to choose and realize this and no other out of the infinity of possibilities’
(Buber, 1913/1964)

Being as directional

- On-the-way-to-somewhere
- Teleological: future-oriented
- Agentic
- Intelligible: for a reason

Directionality as...

conscious and unconscious
A phase model of directionality

The Directional ‘Arc’

- Range of psychological models understand directionality as series of phases: e.g., ‘Rubicon model’, ‘Stages of change’, ‘Gestalt cycle’
- Helps clarify distinction between different directional concepts, especially desires vs. goals
- ...And how different therapeutic orientations fit together
Directions can be conceptualised as existing in a hierarchical structure, with higher- and lower-order desires and goals. For example...

**Higher-order directions**
- Relatedness
  - Spend time with children
  - Romantic relationship
  - Be close to friends
- Rosie
- I shutter
- Football

**Lower-order directions**
Highest-order directions

- Pleasure
- Growth
- Autonomy
- Safety
- Relatedness

Psychological wellbeing = actualising our ‘highest-order’ directions

- A sense of direction
- Attainability
- Approaching
- Achieving
- Appreciating

A life in flow

Psychological distress: A directional account
Problems may emerge if directions are in **conflict**

<table>
<thead>
<tr>
<th>Higher-order directions</th>
<th>Relatedness</th>
<th>Safety</th>
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<tbody>
<tr>
<td>Establish romantic relationship</td>
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<td>Avoid hurt in close relat.</td>
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Problems may emerge if means towards higher-order directions are **ineffective**

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*Active goals are the unit of control over higher mental processes, not the self or individual person, and active goals single-mindedly pursue their agenda independently of whether doing so is in the overall good of the individual person* (Bargh & Huang, 2009, p.127)
As human beings, we strive to do our best, but doing our best isn’t always the best thing that we could be doing.

**Contextual factors**
Levels of conflict and effectiveness are always in relation to a particular context.

Limited external resources mean that the actualisation of one direction is more likely to necessitate the subjugation of another.

**Beyond Babel: A Common Framework for the Psychological Therapies**
All therapies strive to help clients actualise their higher-order directions, through developing more synergetic and effective configurations.

2. Goal dimensions

Goals can be...

Approach
Presence of avoidance goals associated with lower psychological wellbeing, and lower gains in therapy

(Source: Elliot & Church, 2002)

Intrinsic vs Extrinsic goals

Goals may be for intrinsic self-fulfilment (e.g., autonomy, meaning) or contingent on the approval of others (e.g., winning X-Factor)

(Source: Sheldon & Kasser, 1998)

Wellbeing association with attainment of intrinsic, not extrinsic goals (ES = 0.37)

(Source: Koestner et al., 2002)
Goals can be:

Conscious or Unconscious

Conscious vs Unconscious goals

- Research indicates that goals can operate at unconscious level
- For instance, subliminal exposure to cooperative words led to more cooperation in task

Conscious vs Unconscious goals

- General correlation between self-identified goals (as assessed for instance, by questionnaires) and implicit goals (as assessed, for instance, through projective tests) very small
- But may be higher for some people: self-determined, bodily conscious, preference for consistency
Dominance of unconscious and rogue goals associated with psychological distress?

Goals can be...

**Specific**

**Vague**

Specific goals likely to lead to greater goal attainment, but may be lower-order goals
Goals can be...

More positive affect when progressing towards more difficult goals, and lead people to perform better (Source: Wiese, 2007; Locke and Latham, 2002)

But if goals not realistic can lead to feelings of failure. Realistic ‘small steps’ may re-motivate clients
Goals can be...

**Outcome**

![Outcome Image]

**Process**

Photo: Daniel Sousa

Outcome goals may be more achievable, but process goals may give greater actualisation ‘along the way’

3. Principles for goal-oriented practices
Definitions

• Goal-oriented practices: therapeutic activities which explicitly discuss or explore the client's treatment objectives
• Goal setting: the process of identifying and establishing goals—generally at the start of therapy
• Goal tracking: the evaluation of clients' progress towards their goals, generally through some kind of individualized outcome measure
• Goal discussion: Collaborative discussion between client and therapist regarding the goals for therapy

(Source: Cooper & Law, 2018)

Rationale

1. Goal-setting and -tracking associated with positive outcomes

• “The beneficial effects of goal setting on task performance is one of the most robust and replicable findings [within the psychological literature]” (Locke et al., 1981)
• Goal setting on behavior change: $ES(d) = 0.34$
• Feedback on goal progress on goal attainment: $ES(d) = 0.40$. Evidence of direct mediation effect for frequency of goal monitoring

(Source: Epton et al., 2017; Harkin et al., 2016; Locke et al., 1981)
1. Goal-setting and -tracking associated with positive outcomes

- In clinical context: some evidence of increased improvements, engagement, and client satisfaction when goal-setting and -tracking instruments used.

(Source: McMurran et al., 2013; Smith, 1976)

Instead of drifting along through life getting from day to day, surviving but not living, setting goals and working on achieving them has altered the way I view life. Before therapy, my daily life was a series of events; I would check off what I needed to do, but I had not focused on what I really wanted to achieve. Now I have a clearer idea of what I want and I focus on achieving those goals. It was important to me to have a sense of direction and purpose. Setting goals helped me to feel in control of my life, even if the outcomes were not always as expected. It gave me something to work towards.

(Source: Feltham et al., 2018)

2. Goal agreement associated with positive outcomes

- Client-therapist goal consensus and psychotherapy outcomes have weighted mean correlation of .34 (k = 15 studies)

- Suggests importance of explicit goal-setting and -discussion: leading to ‘goal alignment’

(Source: McLeod, 2018; Tryon & Winograd, 2011)
Therapists do not always know what clients want

• Swift and Callahan (2009) found that in only about a third of cases did clients and therapists match on the same two goals for therapy; in about 50% of cases they matched on one; and in around 10% they matched on neither

• ‘[O]ne client indicated that her goal for treatment was to learn to cope with her recent divorce and loss of contact with her son because of restricted visitation rights. On the other hand, that client’s trainee therapist reported that the goal for treatment was to help the client overcome symptoms of post-traumatic stress disorder related to a car accident.’

(Source: Swift & Callahan, 2009)

3. Most clients do want to set goals in therapy (even if therapists, as clients, do not)

4. Ethical responsibility

• ‘Avoidance of clarification around client goals could be regarded as an ethical breach, as it would make it impossible to know whether the direction and focus of therapy was congruent with the client’s views. That is, some kind of explicit checking-out of therapeutic goals is a necessary aspect of respect for client autonomy.’

(Source: McLeod and Mackrill, 2018)
Why might goal-oriented practices be helpful?

1. Facilitates awareness
   - Goal-oriented practices (particularly goal setting) provide clients with an opportunity to recognise their implicit goals, ‘directions’, and concerns

2. Provides focus
   - Provides a ‘target’: directing attention to the specific objectives being sought
   - Counteracts clients and therapists wandering ‘off topic’ - reminding them of the key issues they want to work on

(Source: di Malta et al., 2018; Locke et al., 1981)
3. Enhances persistence
• Goal setting and goal monitoring shown to enhance persistence in goal-directed behaviours
• Lack of goal progress cannot be ignored
• Receiving incentives and ‘micro-rewards’ along the way
• Honouring ‘public’ commitment

(Source: Locke et al., 1981)

4. Energises clients
• Goal setting may motivate and stimulate clients to progress
• Surmounting tendencies to procrastinate
• A public commitment to action

(Source: di Malta et al., 2018; Locke and Latham, 2002)

5. Enhances self-worth
• Goal monitoring may boost clients’ sense of achievement, recognition, and accomplishment
• Through enhancing self-efficacy, may then lead to greater goal-directed activity: virtuous cycle

(Source: Latham & Locke, 1979)
6. Engenders hope

- Goal-setting can create positive expectations because...
- Calls to mind a positive image for the future
- Breaks a potentially overwhelming problem down into achievable steps
- Conveys a belief in clients that they can change their lives
- 'Focusing on client goals encourages clients to look forwards... When a therapist focuses on a client's goals, the therapist implicitly emphasizes that existence involves a person having dreams, hopes, and desires.' (Mackrill, 2010)

(Source: Locke & Latham, 2002; Mackrill, 2010)

7. Empowers

- 'Focusing on goals and tasks in psychotherapy is... an implicit way of drawing attention to a client's agency.... [T]he client is not just thrown into the world; the client is also a thrower, a mover and a shaker in the world of things and people' (Mackrill, 2010)

(Source: Mackrill, 2010)

- Puts the clients' own values, meanings, and desires at the heart of the therapeutic enterprise
- It sends a clear message to clients that, 'their individuality and uniqueness are highly valued, and that their distinct perspective is considered an important contribution to the therapy process.'

(Source: Elliott & Church, 2002)
8. Setting effective goals

Therapist can help client to set most salutogenic goals

Challenges and limitations of goal-oriented practices

1. Some clients do not want to set goals
2. Evidence of overall benefit is limited/contradictory

- Although highly experienced psychotherapists practiced in a range of goal-oriented ways, they did not explicitly discuss goals with their clients. Rather, goal-oriented work ‘processual’ and ‘nonlinear’
- ‘By accepting the complexity, ambivalence, conflicting goals, and resistance, the psychotherapists revealed a nuanced and complex understand of the forces of change, and did not resort to a straightforward description of goals to which the client had to commit.’

(Source: Oddli et al., 2014)

3. Clients may not know what goals are

- Around 40% of clients experienced uncertainty about identifying goals at the beginning of treatment

Clients’ explicit, conscious goals may not reflect their implicit, unconscious ones
4. Increased pressure, and feelings of judgment/failure

- Objectives enhance stress of therapeutic work.
- Clients may feel they have failed themselves or their therapists if they are not showing 'good' goal progress.
- May be experienced as emphasizing attainment, striving, and doing over a more 'authentic' state of being.

5. Impersonal and mechanistic

- Clients may feel that their problems, or their way of being in the world, cannot be articulated in goal-related terms.
- Formulating their difficulties in terms of goals is diminishing.

Good practice in working with goals
1. Clients should be offered opportunity to work with goals, not required to

2. Goal-oriented practices should involve clients as active participants

Therapists may need to put own assumptions to one side

‘Sarah’s goal was to be a cheerleader; but her status as a mentally ill residential patient, and her daily activity of watching TV and eating snack foods, meant that her therapist could not accept this. The therapy floundered, until the therapist started to accept, and engage more, in Sarah’s explicitly stated goal. As they started to talk more about cheerleading, and watched cheerleading contests on TV, the interactions became more vibrant; and Sarah took a more active role in her community: organising a cheerleading squad for the local basketball team.’

(Source: Duncan et al., 2004)
3. Goal-oriented practices should involve therapists as active participants

The active therapist

- Clients see therapists as having an important role in facilitating goal-oriented practices: listening, eliciting, guiding, advising, highlighting progress, encouraging clients to stay on track
- For some clients, was helpful when therapists suggested initial goals, that clients could then modify

Goal-elicitation questions

- What did you hope would be different from coming here?
- What did you want to change about your life?
- Where would you like to be by the end of therapy?
- How will you know that counselling has been helpful?
- What would a future look like without the problem?
- What one word would you use to describe what you want from therapy?
If therapists do not think that clients’ goals will be of benefit to them, this can be brought into the dialogue.

4. Goal-setting should be given sufficient time

Goal-setting as an ongoing process

- Around 50% of clients felt that goal-oriented practices were enhanced by having enough time and sessions
- Assessment sessions may be too soon for some clients to set goals

(Source: di Malta et al., 2018)
Mick: Where would you like to move forward to?
Saskia: I don’t know what to ask, I mean, obviously, 20 sessions is not a long time. Um… I don’t really know, I don’t want to hope for too much. Oh… I think it’s all the main things that you’d like, perhaps, to be a bit different?
Saskia: Well certainly the relationship things are big things because, you know, I’m 22 now and I haven’t been with anyone for a long time… [Client talks about her desire for a stable relationship.]
Mick: So getting somewhere maybe to the point where you’re closer to being in a relationship sounds like a good place—maybe a good place to get to.
Saskia: And maybe, also, I don’t know… I think there’s this problem of jealousy and envy. If I start comparing myself to a teaching assistant, I would like to talk about her tendency to compare herself against others, and how she would like to stop doing this.
Mick: So, to say—to ask me where I would like to be— I don’t know, healthier, anyway— I know that’s very vague and general.
Saskia: Physically, do you mean, or…?
Saskia: Both ways, both ways… [Saskia talks about her current lack of exercise.]

5. Goal-oriented practices should be flexible

Flexible goal-oriented practices
• Most clients indicated that having a flexible structure around goal-oriented practices was helpful
• Ability to revise/add/delete goals as work progresses
• Being willing to re-orientate sessions if new concerns/life events emerge
6. Orientate clients towards salutogenic goals (based on the psychological evidence)

More than SMART
- SMART goals (specific, measurable, attainable, relevant, time-based) from performance enhancement context
- Therapeutically, SMART goals are not necessarily the most salutogenic

‘HEALS CRISPS’
- Higher-order
- Effective
- Approach
- Longer-term
- Synergetic
- Challenging
- Realistic
- Intrinsic
- Small steps
- Process-focused
- Specific
Small steps

- Setting small steps is central to many therapeutic approaches e.g., ‘goal stepping’ (hope therapy) or ‘goal laddering’ (systematic motivational counseling)
- Clients find it helpful to break down superordinate goals into more manageable tasks: facilitating sense of achievement and relieving pressure
- ‘While it is wonderful to hear that a client has big ambitions, you won’t be able to help your client sprout wings and fly to the moon! The great thing is, as clients know this, and mostly we think this is ok; it is not your role to get us to some huge or unobtainable milestone. What clients tell us is important is the discussion and deliberation to understand together why this may be unobtainable and to work together to agree what may be a more realistic goal.’ (Feltham et al., 2018)
- Best approach may be a: ‘strategic emphasis on attainable short-term goals combined with a periodic review of the long-term goals that gives meaning and organization to one’s short-term pursuits.’ (Ford, 1992)

(Source: Cox & Klinger, 2011; di Malta, 2018; Feltham et al., 2018; Ford, 1992; Snyder & Taylor, 2000)

4. Using forms and measures

Rationale for use

- Some evidence that measures associated with greater improvements, and satisfaction, in therapy
- Clients generally positive about use of goal-based measures
- Greater goal progress when goals physically recorded and rated: enhances recollection and accountability?
  - ‘it’s really helpful to have it written down on paper. Maybe you don’t really acknowledge it until you actually see it’
- Greater goal progress when monitored publicly
- Consistent with wider trend towards routine outcome monitoring: providing therapists with feedback on client progress brings about positive improvements in outcomes—especially for ‘not on track’ clients

(Source: di Malta et al., 2018; Harkin et al., 2016; Lambert & Shimokawa, 2011; McMurran et al., 2013; Smith, 1976)
Using the Goals Form

1. Client and therapist discuss the client's goals for therapy (normally at assessment)
2. Wording is agreed and written down on the Goals Form
3. Clients are asked to rate how much they feel each goal is currently achieved
4. Clients are asked which goals they would like to prioritise
5. The client’s goals are transposed to an electronic copy of the form and copies of the personalised form are printed off
6. Clients are asked to rate their goals at the start of every session
7. Clients can add to, delete or modify their goals as the work progresses

Example:
Marek’s goals (assessment)

1. ‘To stop intrusive thoughts, images and flashbacks’
2. ‘To not experience anger and distrust towards my wife’
3. ‘To understand how I feel towards my marriage’
4. ‘To know what to do for the future in my relationship’

Using the Goals Form

https://vimeo.com/210946525
Goal-based outcome measure (young people)

https://vimeo.com/50991886 05:55
Key References


Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004).


