

Chapter 5

Goal Setting

Identifying What Is Desired

If you don't know where you are going, you'll end up someplace else.

—Yogi Berra

INTRODUCTION

The opening quote was uttered by Yogi Berra, the New York Yankees baseball team's hall of fame catcher. While humorous, it is a sad reflection of the experience of many clients seeking a counselor's assistance. Our clients are most likely quite clear about their displeasure of being where they are but may be unclear about where they would rather be in terms of their life experience. Helping a client move from the identification of the *what is* to an articulation of *what is desired* is the focus of *goal setting*, a process that requires both special knowledge and skill on the part of the counselor.

This chapter explores how the counselor helps the client envision a state of what is desired, and articulate that vision as clear, concrete, and achievable goals. Specifically, after reading this chapter you will be able to do the following:

- Describe the value and need for the clear articulation of goals.
- Explain the characteristics of a goal which contributes to the goal's utility and therapeutic value using the acronym SMARTGOALS as a guide.
- Describe the factors that should be considered in setting priorities for addressing multiple goals.
- Identify challenges to the creation of therapeutic goals.

WHY GOALS?

The term *goal* typically refers to an object or end of some sequence of events or experiences. In counseling, a client's goal actually signals two things. At one level, achieving the goal signals that the client has been moving away from the *what is*—the state of a problem, concern, or unpleasant experience. Second, achieving a goal is the announcement that the client is now starting a new phase of his lived experience, starting from the point of being in his desired state. Goal achievement clearly signals the ridding of an unhealthy behavior and developing a healthy one, ending a negative thinking style and cultivating a positive one, and ending the feelings of hopelessness and instilling the feelings of hope. But what value, if any, does goal setting have for the helping process?

Extensive research has demonstrated that goal setting is necessary and effective in the problem solving or task completion processes (e.g., Locke & Latham, 1990, 2002; Seijts & Latham, 2001; Seijts, Latham, Tasa, & Latham, 2004). The simple truth is that engaging in helping without a sense of direction and purpose is like navigating without a compass. It is difficult to act without a clear picture of where one is going or intends to go. A goal can help a person become the person she wants to be, stretch the person's comfort zone, boost the person's confidence, give the person a life purpose, encourage the person to trust her decisions, make the person more self-reliant, help the person turn the impossible into the possible, prove that the person can make a difference, improve the person's outlook on life, and lead the client to feelings of satisfaction (Bachel, 2001). As such, goal setting is simply a practical and essential element of the counseling process. Goals are valuable to the helping process in that they serve in various capacities, described in the following sections.

Mapping Direction and Progress. Knowing the *what is* provides the counselor and client with a starting point but success can only be measured by efficient progress toward an end point—the *what is wished for* or goal. Establishing goals allows the counselor to establish milestones to monitor both the direction and progress of the helping process.

Increasing Client Hope and Motivation. While goals are rooted in the future, their articulation tends to change the client's current condition (Presbury, Echterling, & McKee, 2002). With clear, concrete, and achievable goals, a client's focus, sense of purpose, and experience of hope in the future will serve to motivate the client to change the present situations. Goals can provide the client with a vision and direction in terms of where he or she can go and what can be gained from counseling. This vision or direction gives the client hope or a dream, and energizes the client to make this dream come true. Moreover, goals not only provide the client with a direction in counseling, but also offer the client the direction in his or her actual life, which further

helps the client see a way out of the current situation. When the client knows what to do, where to go, and what can be gained, the client is able to focus and mobilize himself or herself for action.

Contributing to Sense of Client Autonomy. Clients often enter counseling feeling discouraged, having experienced difficulty for some time and the inability to resolve their current concerns. There is evidence that goal attainment results in enhanced well-being because it promotes need-satisfying experiences related to feeling autonomous (Sheldon & Elliot, 1999). Working with the counselor to identify and specify goals that address the clients' interests and values promote not just a feeling of hope but also empowerment and autonomy. Through goal setting, the counselor encourages clients to face their anxieties; helps clients enhance their sense of mastery and self-efficacy, overcome demoralization, gain hope, achieve insights; and teaches clients to accept their realities (Kleinke, 1994).

Providing Structure. The establishment of goals provides some initial structuring to a client who may have entered counseling without any true sense of what to do or where to go. This is true for the counselor as well. Knowing where the client is, and where the client hopes to go (i.e., goals) provides the structure for the counselor to begin to conceptualize strategies and plans for goal achievement.

Serving as Prescriptive. The ACA (2005) *Code of Ethics* states, "Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling" (sec. A.11.c). The counseling relationship should not be open-ended or foster client dependence. Having clearly articulated goals allows both the counselor and the client to know when the particulars of a counseling contract have been met and thus termination is in order. Similarly, having clearly identified goals allows both the counselor and client to understand when progress is lacking and that perhaps referral is in order. This is in line with the ACA (2005) *Code of Ethics* addressing the counselor's inability to assist clients, which states: "If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives" (A.11.b).

GOALS: CLEAR, CONCRETE, AND ACHIEVABLE

Goals that are impersonal, vague in presentation, overly generalized, or simply unrealistic will not only prove valueless but may actually increase the client's sense of frustration, hopelessness, and poor self-esteem and thus prove destructive to the

helping process. Therefore the articulation of goals is only useful to the helping process when counseling goals reflect a number of specific characteristics.

Goal-setting theory asserts that effective goals have the characteristics of *specificity, measurability, attainability, result, and time* (Locke & Latham, 2002). In addition, as presented here, effective goals are *gainful, optimistic, appropriate, legitimate, and simple*. These characteristics of effective goals are represented by the acronym *SMARTGOALS*, and are more fully presented in the following sections.

Specificity

Specific goals have been found to produce higher levels of performance and success than ambiguous goals (Locke, 1968). Ambiguity in goal articulation or goals that are vague can result in general confusion and fail to provide the needed direction. Consider the situation in which the client presents the following goals.

I would like to be happy.

I like having peace in my life.

I want to feel better.

I want to do better in my relationship with my partner.

What exactly would these states look like? How will we, others, and even the clients know when they have achieved these goals, these desired states? For goals to be of use in forming our plans of helping, they need to be described in terms that are specific, concrete, and action oriented. It is the role of the counselor to assist the client to reformulate goals so that they exhibit this characteristic of specificity.

The following are examples of goals that are specific, concrete, and action oriented.

I will apply for a graduate program in psychology and get a master's degree within two years.

I will take care of my health by exercising 1 hour a day and eating more fruits and vegetables from now on.

I will volunteer to distribute food once a month in my church.

Exercise 5.1 invites you to practice making goals specific.

Measurability

Framing our goals in ways that allow them to be measured not only contributes to the specificity, previously discussed, but also allows both the counselor and the client to measure the progress made along the continuum of what is to what is desired.

Some goals lend themselves to being measured in that they are easily quantified. This is true with goals such as losing 10 pounds, improving a math grade by one

Exercise 5.1

GOAL SPECIFICATION

Directions: Each of the following represents a goal expressed by a client in counseling. The goals are somewhat vague and ill-defined, so your task is to make each of the following more specific. Compare your work with a learning partner to see if your partner has a better understanding of the goal following your transformation.

- I will develop interests that are similar to those of my partner.
- I will do better in my relationship with my boyfriend.
- I will develop trust and show respect for my husband.
- I want to feel positive and optimistic.
- I will work on my unwanted behaviors.
- I will interact with my colleagues wisely.

full letter grade, calling a spouse once a day, or having a maximum of one drink a day. Sometimes, however, our clients have goals that reflect internal states, such as feeling less anxious, being stress-free, or increasing self-esteem. These goals don't easily lend themselves to observation and direct measurement. However, one strategy counselors often use to help clients measure progress and achievement of goals such as these is the creation of a subjective goal scale.

The client and counselor develop a subjective goal scale through simply drawing a horizontal line and labeling the left end of that line with a description of what is, and at the right end of the line with a description of what is desired. The counselor can assign a 1 to the current state of what is, and then mark the line in equal units of one space each, ending at the desired state which is identified as a 10. Using this subjective scale, clients can report on their personal experience of stress, anxiety, or self-esteem levels along the continuum at various points along the helping process.

The counselor should also help the client identify or set up criteria of successful completion of goals. For example, a client may state a goal as a desire to overcome her depression. With this as a general target, specific criteria such as the absence of symptoms of depression—which may include depressed mood; markedly diminished interest in all or almost all activities; diminished ability to concentrate; recurrent thoughts of death, insomnia, or hypersomnia nearly every day; fatigue or loss of energy; or feelings of worthlessness—may be set and serve as the measuring stick for successful goal attainment. The successful completion of the client's goal occurs when all these symptoms disappear.

Attainability

Attainability is another important characteristic of effective goals. To be effective, goals need to be realistically attainable or achievable given the client's resources, capabilities, and current circumstances. While a client may wish to complete his college education in 3 years, this may be unreasonable and unattainable if financial resources are limited or the client's family demands are such as to interfere with his studies.

Goals need to be reasonably challenging and require clients to stretch themselves while at the same time be achievable. When goals are too challenging or unrealistic, clients not only experience frustration, but may also assume progress is hopeless. Similarly, if goals lack challenge, clients might lose interest in the process of goal implementation.

Result

When specifying goals, it is important for the client to consider the impact of achieving this or that specific goal. It is also important to consider the result of attaining the specified goal, insuring that it is associated with positive and valuable impacts on the client (Fried & Slowik, 2004).

Helping clients see the impact of their goal achievement as it affects their lives, as well as possibly the lives of others, sets the stage for committing to achieve these goals and serves as a major motivator for engaging in those activities necessary for goal achievement. For example, a client who achieves the long desired sobriety may also realize that in addition to remaining sober his performance at work has improved as have his relationships with his spouse and his children. Be aware of the multiple layers of impact that achieving sobriety has, as it helps to maintain the client's motivation and goal directedness.

Time

Goals that are time-bound, that is, having a clearly identified target date and time, increase motivation for goal achievement (Fried & Slowik, 2004). The time lines not only serve as a motivator but also provide both the client and counselor the means for gauging progress and adjusting strategies if need be.

In setting a time line for goal achievement, it may be obvious that sufficient time be allowed, however what may not be as obvious is that it is important not to provide too much time. Setting an unnecessary lengthy time horizon for goal achievement may invite the client to slow efforts and even result in a loss of motivation with goal attainment taking too long. Needless to say, the time line established needs to be reasonable and flexible, thus allowing for adjustment as progress

occurs. The idea is for the time line to serve as a support for goal achievement and not an added stress or hindrance. As research suggests, deadlines with insufficient time tend to lead to less effective performance (Locke, 1996).

Gain

In setting goals, it is helpful for counselors to assist their clients to highlight or articulate the benefits, or gains, they will experience in achieving the goal. Specifying the benefits to be accrued by achieving the goal helps clients maintain motivation and hope. Egan (2010) has suggested a number of questions that may help a client identify the gains to be accrued by way of goal achievement and these include:

Why should I pursue this goal?

Is it worth it?

Is this where I want to invest my limited resources of time, money, and energy?

What competes for my attention?

What are the incentives for pursuing this agenda?

The more the value of the goal can be identified, the more likely the client will make and maintain a commitment to engaging in those activities necessary for goal attainment. Case Illustration 5.1 demonstrates how the counselor helps the client see his potential gain from his goal of stopping smoking.

CASE ILLUSTRATION 5.1

THE BENEFITS OF SMOKING CESSATION

Jim is a 55-year-old male who has been married for 27 years with two children; one is a 22-year-old girl and the other is a 19-year-old boy. Jim started smoking when he was a teenager and became a heavy smoker after he got married. Whenever his family complains about his smoking problem, Jim says that he can't help himself. Recently Jim had a physical exam and the doctor told him that his smoking has caused some damage to his blood vessels. The result of his physical exam does scare Jim, so he has decided to seek counseling for help.

Counselor: So Jim, if I understand what you are sharing, your recent doctor's visit has motivated you to stop smoking.

(Continued)

(Continued)

Jim: That is correct. But I feel it is going to be difficult. I have smoked since I was a teenager and smoking is already part of my life.

Counselor: Yes, your body has been craving it and it will be very challenging for you to stop.

Jim: Yeah (sounding less deflated).

Counselor: I'm wondering ... what do you see are the possible gains for quitting?

Jim: It might help; my blood vessels become worse if I don't stop.

Counselor: So stopping may have health benefits. Okay, what other benefits can you get?

Jim: I don't know. Maybe my clothes won't be stinking.

Counselor: That's good. What else?

Jim: That's it.

Counselor: (sitting in silence as Jim reflects)

Jim: Oh, my wife and my children would stop complaining.

Counselor: Stop complaining?

Jim: Yeah, they are really concerned I'm killing myself with smoking and they get really upset.

Counselor: Oh, so a benefit is not just that they would stop complaining, but actually may stop worrying so much about losing you?

Jim: Yeah, I know; they really love me.

Counselor: It sounds like they do. And these are all real payoffs for stopping, but as I listen to your story it seems to me there are a number of other gains for you by quitting. You have smoked for almost 40 years and your wife and children are all

secondhand smokers. If you stop smoking, none of them would suffer from secondhand smoking. Moreover, you smoke about two packs a day and spend quite a bit on buying cigarettes. Once you stop smoking, you would save a lot of money and you could spend it on something else. In addition to eliminating your behavior of smoking, you would set up a good role model for your children and gain respect from them.

Jim: Wow, I never thought about those benefits.

Counselor's Reflection

The goal to eliminate the client's behavior of smoking has potential gain or enriched result. The counselor needs to help the client see this potential gain—not only will the client experience immediate health benefits but also financial benefits, and benefits of eliminating the harm of secondhand smoking to his loved ones, reducing their anxiety about the possibility of smoking killing him, and serving as a strong role model for his children. I felt that pointing out these added benefits would help motivate him to take on this difficult task and commit to his goal of stopping smoking.

Optimism

Often people present negative goals, that is, things they would like to stop, or no longer do or experience. It is helpful for counselors to assist these clients to reframe their goal to a positive goal—something that the client would like to do, acquire, or experience. While it may be a subtle thing, reframing the goal as something to be worked toward helps to increase the client's sense of hope and optimism. When goals are optimistic or positive, they themselves are an incentive, which will make the client feel energized, excited, and motivated to make effort for achievement. One way to assist clients with reframing negative goals to positive goals is to ask them what they would do, have, or experience if they stopped doing, having, or experiencing the current situation. For example, one client stated she would like to stop eating so many sweets. While this is certainly a worthwhile goal, her response to the counselor's question, "What would be happening instead

of eating sweets?” would help her to identify a desire to eat more fruits and vegetables at each meal, and maintain a balanced blood sugar level. This reframe directed her in terms of what to do, rather than attempting to stop doing. Such a reframe proved much more motivational.

So, here the idea of stop, start, and continue can be used to help the client manage her changing of behaviors. That is to say, we can't simply *stop* a behavior, but that we have to *start* a new (more healthy) behavior, and then we *continue* the positive behaviors that are already in place. This brings out the strengths that the client already has and acknowledges that unhealthy behaviors must be replaced by other behaviors for success to occur. Exercise 5.2 invites you to practice identifying negatively and positively framed goals, and then convert negatively phrased goals into positive ones.

Exercise 5.2

POSITIVE VERSUS NEGATIVE GOALS

Directions: Mark which of the following goal statements in Group 1 are positively and which are negatively phrased goals. Next, review the statements in Group 2. These are all negatively phrased goals. Your task is to then change all negative statements into a positive format.

Group 1

- I will stop wasting my time.
- I will plan my time carefully.
- I will stop thinking negatively.
- I will get rid of my behavior of procrastination.
- I will complete my projects in a timely manner.
- I will stop complaining about things that don't go my way.

Group 2

- I want to avoid getting fired.
- I will stop arguing with my partner.
- I will eliminate my habit of interrupting others during the conversation.
- I will stop wasting money on things I don't need.
- I won't fight with my brother.

Appropriateness

Appropriateness may be viewed as an extension of our desire to establish realistic goals. In identifying goals, it is important to develop those which are appropriate, given the client's current condition and situation. Goals need to be appropriate and not only align with the client's developmental level; mental stability; and adaptive social, behavioral, and communicational skills. They also need to align with values, beliefs, and cultural experience. Case Illustration 5.2 provides an example of one counselor assisting a client in setting appropriate goals.

CASE ILLUSTRATION 5.2

SETTING APPROPRIATE GOALS

José is a 16-year-old Latino American. He is currently attending a public high school and his academic performance has been problematic. His parents immigrated to the United States when José was 7 years old. Unfortunately, José's father died in a car accident 2 years later. José's mother has been raising José by herself and she holds a minimum wage job in a local restaurant. Due to his physical disability, José has also been on welfare. José is referred by his mother to counseling after he failed two of his classes and can't make friends at school and in the community. For these reasons, José has very low self-esteem and is mildly depressed. This is José's second counseling session.

Counselor: José, we have talked about your concerns regarding your schoolwork and your situation with people at school and the community. If I understood what you have shared, it seems like you want to change things at school?

José: Yes, I want to get better grades and have people to play with.

Counselor: That is good, better grades and playing with others. I wonder if we could set up some specific goals around this?

José: Sure. What goals?

(Continued)

(Continued)

- Counselor: Let's first set goals for your schoolwork, better grades as you stated. According to your teachers, you are currently failing both English and social studies. Is that correct?
- José: Yeah, I've screwed up the midterms.
- Counselor: Okay, so maybe you could start by saying that your first goal would be improving your English and social studies grades to passing by the end of this semester.
- José: Sure. But that means I'm going to need to read the books and stuff.
- Counselor: Yes, it would seem that in order to pass, you will have to read the materials and write out any assignments.
- José: I did not put much effort into English and social studies because I don't know how to study them. Like I'm really not good at reading a lot. I mean I find it really hard to read all those pages that are assigned.
- Counselor: Okay, how about this. Before we set a real specific goal, let's see how long it takes you to read just two pages of this article as fast as you can. Would you try that?
- José: Okay, sure, I can do that.
- Counselor: Wait for a second. I'll time and then you start (looks at the clock). Start.
- José: (begins reading)
- Counselor: Good. You actually read that pretty quickly.
- José: Yeah, I guess I can do it. It seems hard to do it for a long time.
- Counselor: That's understandable since you are not used to staying focused on your schoolwork for extended

periods of time. So how about this? Maybe our first goal would be to improve your social studies grade by spending 30 minutes each night reading your textbook and taking notes. What do you think?

José: I can do that.

Counselor: Well, let's try it as a little experiment and I'll check in with you in a couple of days to see how it is going.

Counselor Reflection

By assessing José's reading speed I would get to know how many hours he would need to finish the chapters before he retakes the exam. His reading speed appears typical for children in his grade but he's apprehensive about being able to persist. That is understandable since he has spent the last few months doing little to no reading at home. So ruling out reading speed as a problem, I thought we would set the goal to increase the time on task starting with 30 minutes. If José showed that he had a reading problem I would have changed the goals.

Legitimate

In addition to answering questions such as “Are the goals possible and realistic for the client?” and “Are the goals practical and relevant given the client's personal, social, academic, or vocational needs?” the counselor must also answer the question “Are the goals legitimate, reasonable, acceptable, justifiable, or valid?” As counselors, we are called to a profession that assists individuals with not only moving from conditions of pain and dysfunction but also growing in their ability to address life's conditions as well as maximizing their personal potential. Both of these aspirations assume that the goals we address with our clients are goals that legitimately will, once achieved, result in their increase of health and well-being. Clients whose goals, if achieved, will ultimately inhibit their development and healthy functioning, or may inappropriately impact others within the clients' lives, will need to be confronted and assisted to rework the goals so that they are more healthy and health-filled for the clients.

For example, consider a counselor who is presented by clients with the following conditions: a husband who seeks help from counseling to stop his wife from visiting

her parents on weekends, a gay person who comes to counseling looking for help to change her partner's bisexual behavior, or a white female college student who wants the counselor to help her move her black roommate out of her room. A counselor in each of these situations needs to help the client see that these are not goals in the client's best interest. Each of these clients seeks to achieve goals that truly will not lead to personal growth and development and may inappropriately impact another person. In these situations, the counselor needs to help the clients focus within and explore their issues in order to identify goals that will result in growth and increased well-being, without the inappropriate expense or negative impact on others.

Simplicity

Framing goals to reflect each of the previous characteristics helps maintain a client's motivation and sense of hope about reasonably achieving the goals, and provides both the counselor and client with targets for assessing achievement of that goal. Sometimes, even when the goal is developed to include each of the previous elements, the very magnitude of the goal can result in the client feeling overwhelmed and unable to be successful.

Complex and intricate goals need to be simplified so that they are presented in "do-able" chunks. There is a little story about a boy, an eighth grader, who waited until the last minute to complete a semester project on the classification of the birds of prey. The boy sat at his desk feeling totally overwhelmed and unable to start the project, which to him, felt so massive and un-do-able. The grandfather, seeing the child struggling, approached the child and asked: "Would you like to know a secret on how to do this?" The young boy, feeling like he had just been rescued, responded: "Absolutely!" The grandfather, with a gentle hand on the boys back, smiled and said . . . "bird by bird."

While the story is less than eloquent, it drives home the idea that sometimes big goals, as in this case to complete a semester project, need to be broken down into a series of smaller goals (i.e., one bird at a time). Helping a client to simplify large and complicated goals is essential to all helping relationships, but is particularly important when working with young clients or those with limited physical, emotional, and intellectual resources. Chapter 6 discusses one strategy, *goal scaling*, which may prove effective in assisting a client in the process of simplifying goals. The use of goal scaling cannot only assist the client in simplifying goals, but also help maintain the client's sense of hope and optimism while taking small steps through to the end point of goal achievement.

Before moving on, Exercise 5.3 invites you to apply SMARTGOALS to your own life.

Exercise 5.3

SETTING SMARTGOALS

Directions: The following is intended to help you apply the characteristics of effective goals to one area of your life.

Step 1: Identify one area of your life in which you would like to see some change and write it down on a piece of paper starting with “I would like to ...”

Step 2: Using your goal description (Step 1), revise the statement as written so that it meets the following criteria:

Specific _____

Measurable _____

Attainable _____

Result oriented _____

Timed _____

Gainful _____

Optimistic _____

Appropriate _____

Legitimate _____

Simple _____

Step 3: Rewrite your goal so that it reflects the characteristics of SMARTGOALS and invite a colleague or learning partner to critique your goal as effective and inclusive of the elements of SMARTGOALS.

CHANGE MODEL AND GOAL SETTING

While we hope all clients come to counseling with a clear awareness of what needs to change, as well as have the skills and the motivation to make the changes required, this is not always the case. Not everyone in counseling is ready to change or has a goal for change. There are clients who are forced to counseling; for example, many children are brought or sent to counseling by either their parents or guardians or school officials; some clients are ordered to counseling by the court; also a person may be sent to counseling by his or her spouse. For these clients, the goal may

be increasing their awareness and ownership of the need to change. There are other clients who come to counseling being aware that they need to change, that they need to do something differently, but may lack the motivation to do so. For these clients, a goal—at least an immediate goal—may be to help them see the benefits of change over the costs of their present condition.

Thus, when a counselor engages in goal setting, it may include more than the achievement of a client's desired state of being. As noted previously, for some clients, preliminary goals of increasing awareness of the need for change, creating the belief in the value of change, and even developing the preliminary skills necessary for change may all serve as legitimate goals for counseling.

As noted earlier (see Chapter 2), Prochaska, DiClemente, and Norcross (1992), in their transtheoretical model of change, highlight the fact that clients often enter the process of change at different places along a continuum of change. It is important for a counselor to be able to assess a client's position on this continuum of change ranging from precontemplation, contemplation, preparation, and action to maintenance, in order to set reasonable goals and develop meaningful, effective interventions.

SPECIAL CHALLENGES AND CONSIDERATIONS

While goal setting is a valuable element found within the helping process, it does often come with a number of special challenges and considerations. Goal setting may appear to be simple and natural but counselors will often find that clients are inhibited in their ability to establish goals and set priorities by a number of factors, each of which is explored below.

Client's Constricted Views

Often when clients are asked to articulate a goal for counseling, they find that their concerns over the resources they have, the apparent level of work a goal will take, or simply their history of failure inhibit their ability to generate goals. It is as if they begin to think of a goal and then something within their brains stops them with thoughts of "you can't do that," or "you don't have the resources," and so forth.

Berg and Miller (1992) have offered one creative approach to this dilemma in the form of the miracle question. The miracle question is a future-oriented question that invites clients to envision a future time when their world would be exactly as they wished it to be. The benefit of the "miracle" format is that it invites clients to

think out of the box, expanding their vision of what is desired without concerns for practical constraints or even the reality of their current circumstances.

The focus of the question is deliberately vague and open so as to allow clients the freedom to respond in any way that would be important to them. For example,

Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem that brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem that brought you here is solved? (de Shazer, 1985, p. 5).

The openness of the question allows clients to respond with an emphasis on a changed self (e.g., I would assert myself; I would be able to meet my work deadlines) or a changed context (e.g., I would be more accepted at work; I would be in a meaningful relationship). While the question is not supposed to invite magical thinking, it is structured to allow expansive dreaming, which in turn may be an excellent starting place for the formulation of meaningful and useful goals.

Client's Confusing Strategy With Goals

Clients often confuse strategies for goals and in so doing restrict the avenues available for goal achievement. Consider the situation in which a counselor asks his young client: "So what would you like to see happen as a result of this counseling?" to which the client responds: "I would like to have a girlfriend." It is very possible that developing a meaningful relationship and "having" a girlfriend may be the client's goal. As such, it would appear that focusing on the development of his social skills, increasing his social contacts, and finding opportunities to have him engage in meaningful activities with girls of the same age and interest may be some of the steps taken to achieve this goal. However, what if his "goal," that is, to have a girl friend, is actually a strategy to achieve some other, unspoken goal? Assume that the counselor in this scenario pushes his client a little by stating: "Let's assume that you had a girlfriend; how would that work for you?" The question posed was intended to have the client consider if having a girlfriend was a terminal goal or merely a step to some other outcome the client sought. Perhaps the client believed that a girlfriend would be the pathway to being seen as cool by his male friends, resolving his concerns about his own sexual orientation, or allowing him to participate in activities—such as dancing—that he assumed required a partner. In this situation, helping the client move beyond his initial goal

to the underlying desires would also open up the various avenues which may be available to reach this goal, with finding a girlfriend being but one possibility.

Not Knowing Where to Start

Clients may present with numerous problems and concerns. The counselor presented with multiple issues thus may not be sure where to begin. Egan (2010) suggested that the counselor should begin with the problem that may cause the client the most pain. When pain, either psychological or physical, is not the defining experience, a counselor may consider starting with the issue on which the client chooses to work.

This may appear obvious but it is an important point to highlight. It is not unusual for a counselor to identify an issue which she feels is important even pivotal to the whole case. While the counselor may be accurate in her estimation if the client has no or limited interest in working on that point at the moment, it will prove ineffective to continue to push for it as a starting point. Rather, it would be more helpful to continue to work on the strength of the helping relationship while exploring the reasons the counselor feels this or that is an important issue to investigate while inviting the client to share his perspective. One final element to consider when identifying a place to start is selecting a goal that the client not only has a reasonable chance of achieving, but is also a goal that has the biggest impact for the least amount of costs (psychological, social, physical) to the client. Cost-effective goal attainment would do much to strengthen the helping relationship and allow for the client and counselor to pursue more difficult areas.

MOVING ON TO STRATEGIES

In the early chapters, we made an effort to highlight the swirling nature of the helping process, a process that does not lend itself to neat, sequential steps and stages. As we reflect on the helping process—a process involving the development of a meaningful, trusting, and caring relationship in which counselors help clients move from enmeshment in their problems or concerns to the articulation of smart goals—it should become quite obvious that “real helping” has occurred. The establishment of the relationship, the exploration of the client’s issues and the formulation of meaningful goals, were not steps in the preparation of helping, they were helping. Now, with SMARTGOALS in place, we turn our attention to the development, implementation, and maintenance of strategies that will support clients as they move from what is to what is desired.

COUNSELING KEYSTONES

- Establishing goals allows the counselor to establish milestones to monitor both the direction and progress of the helping process.
- With clear, concrete, and achievable goals, a client's focus, sense of purpose, and experience of hope in the future serve to motivate the client to change present situations.
- Through goal setting, the counselor encourages clients to face their anxieties; helps clients enhance their sense of mastery and self-efficacy, overcome demoralization, gain hope, achieve insights; and teaches clients to accept their realities (Kleinke, 1994).
- Knowing where the client is, and where the client hopes to go (i.e., goals) provides the structure for the counselor to begin to conceptualize strategies and plans for goal achievement.
- Having clearly articulated goals allows both the counselor and the client to know when the particulars of a counseling contract have been met and thus termination is in order.
- Effective goals are characterized by the elements included in the acronym SMARTGOALS (specificity, measurability, attainability, result, time, gainful, optimistic, appropriate, legitimate, and simple).
- When setting goals, the counselor needs to help clients expand their focus, and not confuse strategies with goals, and address those goals that will provide the most immediate relief with the least cost to the client.

ADDITIONAL RESOURCES

Readings

- Blair, G. R. (2002). *Goal setting 101: An essay, step-by-step guide for setting and achieving a goal*. Syracuse, NY: Goalsguy Learning Systems.
- Christiansen, R. (2012). *Zig zag principle: The goal setting strategy that will revolutionize your business and life*. New York: McGraw-Hill.
- Ellis, K. (1998). *Goal setting for people who hate setting goals*. New York: Three Rivers Press.
- Lopper, J. (2007). *Personal development: 40 best articles on cheering up, positive attitude, goal setting, and much, much more*. United States: Author.
- Smith, D. K. (1999). *Make success measurable! A mindbook-workbook for setting goals and taking action*. New York: John Wiley & Sons.

Web Resources

- Jim Rohn Setting Goals Part 1*
www.youtube.com/watch?v=YuObJcgfSQA

Jim Rohn Setting Goals Part 2

www.youtube.com/watch?v=kmM_XkxuCxY&NR=1

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- Seijts, G. H., Latham, G. P., Tasa, K., & Latham, B. W. (2004). Goal setting and goal orientation: An integration of two different yet related literatures. *Academy of Management Journal*, 47, 227–239.
- Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. *Journal of Personality and Social Psychology*, 76, 482–497.