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Article 36

Counselors as Agents of Change: Writing Behaviorally Stated Goals and Objectives

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Abstract

Establishing constructive counseling goals and objectives are key themes addressed in this article. Effective communication of expectations between the counselor and client help create clear goals. This collaborative process helps create a framework of accountability to monitor progress throughout counseling sessions. A review of the literature reflects limited attention to goal setting for counselors, though specific objectives are critical for sustained success. This article offers a rationale for developing behaviorally stated goals and objectives, provides information on their effective construction, and suggests ideas and examples to teach this skill to counselors-in-training and supervisees.

Keywords: counseling, goal writing, objectives

Behaviorally stated goals and objectives are essential components of effective counseling, regardless of a counselor's theoretical orientation. They provide client and counselor with a well-defined focus, infuse intentionality into treatment, and serve as clear indicators of progress. Despite their importance, creating them is a skill inconsistently covered in the existing literature. This article offers a rationale for developing behaviorally stated goals and objectives, provides information on their effective construction, and suggests ideas and examples to teach this skill to counselors-in-training and supervisees.

The first three authors are counselor educators whose experience in agency, school, and community settings ranges from 8 to 23 years. They believe that effective goals and objectives are behaviorally stated, describe a clear pathway to change, and provide unambiguous evidence of change as it develops during the counseling process. In a profession that is increasingly accountable to managed care entities, the construction of behaviorally stated treatment plans is a pragmatic skill and fundamental competency for the counselor and a professional obligation to clients. While this skillset can be developed on the job, the authors believe it should be infused throughout the curriculum and literature of counselor education. From the first techniques course through supervised practice for licensure, effective, behaviorally focused treatment planning must be taught and modeled by counselor educators and supervisors.

The following pages offer guidance to counseling students, educators, practitioners, and supervisors that can increase our collective effectiveness in treatment planning and enable the ready evaluation of progress, intervention outcomes, and client changes.

Literature Review

General Goal Setting

Researchers have explored general goal setting for decades. Klein, Wesson, Hollenbeck, and Alge (1999) conducted a meta-analysis of studies looking at goal setting and goal commitment. They found that expectancy and the attractiveness of the goal often determined one's level of commitment. In turn, client commitment had a strong positive effect on performance outcomes (Klein et al., 1999). In their theory of goal setting, Locke and Latham (2002) described a goal as "an object or aim of an action" (p. 705). Goals affect performance through directing one's focus, inspiring greater effort, encouraging persistence, and indirectly influencing action by leading clients' discovery of new ways to attain a goal. Goal setting is an important component of self-efficacy. As a person uses his or her knowledge, skills, and resources to attain a goal he or she gains confidence in the ability to tackle future goals, even more difficult ones (Locke & Latham, 2002).

Purposes of Therapeutic Goal Setting

Theorists, researchers, and practitioners have long acknowledged the necessity of goal setting in successful counseling practice. In 1966, Krumboltz highlighted the importance of behaviorally oriented goals in counseling. He reasoned that behavioral goals could (a) provide a realistic view of what counseling could and could not accomplish, (b) help the field of counseling become more integrated with the mainstream

theory and research of the time, (c) facilitate the search for new and more effective counseling techniques, and (d) customize measures of individual client progress (Krumboltz, 1966). Egan (2014) and Young (2013) noted that goals provide a focus and direction for counseling. When counseling begins with an end in mind, clients develop a clear sense of purpose and can conceive concrete steps toward those goals (Young, 2013).

Behaviorally stated goals aid in demonstrating therapeutic progress. Counselor accountability has increased in the last 40 years as insurance companies and agencies require counselors to quantify and justify their work and demonstrate therapeutic progress (Egan, 2014; Young, 2013). Insurance, Medicaid, and other third-party payers make it financially possible for people to seek out mental health services and increase the probability that people will pursue such assistance when needed. For the professional counselor, whether in independent practice or working in contexts with productivity quotas (billable hours), the ability to clearly plan treatment, specify indicators of progress, and demonstrate need for continued treatment is a key to ongoing success. More broadly, Krumboltz (1974) proposed that setting goals with measurable outcomes can help determine the most effective pathways to helping. This focus on micro-level and macro-level evidence-based practice is relevant to counselors, counselor educators, and counselor supervisors who must decide how to incorporate accountability into practice and training (Patel, Hagedorn, & Bai, 2013).

Establishing and monitoring goals provides important feedback, increases motivation, and instills hope (Egan, 2014; Strong, 2009; Young, 2013). By periodically revisiting and assessing therapeutic goals, counselors gain important feedback on the effectiveness of interventions (Schmidt, 2014). For clients, creating and establishing meaningful, observable goals and seeing incremental change motivates them to work towards therapeutic outcomes (Strong, 2009). In fact, simply talking of change helps move a client from pre-contemplation (i.e., unaware or underaware of a need for change) to contemplation, that is, serious consideration of a need for change (Prochaska & DiClemente, 1982). Likewise, setting therapeutic goals encourages the client to envision an improved future and increases the motivation to work towards change (Egan, 2014; Young, 2013). Clients who see incremental change experience the inspiration and power of hope (Zinck & Cutcliffe, 2009) and persistence (Young, 2013). According to Cutcliffe (2004), hope is the belief that a problem or concern can get better. He proposed that a person with hope possesses something essential for healing. A person without hope lacks the motivation to work towards change.

Goal Construction

Since goals are important to therapy, knowledge of effective goal construction must also be important. Postmodern approaches to counseling (e.g., solution-focused counseling, narrative therapy, language systems) focus on the construction of meaning between the counselor and the client. Thus, goal formation is a process of co-creation (Strong, 2009). Counselor and client(s) partner collaboratively to clearly and behaviorally define problems and create a realistic plan for change. Part of this process lies in understanding the language the client uses to discuss his/her problem or concern. According to Strong (2009), the counselor asks tentative, curious questions and listens intently to how the client describes the concern. Then using the client's language, the

counselor helps the client construct the counseling goals. By following this process, the counselor is less likely to force goals upon the client or create goals that stem from his/her own perceptions of the concern. If clients perceive that counseling goals were co-constructed and not given to them, they may be more motivated to accomplish the goals (Strong, 2009).

Others describe specific attributes of constructive counseling goals. The goal must be appropriate for the client's situation, important to him or her, and congruent with the client's values (Egan, 2014; Klein et al., 1999; Pratt & Dubie, 2003; Strong, 2009; Young, 2013). Pratt and Dubie (2003) proposed that goals be context specific since different settings may require different behaviors. Simply stated and specifically worded goals enhance the client's ability to understand and remember them (Egan, 2014; Young, 2013). Incremental goals are effective and increase the client's confidence in the counseling process and hope that they can change (Pratt & Dubie, 2003; Young, 2013). Goals that are stated in a positive manner or in the language of accomplishment may also help increase client motivation (Egan, 2014; Young, 2013). Goals should be realistic, achievable, and observable. The client must have the resources, or know how to obtain the resources, to achieve the goal and be able to sustain the change after the goal is accomplished (Egan, 2014). The counselor can assist the client by exploring current resources the client already has, identifying new resources, and encouraging the client to utilize these aids after the completion of therapy. Goals that are achievable and observable also enable both the client and the counselor to evaluate the progress made and report therapeutic gains to concerned parties.

Application

While goals are ultimately determined by the client, a skillful counselor guides this process by helping clients examine and prioritize problems, define problems in behavioral terms, and identify potential solutions. Effective goals are relevant, realistic, and achievable with anticipated outcomes that are measurable, observable, or both.

Problem Construction

Goal setting is predicated upon problem identification, selection, and definition. While many clients enter into counseling with multiple issues, it is important in treatment planning to help a client prioritize and select the most significant problems. The authors recommend that a treatment plan focus upon no more than three problems at a time. Focused planning prevents the diffusion of attention and application that can defeat change. Further, as people enter into a process of change, other, sometimes unrelated, changes occur in their lives (O'Hanlon & Weiner-Davis, 2003; Zinck & Cutcliffe, 2013; Zinck & Littrell, 2002). Thus clients are likely to experience change related to their problems that occur simultaneously with those that are the focus of treatment. As problems that are the initial focus of treatment are resolved, the plan can be amended to focus on additional problems, as appropriate.

An effective problem statement is brief and clear, understandable to client and counselor, and important to the client. Wording is in client language or it is an outcome of collaborative dialogue between counselor and client. Problem definition is an intervention unto itself. A proficient counselor can generally guide the process so that

problem ownership (Young, 2013) is retained by the client, complex problems appear to be manageable, and change is seen as possible. Many clients present problems with patterns of thought or behavior that match characteristics listed in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013); these listed characteristics may be included in the problem statement, in accord with any diagnosis that is included in the treatment plan.

While problem statements are generally overarching and less specific than goals and objectives, their usefulness is enhanced when they are worded in behavioral language whenever possible (Littrell, 1998; Zinck & Littrell, 2000). Problems may be stated in a single sentence such as, "Client reports frequent arguments with husband because she avoids family outings involving stepchildren." In some plan formats, a problem statement is followed by evidence consisting of symptoms reported by the client or counselor observations. An example of this format follows, "Anxiety inhibits client participation in university classes as evidenced by: (a) not asking questions during class, (b) minimizing spoken participation in small group discussions, (c) sitting at the back of the classroom, (d) waiting until class begins to enter the classroom, and (e) consistent tearfulness when discussing this issue." As the reader can see, the first example describes one behavior that is a core element of the problem; the second lists behaviors that maintain the problem.

Goal Construction

The following is a list of steps to writing effective goals.

1. Identify the problem.
    a. Listen closely to how the client describes the problem. Observe verbal and non-verbal messages and behaviors. Assess ownership of the problem.
2. Gain a detailed history of the problem.
    a. Determine duration, frequency, severity, and the context in which the problem exists and is maintained.
3. Verify the problem with the client to make sure you understand the problem from the client's perspective. Create a clear problem statement, and restate it to the client.
4. Ask the client about the desired outcome, and state it as a goal.
    a. One way to do this is ask the client how he or she will know when the problem is resolved.
    b. Word the goal in client's language.
5. Explore how the client has attempted to address the problem.
    a. Identify successes and barriers.
    b. Listen closely for strengths (e.g., tools, methods, attributes) that have helped the client in the past.
6. Identify 2–3 objectives to reach goals.
    a. Goal achievement is often accomplished through developing objectives relative to a stated goal. While goals describe global outcomes in counseling, a few thoughtful objectives can break goals into incremental stages. Objectives describe incremental, achievable, and progressive behaviors that will contribute to achievement of a goal. These qualities guide change and inspire hope by allowing clients to experience change as realistic. They also indicate that goal achievement is an ongoing process. It

occurs over time and is evident in session by session progress reports regarding movement toward a desired outcome.

b. One possible question to ask during objective development is, "What is the first small step that you can take toward making a change?"
c. Employ a "toward" strategy. Word goals and objectives as changes to be made—not what client wants to stop doing (e.g., "Client will spend more break time conversing with co-workers" rather than "Client will smoke less during break time").
d. Word objectives in client's language.

7. Check for understanding by asking the client to summarize the goal and objectives in his or her own terms.
8. Ask the client if she or he can commit to the goals. Explore potential challenges to following through on objectives.
9. Have client identify existing strengths, successes, and characteristics that indicate her or his efforts will be successful. Offer counselor observations to support and reinforce belief in positive outcomes. Encourage client that she or he can accomplish the goal.

Discussion and Implications

Collaboratively created, behaviorally stated goals and objectives serve several functions. They orient the client and counselor to a common purpose, provide a gauge for progress and feedback, and positively impact performance outcomes (Egan, 2014; Klein et al., 1999; Schmidt, 2014; Young, 2013). They also help practitioners document and justify treatment approaches to third-party payers (Egan, 2014; Young, 2013). Most importantly, they instill hope and a belief in the change process (Cutcliffe, 2004; Strong, 2009; Zinck & Cutcliffe, 2009).

Implications for Practitioners

Practitioners are invited to use the attached worksheet (see Appendix) with their clients to formulate simple, behaviorally stated goals. We suggest teaching the goal setting process to clients and offering them a copy of the worksheet or electronic access to the form. It is the authors' contention that this will help clients assume ownership of the change process and provide them with a skill that can be used long after the conclusion of formal counseling. Based on our professional experience, the authors also believe this will clarify expectations and improve communication with third-party payers, case managers, and other members of the broader mental health system.

Implications for Counselor Educators

Counselors-in-training need hands-on experience in formulating behaviorally stated goals and objectives. Through the use of case studies, vignettes, and video demonstrations, students in introductory counseling skills courses can develop proficiency in writing simple, concrete objectives before ever seeing a live client. As students progress through their program, they can apply goal-setting skills by observing faculty demonstrations and student role plays. Finally, counselor educators can require students in practicum and internship to discuss their behaviorally stated goals and

objectives in the course of supervision and case presentations. This can also provide meaningful feedback to these counselors-in-training on client progress and their own effectiveness.

Implications for Supervisors

As with counselor educators, supervisors can require supervisees to use collaboratively developed and behaviorally stated goals and objectives to assess development, case conceptualization, and treatment planning during discussions about clients. Supervisors can model the process by collaboratively developing behaviorally stated goals with each supervisee that will encourage the supervisee's professional development and growth. This can empower supervisees in the same way that supervisees empower clients. Supervisors can also provide real world cases where these concepts have been successfully applied, including documentation to third-party payers.

Conclusion

Goal setting is a fundamental skill that allows counseling students, educators, practitioners, and supervisors to improve treatment planning and evaluation. By using the attached worksheet (see Appendix) as a starting point, all counseling professionals can increase their effectiveness and better serve clients.

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Appendix

Developing Behaviorally Stated Goals and Objectives

Instructions to Students

This handout is focused upon constructing goals and objectives, as one component of treatment planning. It provides examples and suggestions related to this important skill. The final "Goals & Objectives Exercise" offers you an opportunity to practice writing behaviorally stated goals and objectives and receive constructive feedback from your classmates and instructor.

Several components of treatment planning are not addressed in this worksheet. They include defining the problem; determining problem ownership; narrowing, focusing, and prioritizing; developing a behavioral statement of a problem; selecting interventions; estimating length of treatment; and who to include in treatment, etc. These skills will be covered in other activities.

The initial section of this handout includes examples and strategies for writing behaviorally stated goals and objectives. Please read this section and refer to it as you practice the skill.

The "Goals & Objectives Exercise" at the end of this handout is a template for practice. A suggestion is to choose a partner to work with so that you can exchange ideas and coach each other. This will allow each partner to receive constructive feedback on her or his development of this important skill. Constructive feedback includes four elements: (a) it is *strength-focused* and highlights items that meet the stated criteria or purpose; (b) it is *tentative*, thus observations are offered as questions or suggestions; (c) it is *honest* and describes areas that do not meet assignment criteria; and (d) it is *actionable* and offers concrete suggestions for change.

EXAMPLES OF BEHAVIORALLY STATED GOALS AND OBJECTIVES

FITNESS EXAMPLE

Problem Statement: Client is concerned about his overall health. States that he infrequently engages in physical activity.
Goal: Increase physical activity to improve general health.
Objectives: Over a six-week period commencing on (date), (client name) will:

- Walk a minimum of 4x per week for 20 minutes.
- Maintain a weekly activity log (date, time/place/distance, mood/feelings).
- Report progress to his accountability partner at week three and week six.
- Evaluate overall progress at the conclusion of week six (specify evaluation method or instrument).
- Develop a new six-week plan at the conclusion of week six.

MOOD EXAMPLE

Problem Statement: Client reports that she experiences minor depression at least 4 days per week.
Goal: Client will report an increase in "good days" (by client definition) over a six-week period.
Objectives: Client will:

- Define "good days" in concrete terms.
- Establish a baseline measure of "good days" in week one.
- Engage in 15 minutes of relaxation activity, two times each day.
- Maintain a daily activity log (collaboratively developed format).

RELATIONAL EXAMPLE

Problem Statement: Client reports that she and her mother argue a minimum of five times per week.
Goal: Client will reduce frequency of arguments by 20% plus, over a three-week period.
Objectives: Client will:

- Track the frequency of arguments (using a simple log).
- Develop and utilize three to five strategies for changing the number of arguments in a week.
- Maintain a journal describing all arguments that were avoided or cancelled. (Record will include date, time, topic, strategy used to change interaction and diffuse or cancel argument, ideas.)

Keys to Writing Effective Counseling Goals and Objectives.

1. Employ a "toward" strategy. Word goals and objectives as changes to be made—not what a client wants to stop doing.

2. Divide goals into 2–3 objectives. Objectives describe incremental, achievable, and progressive behaviors that will contribute to achievement of a goal.

3. Word goals and objectives in client language. Make goals basic, simply stated, and easy to read. In each statement specify only one behavior to be changed.

4. Check for understanding. Once a goal or a set of objectives is developed, ask the client to describe them to you in his/her own words.

5. Make construction of goals and objectives a collaborative process, one that keeps the responsibility for change with the client and requires client participation in planning.

6. Build in relational accountability where appropriate. Ask the client if she or he can make a commitment to change with a supportive person in his or her life, and incrementally report his or her progress to that supportive person.

*Note: Steps 3 and 4 are intended to account for a client's stage of development, command of language, educational level, and cultural characteristics. They generally enhance understanding and collaboration between counselor and client.

Goals & Objectives Exercise

Directions. Using the template below (cut and paste as needed for this exercise):

1. Develop a (made-up) problem statement. Use behavioral terms as much as possible.
2. Develop one or two goals for counseling related to the problem.
3. For each goal draft 2–3 objectives that describe incremental progress toward the goal.

   Objectives should be simply stated, brief, and account for all or most of the following:

   • Who is involved
   • Anticipated outcome (observable or measurable)
   • How change will be measured
   • When the outcome will occur
   • The level of anticipated change

4. Repeat the above process three or more times (make up different problems to be addressed).

Notes:

The list in the objective section below is for making brief notes regarding each item.

The outcome in this section should be a one sentence statement of the objective.

To enhance the practice effect of this exercise, develop two or three behavioral objectives for each goal.

TEMPLATE FOR PRACTICE: BEHAVIORALLY STATED GOALS and OBJECTIVES

PROBLEM STATEMENT (Behavioral or measurable):

_____

_____

GOAL:

_____

_____

Objective 1:

Who:

_____

What:

_____

How: _____ When:_____

Level of Change:

_____