



# Guide to Goal Setting and Tracking

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In life, as in foot-ball, you won't go far unless you know where the goalposts are." Swap out "life" for recovery and the adage holds equally true. Identifying and setting personal goalposts are important foundations of recovery from mental illness and substance abuse. Goals provide a sense of purpose, meaning, identity and hope (Orlinsky, Ronnestad & Willutzki, 2004).

## Goal Setting: Improving Client Engagement

Collaborative goal setting, customized strategies and regularly reviewing goals have been shown to improve clients' recovery and quality of life (Clarke, Oades, & Crowe, 2012; Lyubomirsky, 2007). As clients progress toward their goals, a positive feedback loop is set in motion and they are motivated and inspired to continue working on their recovery.

## Goal Setting: Applying the Practice

Even though goals are fundamental components of recovery, setting them, let alone working toward them, can be a daunting endeavor for both the client and the practitioner. Too often, goals are too big, too vague and are decided for clients rather than with or by them. However, when goal setting is a client-centered, individualized and collaborative endeavor, the client can and does succeed. These strategies will facilitate success toward identifying, setting, and working to achieve goals.

### Start Slow

Get to know your client beyond his or her symptoms and illness experience. Since talking about goals and the future can be overwhelming, ease into goal setting in a conversation with the client about what interests them. More specifically, discuss what they have always wanted to do or think that they would like to do. For individuals who have experienced repeated disappointments, imagining a better future for themselves can be quite difficult. Be patient and work on building a sense of hope.

### Start Small

Clients may have very ambitious goals such as to repair their relationships with their kids. Although goals such as these are

important and should be encouraged these goals should be broken down into a small, realistic steps that are likely to be achieved. Goal achievement builds momentum and a sense of self-efficacy, whereas unrealistic goals can lead to stress, discouragement and giving up altogether (Audia, Locke & Smith, 2000). Likewise, start with just one or two steps that complement each other and where actions toward one will support the other.

### Specific Goals

"I want to feel better" or "I want to be abstinent" are valid aspirations, but are too vague and general. Goals that work are behaviorally specific, functionally oriented and include specifics such as who, where, when, why and what (Drach-Zahavy & Erez, 2002). "I want to feel better" can be clarified to be much more specific, as "I want to improve my health by exercising regularly."

It is also very important to identify the necessary steps for making the changes (Wood, Mento & Locke, 1987).

First, work with the client to break down large goals into smaller shorter-term goals that can be achieved relatively quickly. This can lead to a sense of achievement and keeping focused, and can prevent becoming overwhelmed by large goals. For example, if the long-term goal is to run a marathon, some smaller, more achievable short-term goals may be to develop strategies to "track my nerves" and to "begin an exercise plan".

From here, the short-term goals should be broken down into even smaller, achievable steps. The exercise plan steps may be to identify a walking route, to call a friend to join the client on a walk, to walk to the end of the street 2-3 times each week after breakfast, and to have the client track their nerves before and after they walk.

### Measurable Goals

Ideally, goals should include a behavioral quantity of how often or how many as in the exercise example above. Research has demonstrated that when the step is clear and measurable (e.g., walk 30 minutes after breakfast on Tuesdays and Thursdays), the likelihood of success is much greater than simply stating, “Go for walks” (Mento, Steele & Karren, 1987). This makes it easy for the client (and provider) to know when the goal has been met. When a goal is broken down into manageable and measurable steps, the provider and the client should be able to answer the question: “How will we both know when this goal has been achieved?” Using a goal-tracking sheet, such as the one illustrated here, is a useful and valuable way of tracking progress and providing feedback. Receiving regular feedback is important as it allows the counselor and client to know if they are moving in the right direction and to change tactics or revise the plan if necessary.

### Attainable/Achievable Goals

Setting goals that are too difficult can be discouraging and lead to giving up altogether. Goals that are too easy probably will not sustain the client’s interest or motivation (Mento, Steele & Karren, 1987). Therefore, goals should be challenging

and meaningful, but achievable. Likewise, set goals that are constructive not eliminative. Instead of an eliminative goal such as to stop using alcohol when anxious, reframe

## be SMART

A useful way to approach goals and make the process more powerful is to use the SMART mnemonic: Specific, Measurable, Attainable, Relevant and Time-Bound.

the goal so that it is constructive, (e.g., call my friends Jenny and Sam for support when my nerves get worse).

### Relevant

Goals need to be personally meaningful to the client. Motivation to strive for recovery goes hand in hand with a client’s desire to reach for those things that give his or her life meaning. The process of setting individualized, client-driven goals can be supported by encouraging him or her to:

- Think about different areas of his or her life
- Identify specific areas that he or she is dissatisfied with or would like to improve upon
- Articulate the changes that he or she would like to see
- Consider the following: What would achieving this goal mean to me? How would it change my life? What might be better if I set and accomplished this goal?

### Time-bound/Time-related

Deadlines can motivate efforts and prioritize the task above other distractions. When setting deadlines, consider the “Rule of 6s”:

- 6 months to 1 year for long-term goals

- 6 weeks for short-term goals
- 6 days for a single step toward a goal.

One more, very important S needs to be added to SMART to ensure client success.

### Support

Encourage the client to identify and build a network of support persons to help them continue in their goal setting, pursuit, and achievement. Support from others and making goals public improves the chances of achieving goals by enhancing commitment to the goal. This circle of support also brings about a sense of social connectedness and belonging, which are essential to recovery (Vondras, Scott & Madey, 2004).

### Support the Client by:

- Using the Goal Tracking Sheet to monitor progress
- Regularly checking in and checking up on progress (weekly in individual sessions or every 2-3 sessions in group sessions)
- Reinforcing steps that were taken
- Identifying and removing obstacles
- Breaking steps down even further, if needed
- Helping identify and celebrate successes.

It is important to remember that not every client in recovery will have the same trajectory of growth. Any progress toward achieving goals, be it a huge stride or a modest step, is improvement and a very positive and hopeful sign of a better quality of life.

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