

Goaling Process

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The Goaling Process is an important part of self-efficacy training. Goaling helps the client to establish a future orientation, develop a rational basis for planning, and to receive positive feedback from his or her community.

A goal is a distinct, complete, and clear communication about one issue that makes life more satisfying. The Goaling Process can be important to the client for several reasons. Perhaps the most significant value to the client is that it can assist the client to communicate clearly with the program staff those aspects of life that are important. Given this information, the client and program staff can work with greater coherence to move towards the client's goals.

As the client participates in the Goaling Process, it will become clear that he or she has numerous goals, some of which are "big" and some of which are "small". It is important to recognize that all of these goals have meaning to the client and that progress towards each will be valued by the client. This will increase the value of the program for the client and will increase the client's self-efficacy. Self-efficacy will generalize from one "small" goal achievement to have a positive effect on the client's ongoing attempts to achieve other goals.

The Goaling Process has four steps that can be accomplished quite easily by any rehabilitation team member. The rehabilitation professional may find that the process will feel unnatural to clients. As a consequence, the client may require a considerable degree of encouragement to complete the process. Each of the steps must be completed in this order:

1. Structured interview - The caregiver and client meet in a quiet room. The caregiver asks the client, "What do you want most out of a job?" The caregiver records the client's responses without comment or judgment, but works with the client to develop individual goal statements that meet the following criteria:
 - a. Each goal is presented as a complete, but simple, sentence.

- b. Each goal is listed in its present or future tense.
 - c. Each goal is easily understood and unambiguous.
 - d. Each goal is stated in a positive manner. Negative statements are not allowed. Goals such as “I don’t want to make less than \$8.00 an hour,” or “I don’t want to live in the city” are not allowed. They should be restated in the affirmative. In this example, acceptable goals might be, “I want to earn at least \$8.00 an hour,” or “I want to live in a rural setting.”
2. Developing priorities - Each of the individual goals is listed as the caregiver and the client develop them. After 12 to 15 goals have been identified, the list is presented to the client and the client is asked to select which of the goals is least important. In fact, all of the goals have importance, but there is an inherent priority that will not be readily apparent to the client. After the client selects the goal that is least important, the caregiver continues with the client to select which of the remaining goals is least important. This “negative prioritization” is quite useful and will result in some surprises. At some point during this process, the client may have difficulty in deciding and may state, “All of these are most important.” The caregiver should persevere and encourage the client to select which of the remaining goals is least important, confirming that all of the goals have importance, but that one of the remaining goals is less important than the others.
 3. Significant other review - After the list has been organized by priority, a copy is made. The original is provided to the client to take home and review with at least one significant other. The client is encouraged to make any changes that may be appropriate in the goals, including deleting or adding goals. The order of the goals may be changed. Wording may be changed. The client is to return with the list after this review.
 4. Development and publication of the Goal List - After the client returns with the goal list that has been reviewed, a formal list is prepared. An example of a formal Goal List appears below.

Goal List

John Smith

May 12, 1993

1. To have health insurance for my family.
2. To have a safe job.
3. To have stable employment over the years.
4. To earn \$2,700 per month with 6 months.
5. To let my wife work only one job.
6. To get my car fixed.
7. To have good school clothes for my son.
8. To be respected by my wife and family.
9. To save something each month for retirement.
10. To visit family in Texas at least one time each year.
11. To be respected by my co-workers.
12. To be a coach, assistant coach, or umpire in Little League again.

Twenty (20) copies of the Goal List are made. The client is provided with the copies and is instructed to distribute the copies to as many people as he can, but no less than a certain number selected by the caregiver. The caregiver will select this number in negotiation with the client to encourage the client to “stretch” his or her perception of their family and community networks.

This can be a very challenging experience for the client. It will involve some level of risk and concern about embarrassment. It is also potentially very rewarding. The client is encouraged to provide a Goal List to other treating professionals, important family members, friends, and former colleagues or co-workers. One copy should be placed prominently in the client’s home, on the refrigerator door or medicine cabinet. The caregiver should structure this task so that it is actually completed. The tendency of

many clients will be to brush this aspect of the task aside and not follow through. Experience with several thousand clients has shown that this step is crucial. It also sets the tone for the relationship between the caregiver and the client. The Goaling Process has taken place early in the therapeutic relationship. The client has revealed much of what is important about himself to the caregiver. The degree to which the caregiver takes the client's goals seriously and respects the client's goals models the behavior that the caregiver seeks from the client. That is, to the degree that the client can appreciate and respect his or her own goals, it will be an important part of the rehabilitation process. If the client does not respect his or her own goals, it will set the stage for an absence or a minimization of respect of the goals of the program and of the caregiver.

Everybody responds to the Goaling Process in a manner that reflects his or her life situations. Teenagers respond differently from adults, who respond differently from older adults, who respond differently from people who are experiencing terminal illnesses. For the person who has a work injury and is not of retirement age, the responses to the Goaling Process will often center around work, because work is the primary vehicle by which the person's goals will be achieved. For the parent of a child with a disability who is receiving treatment, the goals may be near term or life-long, focussed on school, health care, or career. Depend on the client to help you identify the focus and scope of the Goaling Process and encourage the client to make this a recurrent part of their life skills. There is no activity in the normal course of life that is more goal-oriented than the rehabilitation process. To the degree that the client participates consciously in developing and prioritizing goals, this will be well directed and much more likely to be successful and satisfying.

Please feel free to e-mail me with your thoughts, experiences and suggestions.

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