GOAL SETTING: CLINICAL TIPS

Developing realistic and achievable goals

Some clients will be inclined to set goals that are extremely high and almost impossible to achieve. Colluding with these goals sets the client up for failure, teaches them that ‘treatment doesn’t work’ and contributes to their overall feeling of worthlessness.

The goal is to give the client small and successive experiences of success. So to begin by helping the client to set very small achievable tasks is desirable, and it may take some skill to deter the person from expecting too much from him-or herself. e.g. If the client states in the first week of treatment that their goal is to not binge all week, you can express that this is certainly not what you expect from them, and that if they were able to come even a little bit closer to the meal plan (3 meals, 3 snacks per day) even with no effect on bingeing, that would be great.

Alternatively, some clients set no goals at all or set goals that are not challenging (e.g. eating a non-feared food like an apple). Setting no goals or non-challenging goals is going to maintain the illness and also create the impression for the client that treatment is a waste of time.

The best goals are those that are high enough to be motivating and rewarding yet are not so high as to be impossible to achieve. When deciding on the exact goal to be set it is a good idea to monitor the client's present level of functioning and set a goal which is at a slightly higher level - a level which is attainable for that person. You will also need to be aware of the client’s premorbid level of functioning and her level of functioning prior to the most recent episode of illness. There is no point in the client setting a goal that could not have been achieved even before the onset of illness. It is also important to consider the cognitive effects of starvation/semi-starvation and ensure that the goals are appropriate to the current level of mental functioning and understanding.

Once the set goal has been achieved, another slightly harder goal can be set (this is otherwise known as an exposure hierarchy). This form of stepwise goal setting may seem to be a slow process, but it is important not to rush the client or create a situation in which failure is likely. Conversely, it can be easy to be swayed by the client's fear of food and weight/shape challenges and hence confirm their fear by being overly cautious. It is a delicate balance.

Developing specific goals

The goal needs to be specific so that everyone knows its nature and can identify when it has been achieved. For instance, setting the goal “to eat healthy and regular meals” will mean having clear guidelines as to what constitutes healthy and regular meals (from a dietitian where possible). Or, if the goal was to engage in more social and recreational activities, it will be helpful to get the client to specify what activities and how frequently s/he will expect to engage in specific activities (e.g., attend an evening painting class once a week and join a Saturday morning social sport team).
Making long-term goals

It is important to develop long-term goals to give direction for the future. However, long-term goals in themselves are quite unrewarding because they take so long to achieve, and it can be difficult for the client to maintain motivation without more tangible reward. Again, breaking long-term goals into a series of short-term or stepwise goals is beneficial. For example, if the long term goal is to travel overseas in 12 months time, a short term goal could include reading a book about the destination, doing a short language class, working out a savings plan or developing an itinerary. These short-term goals provide rewards along the way and provide the client with evidence that the long-term goal will ultimately be achieved.

‘Owning’ the goal

It is very easy for a family member or health professional to set a goal for the client. However, it will be unlikely that s/he will strive to achieve it if it is not his/her own. If goal setting is to be effective, the client needs to develop goals that are important to him/her, and that s/he feels are achievable within his/her own timeframe. Hence drawing up the list of fears to be overcome/goals to be achieved should be collaborative.

Putting Goal Planning Into Practice

Once goals have been decided upon it may be useful to employ a structured problem solving approach for planning complicated goals. It will be necessary to determine the time frame and order of each phase of the goal.

In the planning stage it is also important to consider issues such as:

- Who will remind the client about the goal (if necessary)
- Planning what to do if something goes wrong
- Deciding on possible rewards for when the goal is reached

Reviewing progress

It is always important to monitor progress and to praise the client for success, or, where successes are seemingly few, for attempts at achieving the goal.
Gaining reward from ‘failure’

Sometimes the client may fail to attain the goal s/he has set. The failure may be due to the fact that the goal was too advanced or too difficult, or because success at the goal was not entirely in his/her hands. For example, failing to completely cease binge-eating within two weeks of commencing treatment could be due to unrealistic expectations, situational events such as the occurrence of special occasion involving large quantities tempting food, or an extremely stressful period like exam week.

It is important not to focus on the failure, but on what has been achieved or learned eg. the client may have cut down the number of binge-eating episodes, eaten less during a binge than usual, or discovered a previously unknown precursor to the behaviour. These positive aspects need to be emphasised and praised. The client can then be encouraged to set some new goals based on what has been learned and achieved.

Monitoring progress

There is no point in setting goals without keeping track of whether or not the goals have been achieved. If a goal has been achieved, monitoring provides a chance for the client to receive praise and reward, which will help to reinforce and maintain the new behaviours. If the goal has not been achieved, monitoring enables revision of goals and provides an opportunity to praise partial success or the actual attempt at achieving the goal.

A progress chart of the goals that have been set and their completion dates will be helpful. Encourage clients to monitor their progress regularly depending on the time frame of the goal.