ABSTRACT

        This document reviews 10 specific and sequential
steps which have emerged as being particularly effective in assisting
clients in developing individualized behavior change goals in
psychotherapy. The therapist and client typically work through these
steps together near the beginning of treatment, but only after the
client has had the opportunity to ventilate the nature of his concern
and to become aware of the therapist's involvement with him. The
therapist introduces the task by explaining its nature and indicating
that clients are often aided by the very act of expressing their
concerns with a view toward specific behavioral change goals. Steps
in the therapeutic process include setting of: (1) general goal; (2)
behavior goal; (3) observable behavioral goal; (4) specific
observable behavioral goal (limiting the scope of the behavior and
designating the time, place, person, or context); (5) base rate; (6)
criteria of failure; (7) reality check; (8) importance check; (9)
contract; and (10) criteria for evaluation and renegotiation.
Although the procedure was developed for individual behavior change,
the same steps can be used effectively in group therapy.
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Developing Individualized Behavior Change

Goals with Clients: A Procedure

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The use of behavioral criteria of client change is frequently noted in
the psychotherapy literature both by behaviorally oriented therapists, and
increasingly by those of other orientations. In many therapeutic circumstances,
the procedure of choice is often that of developing such criteria with the client
as an integral part of the treatment process.

Krumboltz and Thoresen (1969) imply that such an approach involves two
steps: (1) identifying a problem in behavioral terms, and based on that,
(2) developing individualized behavior change goals. The latter step is
designed to " . . . help the client describe how he would like to act instead
of the way in which he currently acts (p. 8)." Elsewhere, Krumboltz (1966)
has noted that "One set of statements cannot apply to all clients. : . there
may be a virtually unlimited number of goals toward which counselors might
help their clients strive. The goals of one client might be in direct
contradiction to the goals of another client (p. 154)." Thus the focus is upon
the individualization of the behavior change goal(s) for each client.

Within the past few years numerous investigators have used such
individualized behavior change goals as therapy outcome measures. However,
in no case has the exact procedure for developing such goals been described.

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The present paper is designed to fill that gap by presenting the systematic

procedure developed and tested over the last several years at Colorado State

University.   The procedure was first designed and employed by Uhlemann

(1969) and Uhlemann and Weigel (1969).   Applications to a variety of treatment

situations have been reported by Aigaki (1970), Arbes and Hubbell (1973),

Fulton, Weigel and Oetting (1969), Morrill, Fulton, Weigel, Oetting, Hurst,

and Hawkes (1969), and Weigel (1971).

Ten specific and sequential steps have emerged as being particularly

effective in assisting clients in developing individualized behavior-change

goals. / These are typically gone through by therapist and client near the

beginning of treatment, but after the client has had the opportunity to

ventilate the nature of his concern(s) and to experience the therapist's

involvement with him.   The therapist introduces the task by explaining its

nature, and indicating that clients are often aided by the very act of ·

formulating their concerns toward specific behavioral change goals.   Therapist

and client together then begin the following ten steps.

1. General Goal(s):   The client is first helped to generate what change(s)

   he feels to be most important as a result of his therapy experience.

   Initially, many clients mention goals on a feeling dimension (e. g. , "I

   would like to feel more at ease around people. ") and/or at a very

   general level (e. g. , "I want to be liked better. ").   A very few may

   suggest goals felt by the therapist either to be undesirable for the

   patient (Krumboltz and Thoresen, 1969) or for society.   In such rare

circumstances the therapist needs to be forthright with the client, and to attempt to assist the client in generating alternate goals acceptable to both.

2. Behavior Goal: The client is then assisted in framing those agreed upon general goals into behavioral terms. One effective way is to ask, "How would you behave differently if you reached your goal?" (e. g., Therapist: "How would you behave differently if you felt more at ease around people?" Client: "I would stop avoiding people."). As Krumboltz and Thoresen (1969) have warned, care must be taken that the behavior goal generated by the client represents a change in the client's own behavior, not in the behavior of others.

3. Observable Behavioral Goal: The next step is to assist the client in making the behavior goal as observable as possible. It is often helpful to ask, "How could I tell that you had changed?" (e. g., Therapist: "How could I tell that you had stopped avoiding people?" Client: "You could see me actually hold conversations with people.").

4. Specific Observable Behavioral Goal: The client should then be assisted in making his observable goal even more specific (if possible). Two helpful ways of doing so are:

    A. Limiting the scope of the behavior: For example, the client might limit his behavior goal to talking in conversations initiated by others, with initiating conversations himself perhaps as a later goal.

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B. <u>Designating the time, place, person, or context</u>: For example, the client might limit his behavior goal to talking in conversations initiated by others: (1) during the dinner hour, (2) in his rooming house lobby, (3) to the man in the next room, or (4) when women are present.

Care must be taken that the specific, observable behavior goal which is developed is still an important aspect of a central behavior that the client desires to change.

5. <u>Base Rate</u>: A base rate for later comparison is established by asking the client to describe his current behavior on the dimension of his specific goal. "How frequently do you do this now?", or "How well do you do this now?" will typically generate an estimate of the quantity and/or quality of his present behavior. Alternatively, a charting procedure by the client (or others) can be initiated at this point. Progress in behavior change is determined by comparisons of these base rate data with frequencies generated later.

6. <u>Criteria of Failure</u>: The behavior goal is then further refined by assisting the client to formulate, "How could I tell that you were doing even worse than you are doing now in achieving your behavior goal?" Criteria of failure, again, should be observable and specific. It is important to elicit this concept so that it will be possible to observe negative as well as positive change.

7. <u>Reality Check</u>: The client is then asked to evaluate the behavior goal generated to see whether it is realistic in terms of: (1) his

present behavior in that area (i. e. setting unrealistically high goals),

and (2) whether external circumstances would make it possible for

him to achieve his goal (e. g., Client: "I want to call up more women

for dates, but the Army is assigning me to a year in Antartica. ").

It is important that clients generate goals that are achievable.

8. Importance Check: 'After proceeding this far, the client is asked

to re-think whether the behavior goal he has chosen represents an

important aspect of the behaviors he most wishes to change as a

result of his treatment experience. Some clients at this point

suggest that they have perhaps not been dealing with the most

important area of difficulty (i. e. have been discussing a "presenting

problem"); others see new and more important areas of change as a

result of the procedure per se'. When this occurs, the therapist

and client begin again with step one.

9. Contract: When these steps have culminated in a specific, observable

behavior goal, the therapist and client then agree together that this is

the goal toward which the client will work. In some circumstances,

a written contract signed by both therapist and client (with copies

for both) has proven to be a particularly effective medium for client

commitment to the treatment program.

10. Evaluation and Renegotiation: As the treatment proceeds, the client

and therapist may evaluate the client's behavior against his base

rate and behavior goal on a number of occasions. If good progress

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toward a goal is made, the client may wish to renegotiate his contract, and set a somewhat more difficult behavior goal. Such renegotiations may occur a number of times during the treatment program. Conversely, if the client does not progress toward his behavior goal, or shows negative change, it may be necessary to renegotiate and set a more achievable initial behavior goal. It should be noted that some clients wish to work simultaneously on any number of behavior goals. Experience suggests that work toward more than two simultaneous behavior goals is not efficacious, and that dissipation of client effort mitigates against positive behavior change in any one area.

Thusfar, this procedure for developing individualized behavior change goals with clients has been described as it is used in individual therapy. However, the same steps are appropriate for preparing clients for group therapy or "growth group" (e.g., encounter, sensitivity, workshop) experiences. In "growth groups" in particular a tendency exists for participants (and, unfortunately, some leaders) to have only implicit goals to be met as a result of the experience, and even these are often vague, global and diffuse. This may lead to aimlessness or directionlessness in group interaction. The development of specific observable behavior change goals prior to the experience can mitigate against such feelings and act to focus participants' expectations and efforts during the group.

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The procedure (with minor adaptations) has also been used quite successfully in the group setting per se', with group members assisting each other in generating their own individualized behavior goals. Early positive experience with this approach led to the development of a semi-structured, self-instructional worksheet (Uhlemann and Moore, 1972), which assists group participants in working with group leaders and other participants to develop individualized behavior goals. Recent usage suggests that this semi-structured approach facilitates implementation of goal setting procedures in the group (Ellinger, 1973; Lutker, 1972; Uhlemann, 1973).

Trends in psychotherapy practice and research suggest that the use of behavior goals will be with us for a long time. In the present paper we have attempted to detail what has proved to be an effective procedure for developing such goals with clients. It is suggested that other therapists/ investigators specify their procedures in future work. Only then will it be possible for others to replicate procedures in treatment, or to assess differences among studies reported.

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