



Evaluation Questions for Step II-A

- To what degree am I an imaginative person?
- In what ways can I apply the concept of "possible selves" to myself?
- What problems do I experience as I try to help clients use their imaginations?
- Against the background of problem situations and unused opportunities, how well do I help clients focus on what they want?
- To what degree do I prize divergent thinking and creativity in myself and others?
- How effectively do I use empathic highlights, a variety of probes, and challenging to help clients brainstorm what they want?
- Besides direct questions and other probes, what kinds of strategies do I use to help clients brainstorm what they want?
- How effectively do I help clients identify models and exemplars that can help them clarify what they want?
- How easily do I move back and forth in the helping model, especially in establishing a "dialogue" between Stages I and II?
- How well do I help clients act on what they are learning?

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STEP II-B: "WHAT DO I REALLY WANT?" MOVING FROM POSSIBILITIES TO CHOICES

FROM POSSIBILITIES TO CHOICES

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EVALUATION QUESTIONS FOR STEP II-B

FROM POSSIBILITIES TO CHOICES

Once clients have developed possibilities for a better future, they need to make some choices; that is, they need to choose one or more of those possibilities and turn them into a program for constructive change. Step II-A is, in many ways, about *creativity*—getting rid of boundaries, thinking beyond one's limited horizon, moving outside the box. Step II-B is about *innovation*—turning possibilities into a practical program for change. If implemented, a goal constitutes the Solution, with a big S, for the client's problem or opportunity. Consider the following case:

Bea, an African American woman, was arrested when she went on a rampage in a bank and broke several windows. She had exploded with anger because she felt that she had been denied a loan mainly because she was black and a single mother. In discussing the incident with her minister, she comes to see that she has become very prone to anger. Almost anything can get her going. She also realizes that venting her anger as she had done in the bank led to a range of negative consequences. But she is constantly "steamed up" about the "system." To complicate the picture, she tends to take her anger out on those around her, including her friends and her two children. The minister helps her look at four possible ways of dealing with her anger: venting it, repressing it, channeling it, or simply giving up and ignoring the things she gets angry at, including the injustices around her. Giving up is not in her makeup. Merely venting her anger seems to do little but make her more angry. Repressing her anger, she reasons, is just another way of giving up, and that is demeaning. And she's not very good at repressing anyway. The "channeling" option needs to be explored. In the end, Bea takes a positive-psychology approach to dealing with her frustrations. She joins a political action group involved in community organizing. She learns that she can channel her anger without giving up her values or her intensity. She also discovers that she is good at influencing others and getting things done. She begins to feel better about herself. The system doesn't seem to be such a fortress any more.

Since goals can be highly motivational, helping clients set realistic goals is one of the most important steps in the helping process.

HELPING CLIENTS SHAPE THEIR GOALS

Practical goals do not usually leap out fully formed. They need to be shaped or "designed," a term we saw in Chapter 14. Effective counselors add value by engaging clients in the kind of dialogue that will help them design, choose, craft, shape, and develop their goals. Goals are specific statements about what clients want and need.

The goals that emerge through this client-helper dialogue are more likely to be workable if they have certain characteristics. They need to be

- stated as *outcomes* rather than activities;
- *specific* enough to be verifiable and to drive action;
- *substantive* and challenging;
- both *venturesome* and *prudent*;
- *realistic* in regard to resources needed to accomplish them;
- *sustainable* over a reasonable time period;
- *flexible* without being wishy-washy;

- *congruent* with the client's values;
- set in a reasonable *time frame*.

Just how this package of goal characteristics will look in practice will differ from client to client. There is no one formula. From a practical point of view, these characteristics can be seen as tools that counselors can use to help clients design and shape or reshape their goals. Ineffective helpers will get lost in the details of these characteristics. Effective helpers will keep them in the backs of their minds and, in a second-nature manner, turn them into helpful "sculpting" probes at the right time. These characteristics, then, take on life through the following flexible principles.

Help Clients State What They Need and Want as Outcomes or Accomplishments

The goal of counseling, as emphasized again and again, is neither discussing nor planning nor engaging in activities. Helping is about Solutions with a big S. "I want to start doing some exercise" is an activity rather than an outcome. "Within six months I will be running three miles in less than 30 minutes at least four times a week" is an outcome, a pattern of behavior that will be in place by a certain time. If a client says, "My goal is to get some training in interpersonal communication skills," then she is stating her goal as a set of activities—a solution with a small s—rather than as an accomplishment. But if she says that she wants to become a better listener as a wife and mother, then she is stating her goal as an accomplishment, even though "better listener" needs further clarification. Goals stated as outcomes provide direction for clients.

You can help clients describe what they need and want by using this "participate approach"—drinking stopped, number of marital fights decreased, anger habitually controlled. Stating goals as outcomes or accomplishments is not just a question of language. Helping clients state goals as accomplishments rather than activities helps them avoid directionless and imprudent action. If a woman with breast cancer says that she thinks she should join a self-help group, she should be helped to see what she wants to get out of such a group. Joining a group and participating in it are activities. She wants support. She wants to feel supported. Goals, at their best, are expressions of what clients need and want. Clients who know what they want are more likely to work not just harder but also smarter.

Consider the case of Chester, a former Marine suffering from post-traumatic stress disorder:

Chester was involved in the Kosovo peacekeeping effort. During a patrol, he and three of his buddies shot and killed four civilians who were out to kill their neighbors. Afterward he began acting in strange ways, wandering around at times in a daze. He was given a medical discharge and sent home. Although he seemed to recover, he lived an aimless life. He went to college but dropped out during the first semester. He became rather reclusive but never really engaged in odd behavior. Rather he was sinking into the landscape. He moved in and out of a number of low-paying jobs. He also became less careful about his person. He said to a counselor, "You know, I used to be very careful about the way I dressed. Kind of proud of myself in the Marine tradition. Don't get me wrong; I'm not a bum and don't smell or anything, but I'm not myself." The whole direction of Chester's life was wrong; he was headed for serious trouble. He was bothered by thoughts about the war and had taken to sleeping whenever he felt like it, day or night, "just to make it all stop."

Ed, Chester's counselor, had a good relationship with Chester. He helped Chester tell his story and challenged some of his self-defeating thinking. He went on to help Chester focus on what he wanted from life. They moved back and forth between Stage I and Stage II, between problems and possibilities for a better future. Eventually, Chester began talking about his real needs and wants—that is, what he needed to accomplish to “get back to his old self.” Here is an excerpt from their dialogue:

CHESTER: I've got to stop hiding in my hole. I'm going to get out and see people more. I'm going to stop feeling so damn sorry for myself. Who wants to be with a nothing!

COUNSELOR: What will Chester's life look like a year or two from now?

CHESTER: One thing for sure, he will be seeing women again. He might not be married, but he will probably have a special girlfriend. And she will see him as an ordinary guy.

Here Chester talks about changes as patterns of behavior that will be in place. He is painting a picture of what he wants to be. He is designing some goals. The counselor's probe reinforces this outcome approach.

Help Clients Move from Broad Aims to Clear and Specific Goals

Specific rather than general goals tend to drive behavior. Therefore, broad goals need to be translated into more specific goals and tailored to the needs and abilities of each client. Skilled helpers use probes to help clients move from the general to the specific.

Chester said that he wanted to become “more disciplined.” His counselor helped him make that more specific.

COUNSELOR: What areas do you want to focus on?

CHESTER: Well, if I'm going to put more order in my life, I need to look at the times I sleep. I've been going to bed whenever I feel like it and getting up whenever I feel like it. It was the only way I could get rid of those thoughts and the anxiety. But I'm not nearly as anxious as I used to be. Things are calming down.

COUNSELOR: So more disciplined means a more regular sleep schedule because there's no particular reason now for not having one.

CHESTER: Yeah, sleeping whenever I want is just a bad habit. And I can't get things done if I'm asleep.

Chester goes on to translate “more disciplined” into other problem-managing needs and wants related to school, work, and care of his person. Greater discipline, once translated into specific patterns of behavior, will have a decidedly positive impact on his life.

Counselors often add value by helping clients move from good intentions and vague desires to broad aims and then on to quite specific goals.

Good intentions. “I need to do something about this” is a statement of intent. However, even though good intentions are a good start, they need to be translated into aims and goals. In the following example, the client, Jon, has been discussing his relationship with his wife and children. The counselor has been helping him see that his “commitment to work” is perceived negatively by his family. Jon is open to challenge and is a fast learner.

JON: Boy, this session has been an eye-opener for me. I've really been blind. My wife and kids don't see my investment—rather, my overinvestment—in work as something I'm doing for them. I've been fooling myself, telling myself that I'm working hard to get them the good things in life. In fact, I'm spending most of my time at work because I like it. My work is mainly for me. It's time for me to realign some of my priorities.

The last statement is a good intention, an indication on Jon's part that he wants to do something about a problem now that he sees it more clearly. It may be that Jon will now go out and put a different pattern of behavior in place without further help from the counselor. Or he may benefit from some help in realigning his priorities.

Broad aims. A broad aim is more than a good intention. It has content; that is, it identifies the area in which the client wants to work and makes some general statement about that area. Let's return to the example of Jon and his overinvestment in work:

JON: I don't think I'm spending so much time at work in order to run away from family life. But family life is deteriorating because I'm just not around enough. I must spend more time with my wife and kids. Actually, it's not just a case of must. I want to.

Jon moves from a declaration of intent to an aim or a broad goal, spending more time at home. But he still has not created a picture of what that would look like.

Specific goals. To help Jon move toward greater specificity, the counselor uses such probes as “Tell me what ‘spending more time at home’ will look like.”

JON: I'm going to consistently spend three out of four weekends a month at home. During the week, I'll work no more than two evenings.

COUNSELOR: So you'll be at home a lot more. Tell me what you'll be doing with all this time.

Notice how much more specific Jon's statement is than “I'm going to spend more time with my family.” He sets a goal as a specific pattern of behavior he wants to put in place. But his goal as stated deals with quantity, not quality. The counselor's probe is really a challenge. It's not just the amount of time Jon is going to spend with his family but also the kinds of things he will be doing—quality time, some call it. But a client trying to come to grips with work-life balance once said to me, “My family, especially my kids, don't make the distinction between quantity and quality. For them quantity is quality. Or there's no quality without a chunk of quantity.” This warrants further discussion because maybe the family wants a relaxed rather than an intense Jon at home.

This example brings up the difference between *instrumental* goals and *higher-order* or *ultimate* goals. Jon's ultimate goal is “a good family life.” Such a goal, once spelled out, will differ from family to family and from culture to culture. Think of your own definition. When Jon says that one of his goals is spending more time at home, he is talking about an instrumental goal. Unless he's there, he can't do things with his wife and kids. Although just “being there” is a goal because it is a pattern of behavior in place, it is certainly not Jon's ultimate goal. But Jon is not worried about the ultimate goal. When he is there, they have a rich family life together; that's not the problem. However, instrumental goals are *strategies* for achieving higher-order goals, so it's important to make sure that the client has clarity about the higher-order goal. If Jon were spending a lot of time at the office

because he didn't like being with his wife and kids or because there was a great deal of conflict at home, then his higher-order goal would be something like "experiencing the stimulation of an exciting workplace" (if home life was dull) or "peace of mind" (if home life was full of conflict). When you are helping clients design and shape instrumental goals, make sure they can answer the instrumental-for-what question.

Helping clients move from good intentions to more and more specific goals is a shaping process. Consider the example of a couple whose marriage has degenerated into constant bickering, especially about finances.

- **Good intention:** "We want to straighten out our marriage."
- **Broad aim:** "We want to handle our decisions about finances in a much more constructive way."
- **Specific goal:** "We try to solve our problems about family finances by fighting and arguing. We'd like to reduce the number of fights we have and begin making mutual decisions about money. We yell instead of talking things out. We need to set up a month-by-month budget. Otherwise, we'll be arguing about money we don't even have. We'll have a trial budget ready the next time we meet with you."

Having sound household finances is a fine goal—a goal in itself. Reducing unproductive conflict is also a fine goal. In this case, however, installing a sound, fair, and flexible household budget system is also instrumental to establishing peace at home. Declarations of intent, broad goals, and specific goals can all drive constructive behavior, but specific goals have the best chance. Is it possible to get clients to be too specific about their goals? Yes, if they get lost in the planning details and crafting the goal becomes more important than the goal itself.

If the goal is clear enough, the client will be able to determine progress toward the goal. For many clients, being able to measure progress is an important incentive. If goals are stated too broadly, it is difficult to determine both progress and accomplishment. "I want to have a better relationship with my wife" is a very broad goal, difficult to verify. "I want to socialize more, you know, with couples we both enjoy" comes closer, but "socialize more" needs more clarity.

It is not always necessary to count things to determine whether a goal has been reached, though sometimes counting is helpful. Helping is about living more fully, not about accounting activities. At a minimum, however, desired outcomes need to be capable of being verified in some way. For instance, a couple might say something like "Our relationship is better, not because we've stop squabbling. In fact, we've discovered that we like to squabble. But life is better because the meanness has gone out of our squabbling. We accept each other more. We listen more carefully, we talk about more personal concerns, we are more relaxed, and we make more mutual decisions about issues that affect us both." This couple does not need a scientific experiment to verify that they have improved their relationship.

Help Clients Establish Goals That Make a Difference

Outcomes and accomplishments are meaningless if they do not have the required impact on the client's life. The goals clients choose should have substance to

them—that is, some significant contribution toward managing the original problem situation or developing some opportunity.

Vitorio ran the family business. His son, Anthony, worked in sales. After spending a few years learning the business and getting an MBA part time at a local university, Anthony wanted more responsibility and authority. His father never thought that he was "ready." They began arguing quite a bit, and their relationship suffered from it. Finally, a friend of the family persuaded them to spend time with a consultant-counselor who worked with small family businesses. He spent relatively little time listening to their problems. After all, he had seen this same problem over and over again—the reluctance and conservatism of the father, the pushiness of the son.

Vitorio wanted the business to stay on a tried-and-true course. Anthony wanted to be the company's marketer, to move it into new territory. After a number of discussions with the consultant-counselor, they settled on this scenario: A "marketing department" headed by Anthony would be created. He could divide his time between sales and marketing as he saw fit, provided that he maintained the current level of sales. Vitorio agreed not to interfere. They would meet once a month with the consultant-counselor to discuss problems and progress. Vitorio insisted that the consultant's fee come from increased sales. After some initial turmoil, the bickering decreased dramatically. Anthony easily found new customers, although they demanded modifications in the product line, which Vitorio reluctantly approved. Both sales and margins increased to the point that another person was needed in sales.

Not all issues in family businesses are handled as easily. In fact, a few years later, Anthony left the business and founded his own. But the goal package they worked out—the deal they cut—made quite a difference both in the father-son relationship and in the business.

Second, goals have substance to the degree that they help clients stretch themselves. As Locke and Latham (1984) note: "Extensive research . . . has established that, within reasonable limits, the . . . more challenging the goal, the better the resulting performance. . . . People try harder to attain the hard goal. They exert more effort. . . . In short, people become motivated in proportion to the level of challenge with which they are faced. . . . Even goals that cannot be fully reached will lead to high effort levels, provided that partial success can be achieved and is rewarded" (pp. 21–26). Consider the following case:

A young woman was a quadriplegic as a result of an auto accident. In the beginning, she was full of self-loathing: "The accident was all my fault; I was just stupid." She was close to despair. Over time, however, with the help of a counselor, she came to see herself, not as a victim of her own "stupidity" but as someone who could bring hope to young people with life-changing afflictions. In her spare time, she visited young patients in hospitals and rehabilitation centers, got some to join self-help groups, and generally helped people like herself to manage an impossible situation in a more humane way. One day, she said to her counselor, "The best thing I ever did was to stop being a victim and become a fellow traveler with people like myself. The last two years, though bitter at times, have been the best years of my life." She had set her goal quite high—becoming an outgoing helper instead of remaining a self-centered victim—but it proved to be quite realistic.

Of course, when it comes to goals, challenging should not mean impossible. There seems to be a curvilinear relationship between goal difficulty and goal performance. If the goal is too easy, people see it as trivial and ignore it. If the goal is too difficult, it is not accepted. However, this difficulty-performance ratio differs from person to person. What is small for some is big for others (see the later section titled "Adaptive Goals.")

Help Clients Set Goals That Are Prudent

Although the helping model described in this book encourages a bias toward action on the part of clients, action needs to be both directional and wise. Discussing and setting goals should contribute to both direction and wisdom. The following case begins poorly but ends well:

Harry was a sophomore in college who was admitted to a state mental hospital because of some bizarre behavior at the university. He was one of the disc jockeys for the university radio station. He came to the notice of college officials one day when he put on an attention-getting performance that included rather lengthy dramatizations of grandiose religious themes. In the hospital, it was soon discovered that this quite pleasant, likable young man was actually a loner. Everyone who knew him at the university thought that he had many friends, but in fact he did not. The campus was large, and his lack of friends went unnoticed.

Harry was soon released from the hospital but returned weekly for therapy. At one point, he talked about his relationships with women. Once it became clear to him that his meetings with women were perfunctory and almost always took place in groups—he had imagined that he had a rather full social life with women—Harry launched a full program of getting involved with the opposite sex. His efforts ended in disaster, however, because Harry had some basic sexual and communication problems. He also had serious doubts about his own worth and therefore found it difficult to make a gift of himself to others. He ended up in the hospital again.

The counselor helped Harry get over his sense of failure by emphasizing what Harry could learn from the "disaster." With the therapist's help, Harry returned to the problem-clarification and new-perspectives part of the helping process and then established more realistic short-term goals regarding getting back "into community." The direction was the same—establishing a realistic social life—but the goals were now more prudent because they were "bite-size." Harry attended socials at a local church where a church volunteer provided support and guidance.

Harry's leaping from problem clarification to action without taking time to discuss possibilities and set reasonable goals was part of the problem rather than part of the solution. His lack of success in establishing solid relationships with women actually helped him see his problem with women more clearly. There are two kinds of prudence: playing it safe is one, doing the wise thing is the other. Problem management and opportunity development should be venturesome. They are about making wise choices rather than playing it safe.

Help Clients Formulate Realistic Goals

Setting goals that demand clients stretch can help clients energize themselves. They rise to the challenge. On the other hand, goals set too high can do more harm than good. Locke and Latham (1984) put it succinctly:

Nothing breeds success like success. Conversely, nothing causes feelings of despair like perpetual failure. A primary purpose of goal setting is to increase the motivation level of the individual. But goal setting can have precisely the opposite effect if it produces a yardstick that constantly makes the individual feel inadequate (p. 39).

A goal is realistic if the client has access to the resources needed to accomplish it and the goal is under the client's control, not hampered by external circumstances.

Resources: Help clients choose goals for which the resources are available. It does little good to help clients develop specific, substantive, and verifiable goals if

the resources needed for their accomplishment are not available. Consider the case of Rory, who, because of a merger and extensive restructuring, has had to take a demotion. He now wants to leave the company and become a consultant.

INSUFFICIENT RESOURCES: Rory does not have the assertiveness, marketing savvy, industry expertise, and interpersonal style needed to become an effective consultant. Even if he did, he does not have the financial resources needed to tide him over while he develops a business.

SUFFICIENT RESOURCES: Challenged by the outplacement counselor, Rory changes his focus. Graphic design is an avocation of his. He is not good enough to take a technical position in the company's design department, but he does apply for a supervisory role in that department. He is good with people, very good at scheduling and planning, and knows enough about graphic design to discuss issues meaningfully with the members of the department.

Rory combines his managerial skills with his interest in graphic design to move in a more realistic direction. The move is challenging, but it can have a substantial impact on his work life. For instance, the opportunity to hone his graphic design skills will open up further career possibilities.

Control: Help clients choose goals that are under their control. Sometimes clients defeat their own purposes by setting goals that are not under their control. For instance, it is common for people to believe that their problems would be solved if only other people would not act the way they do. In most cases, however, we do not have any direct control over the ways others act. Consider the following example:

Tony, a 16-year-old boy, felt that he was the victim of his parents' inability to relate to each other. Each tried to use him in the struggle, and at times he felt like a Ping-Pong ball. A counselor helped him see that he could probably do little to control his parents' behavior but that he might be able to do quite a bit to control his reactions to his parents' attempts to use him. For instance, when his parents started to fight, he could simply leave instead of trying to "help." If either tried to enlist him as an ally, he could say that he had no way of knowing who was right. Tony also worked at creating a good social life outside the home. That helped him weather the tensions he experienced when at home.

Tony needed a new way of managing his interactions with his parents to minimize their attempts to use him as a pawn in their own interpersonal game.

Goals are not under clients' control if they are blocked by external forces that they cannot influence. "To live in a free country" may be an unrealistic goal for a person living in a totalitarian state because one cannot change internal politics, nor can one change emigration laws in one's own country or immigration laws in other countries. "To live as freely as possible in a totalitarian state," however, might well be an aim that could be translated into realistic goals.

Help Clients Set Goals That Can Be Sustained

Clients need to commit themselves to goals that have staying power. One separated couple said that they wanted to get back together again. They did so only to get divorced again within six months. Their goal of getting back together again was achievable but not sustainable. Perhaps they should have asked themselves, "What do we need to do not only to get back together but also to stay together? What would our marriage have to look like to become and remain workable?" In discretionary-change situations, the issue of sustainability needs to be visited early on.

Many Alcoholics Anonymous-like programs work because of their "one day at a time" approach. The goal of being, let us say, drug free has to be sustained only over a single day. The next day is a new era. In a previous example, Vitorio and Anthony's arrangement had enough staying power to produce good results in the short term. It also allowed them to reset their relationship and to improve the business. The goal was not designed to produce a lasting business arrangement because, in the end, Anthony's aspirations were bigger than the family business.

Help Clients Choose Goals That Have Some Flexibility

In many cases, goals have to be adapted to changing realities. Therefore, there might be some trade-offs between goal specificity and goal flexibility in uncertain situations. Napoleon noted this when he said, "He will not go far who knows from the first where he is going." Sometimes making goals too specific or too rigid does not allow clients to take advantage of emerging opportunities.

Even though he liked the work and even the company he worked for, Jessie felt like a second-class citizen. He thought that his supervisor gave him most of the dirty work and that there was an undercurrent of prejudice against Hispanics in his department. Jessie wanted to quit and get another job, one that would pay the same relatively good wages he was now earning. A counselor helped Jessie challenge his choice. Even though the economy was booming, the industry in which Jessie was working was in recession. There were few jobs available for workers with Jessie's skills. The counselor helped Jessie choose an interim goal that was more flexible and more directly related to coping with his present situation. The interim goal was to use his time preparing himself for a better job outside his current industry. In six months to a year, he could be better prepared for a career in the "new economy." Jessie began volunteering for special assignments that helped him learn some new skills and took some crash courses dealing with computers and the Internet. He felt good about what he was learning and more easily ignored the prejudice.

Counseling is a living, organic process. Just as organisms adapt to their changing environments, the choices clients make need to be adapted to their changing circumstances.

Help Clients Choose Goals Consistent with Their Values

Although helping is a process of social influence, it remains ethical only if it respects, within reason, the values of the client. Values are criteria we use to make decisions. Helpers can challenge clients to reexamine their values, but they should not encourage clients to perform actions that are not in keeping with their values.

The son of Vicente and Consuelo Garza is in a coma in the hospital after an automobile accident. He needs a life-support system to remain alive. His parents are experiencing a great deal of uncertainty, pain, and anxiety. They have been told that there is practically no chance that their son will ever come out of the coma. One possibility is to terminate the life-support system. The counselor should not urge them to terminate the life-support system if that is counter to their values. But she can help them explore and clarify the values involved. In this case, the counselor suggests that they discuss their decision with their clergyman. In doing so, they find out that the termination of the life-support system would not be against the tenets of their religion. Now they are free to explore other values that relate to their decision.

Some problems involve a client's trying to pursue contradictory goals or values. Chester, the ex-Marine, wants to get an education, but he also wants to make a decent living as soon as possible. Going to school full time would put him in debt,

but failing to get a college education would lessen his chances of securing the kind of job he wants. The counselor helps him identify and use his values to consider some trade-offs. Chester chooses to work part time and go to school part time. He chooses a job in an office instead of a job in construction. Even though the latter pays better, it would be much more exhausting and would leave him with little energy for school.

Help Clients Establish Realistic Time Frames for the Accomplishment of Goals

Goals that are to be accomplished "sometime or other" probably won't be accomplished at all. Therefore, helping clients put some time frames in their goals can add value. Greenberg (1986) talks about immediate, intermediate, and final outcomes. Here's what they look like when applied to Janette's problem situation. She suffers in a variety of ways because she lets others take advantage of her. She needs to become more assertive. She needs to stand up for her own rights.

- **Immediate outcomes** are changes in attitudes and behaviors evident in the helping sessions themselves. For Janette, the helping sessions constitute a safe forum for her to become more assertive. In her dialogues with her counselor, she learns and practices the skills of being more assertive.
- **Intermediate outcomes** are changes in attitudes and behaviors that lead to further change. It takes Janette a while to transfer her assertiveness skills both to the workplace and to her social life. She chooses relatively safe situations to practice being more assertive. For instance, she stands up to her mother more often.
- **Final outcomes** refer to the completion of the overall program for constructive change through which problems are managed and opportunities developed. It takes more than two years for Janette to become assertive in a consistent day-to-day way.

The next example deals with a young man who has been caught shoplifting. Here, too, there are immediate, intermediate, and final outcomes.

Jensen, a 22-year-old on probation for shoplifting, was seeing a counselor as part of a court-mandated program. An immediate need in his case was overcoming his resistance to his court-appointed counselor and developing a working alliance with her. Because of the counselor's skill and her unapologetic caring attitude that had some toughness in it, he quickly came to see her as "on his side." Their relationship became a platform for establishing further goals. An intermediate outcome was attitudinal in nature. Brainwashed by what he saw on television, Jensen thought that America owed him some of its affluence and that personal effort had little to do with it. The counselor helped him see that his entitlement attitude was unrealistic and that hard work played a key role in most payoffs. There were two significant final outcomes in Jensen's case. First, he made it through the probation period free of any further shoplifting attempts. Second, he acquired and kept a job that helped him pay his debt to the retailer.

Taussig (1987) talks about the usefulness of setting and executing minigoals early in the helping process. Consider the case of Gaston:

Gaston, a 16-year-old school dropout and loner, was arrested for arson. Though he lived in the inner city and came from a single-parent household, it was difficult to discover just why he had

turned to arson. He had torched a few structures that seemed relatively safe to burn. No one was injured. Was his behavior a cry for help? Social rage expressed in vandalism? Just a way of getting some kicks? The social worker assigned to the case found these questions too speculative to be of much help. Instead of looking for the root causes of Gaston's malaise, she tried to help him set some simple goals that appealed to him and that could be accomplished relatively quickly. One goal was social support. The counselor helped Gaston join a social club at a local youth center. A second goal was having a role model. Gaston struck up a friendship with one of the more active members of the center, a dropout who had gotten a high school equivalency degree. He also received some special attention from one of the adult monitors of the center. This was the first time he had experienced the presence of a strong adult male in his life. A third goal was broadening his view of the world. A group of college students who did volunteer work in both the black and the white communities invited Gaston and a couple of the other boys to help them in a housing facility for the elderly located in a white neighborhood. This was the first time he had been engaged in any kind of work outside the black community. The experience helped him push back the walls a bit. He saw white people with real needs. The accomplishment of these minigoals helped Gaston become a bit more realistic about the world around him. He enjoyed the camaraderie of the volunteer group and began experiencing himself in a new, more constructive way.

It is not suggested here that goal setting is a facile answer to intractable social problems. But the achievement of sequenced minigoals can go a long way toward making a dent in intractable problems.

There is no such thing as a set time frame for every client. Some goals need to be accomplished now, some soon, others are short-term goals, still others are long term. Consider the case of a priest who had been unjustly accused of child molestation.

- A "now" goal: some immediate relief from debilitating anxiety attacks and keeping his equilibrium during the investigation and court proceedings.
- A "soon" goal: obtaining the right kind of legal aid.
- A short-term goal: winning the court case.
- A long-term goal: reestablishing his credibility in the community and learning how to live with those who would continue to suspect him.

There is no particular formula for helping all clients choose the right mix of goals at the right time in the right sequence. Although helping is based on problem-management principles, it remains an art.

It is not always necessary, then, to make sure that each goal in a client's program for constructive change has all the characteristics outlined in this chapter. For some clients, identifying broad goals is enough to kick-start the entire problem-management and opportunity-development process. They shape the goals themselves. For others, some help in formulating more specific goals is called for. The principle is clear: Help clients develop goals that have some sort of agency—if not urgency—built in. In one case, this may mean helping a client deal with clarity; in another, with substance; in still another, with realism, values, or time frame. Box 16-1 outlines some questions that you can help clients ask themselves to choose goals from among possibilities.

NEEDS VERSUS WANTS

In some cases, what clients want and what they need coincide. The lonely person wants a better social life and needs some kind of community to be more engaged in



Box 16-1 Questions for Shaping Goals

- Is the goal stated in outcome or results language?
- Is the goal specific enough to drive behavior? How will I know when I have accomplished it?
- If I accomplish this goal, will it make a difference? Will it really help manage the problems and opportunities I have identified?
- Does this goal have "bite" while remaining prudent?
- Is it doable?
- Can I sustain this goal over the long haul?
- Does this goal have some flexibility?
- Is this goal in keeping with my values?
- Have I set a realistic time frame for the accomplishment of the goal?

life. In other cases, clients might not want what they need. The alcoholic may need a life of total abstinence but wants to drink moderately. Brainstorming possibilities for a better future should focus on the package of needs and wants that makes sense for this particular client. Consider the case of Irv:

Irv, a 41-year-old entrepreneur, collapsed one day at work. He had not had a physical in years. He was shocked to learn that he had both a mild heart condition and multiple sclerosis. His future was uncertain. The father of one of his wife's friends had multiple sclerosis but had lived and worked well into his seventies. But no one knew what the course of the disease would be, and Irv had made his living by developing and then selling small businesses. He loved his work and wanted to continue to do it. But what he needed was a less physically demanding work schedule. Working 60 to 70 hours per week was no longer in the cards. Furthermore, he had always plowed the money he received from selling one business into starting up another. But now he needed to think of the future financial well-being of his wife and three children. Up to this point, his philosophy had been that the future would take care of itself. It was very wrenching for him to move from a lifestyle he wanted to one he needed.

Irv was a voluntary client who had to look at needs instead of wants. Involuntary clients often need to be challenged to look beyond their wants to their needs. One woman who voluntarily led a homeless life was attacked and severely beaten on the street. But she still wanted the freedom that came with her lifestyle. When a court-appointed counselor challenged her to consider the kinds of freedom she wanted, she admitted that freedom from responsibility was at the core. "I want to do what I want to do when I want to do it." It was her choice to live the way she did. The counselor helped her explore the consequences of her choices and tried to help her look at other options. How could she be "free" and not at risk? Was there some kind of trade-off between what she wanted and what she needed? In the end, of course, the decision was hers.

In the following case, the client, dogged by depression, was ultimately able to integrate what he wanted with what he needed:

Milos had come to the United States as a political refugee. The last few months in his native land had been terrifying. He had been jailed and beaten. He got out just before another crack-down. Once the initial euphoria of having escaped had subsided, he spent months feeling confused and disorganized. He tried to live as he had in his own country, but the North American culture was too invasive. He thought he should feel grateful, and yet he felt hostile. After two years of misery, he began seeing a counselor. He had resisted getting help because "back home" he had been "his own man."

In discussing these issues with a counselor, it gradually dawned on him that he wanted to reestablish links with his native land but that he needed to integrate himself into the life of his host country. He saw that the accomplishment of both these broad aims would be very freeing. He began finding out how other immigrants who had been here longer than he had accomplished this goal. He spent time in the immigrant community, which differed from the refugee community. In the immigrant community, there was a long history of keeping links to the homeland culture alive. But the immigrants had also adapted to their adopted country in practical ways that made sense to them. The friends he made became role models for him. The more active he became in the immigrant community, the more his depression lifted.

In this case goals responded to a mixture of needs and wants. If Milos had focused only on one or the other, he would have remained unhappy.

EMERGING GOALS

It is not always a question of *designing* and *setting* goals in an explicit way. Rather, goals can naturally emerge through the client-helper dialogue. Often when clients talk about problems and unused opportunities, possible goals and action strategies bubble up. Clients, once they are helped to clarify a problem situation through a combination of probing, empathic highlights, and challenge, begin to see more clearly what they want and what they have to do to manage the problem. Indeed, some clients must first act in some way before they find out just what they want to do. Once goals begin to emerge, counselors can help clients clarify them and find ways of implementing them. However, "emerge" should not mean that clients wait around until "something comes up." Nor should it mean that clients try many different solutions in the hope that one of them will work. These kinds of "emergence" tend to be self-defeating.

Though goals do often emerge, explicit goal setting is not to be underrated. Taussig (1987) showed that clients respond positively to goal setting even when goals are set very early in the counseling process. A client-centered, "no one right formula" approach seems to be best. Although all clients need focus and direction in managing problems and developing opportunities, what focus and direction will look like will differ from client to client.

ADAPTIVE GOALS

Collins and Porras (1994) coined the term "big, hairy, audacious goals" (BHAGs) for "superstretch" goals. The term, however, fits better into the hype of business than the practicalities of helping. It is true that some clients are looking for big goals. They believe, and perhaps rightly so, that without big goals their lives will not be substantially different. But even for clients who choose goals that can be called "big" in one way or another, a bit-by-bit approach to achieving these goals is needed. It is usually better to take a big goal and divide it into smaller pieces lest

the big goal on its own seem too daunting. The meaning of the phrase "within reasonable limits" will differ from client to client.

Satisfactory alternatives. While difficult or "stretch" goals are often the most motivational, this is not true in every case. Some clients choose to make very substantive changes in their lives, but others take a more modest approach. Wheeler and Janis (1980) caution against the search for the "absolute best" goal all the time: "Sometimes it is more reasonable to choose a satisfactory alternative than to continue searching for the absolute best. The time, energy, and expense of finding the best possible choice may outweigh the improvement in the choice" (p. 98). Consider the following case:

Joyce, a buyer for a large retail chain, is nearing middle age. She has centered most of her non-working life on her aging mother. Joyce had even turned down promotions because the new positions would have demanded more travel and longer hours. Her mother had been pampered by her now-deceased husband and her three children and allowed to have her way all her life. She now played the role of the tyrannical old woman who constantly feels neglected and who can never be satisfied. Though Joyce knew that she could live much more independently without abandoning her mother, she found it very difficult to move in that direction. Guilt stood in the way of any change in her relationship with her mother. She even said that being a virtual slave to her mother's whims was not as bad as the guilt she experienced when she stood up to her mother or "neglected" her.

The counselor helped Joyce experiment with a few new ways of dealing with her mother. For instance, Joyce went on a two-week trip with friends even though her mother objected, saying that it was ill timed. Although the experiments were successful in that no harm was done to Joyce's mother and Joyce did not experience excessive guilt, counseling did not help her restructure her relationship with her mother in any substantial way. The experiments, however, did give her a sense of greater freedom. For instance, she felt free to say no to this or that demand of her mother. This provided enough slack, it seems, to make Joyce's life more livable.

In this case, counseling helped the client fashion a life that was "a little bit better," though not as good as the counselor thought it could be. When asked, "What do you want?" Joyce had in effect replied, "I want a bit more slack and freedom, but I do not want to abandon my mother." Joyce's "new" lifestyle did not differ dramatically from the old. But perhaps it was enough for her. It was a case of choosing a satisfactory alternative rather than the best.

Leahey and Wallace (1988) offer the following example of another client in adaptive mode:

"For the last five years, I've thought of myself as a person with low self-esteem and have read self-help books, gone to therapists, and put things off until I felt I had good self-esteem. I just need to get on with my life, and I can do that with excellent self-esteem or poor self-esteem. Treatment isn't really necessary. Being a person with enough self-esteem to handle situations is good enough for me." (p. 216)

The following client, putting a more positive spin on the problem situation itself, takes a more adaptive route:

"I would say that I am completely cured. . . . I can still pinpoint these conditions which I had thought to be symptoms. . . . These worries and anxieties make me prepare thoroughly for the daily work I have to do. They prevent

me from being careless. They are expressions of the desire to grow and to develop." (Weisz, Rothbaum, & Blackburn, 1984, p. 964)

In some cases, clients will be satisfied with "surface" solutions such as the elimination of symptoms. For instance, a couple is satisfied with reducing and managing the petty annoyances they both experience in their relationship. Although the very structure of the relationship may be problematic because some fundamental inequalities or inequities are built into the relationship, this couple doesn't want to do much about restructuring the relationship to avoid the annoyances they experience.

Some helpers, reviewing these examples, would be disappointed: Others would see them as legitimate examples of adapting to rather than changing reality. However, all these clients did act to achieve some kind of goal, however minimal. They did something about the way they thought and behaved. And they felt that their lives were better because of it.

Coping. Choosing an adaptive rather than a stretch goal has been associated with coping (Coyne & Racioppo, 2000; Folkman & Moskowitz, 2000; Lazarus, 2000; Snyder, 1999). All human beings cope rather than conquer at times. In fact, in human affairs as a whole, coping probably outstrips conquering. And sometimes people have no other choice. It's cope or succumb. For some, coping has a bad reputation because it seems to be associated with mediocrity. But in many difficult situations, helping clients cope is one of the best things helpers can do. Coping often has an enormous upside. A young mother with three children has just lost her husband. When someone asks, "How's she doing?" the response is, "She's coping quite well." She's not letting her grief get the better of her. She is taking care of the children and helping them deal with their sense of loss. She's moving along on all the tasks that a death in a family entails. At this stage, what could be more positive than that?

Folkman and Moskowitz (2000), from a positive psychology point of view, see positive affect as playing an important role in coping. And so they ask how positive affect is generated and sustained in the face of chronic stress. They suggest three ways:

- **Positive reappraisal:** Help clients reframe situations to see them in a positive light. For instance, Victor, recovering from multiple injuries received when he fell off his bicycle, sees the entire rehabilitation process as "one big daunting glob." Taken as a whole, it looks undoable. However, the rehabilitation counselor first helps Victor picture himself once more engaging in the ordinary task of everyday life, even riding a bicycle. That is, she helps him separate the very desirable end state from the arduous set of activities that will get him there. Victor does not ever have to cope with the "big glob." He needs to cope with each day. Victor is rebuilding his body. Every day he is doing something to forge a link in the recovery chain. Each week he is helped to see that there is something he can now do that he was not able to do the previous week. Victor has low moments. Of course. But he also has moments of positive affect that keep him going.

- **Problem-focused coping:** Help clients deal with problems one at a time as they come up. For instance, Agnes is caring for her husband who has multiple sclerosis. There is a certain unpredictability and uncontrollability associated with her

husband's disease. However, she does not have to cope with his multiple sclerosis. Rather, each day or each week or each stage brings its own set of problems. Her counselor can help her "pursue realistic, attainable goals by focusing on specific proximal tasks or problems related to caregiving" (Folkman and Moskowitz, p. 650). Agnes is heartened by the very fact that she faces and deals with each problem as it arises. The sense of mastery and control she experiences is accompanied by positive affect. Even in the face of great stress, she is buoyed up enough to move on to the next step or stage with grace.

- **Infusing ordinary events with positive meaning:** In one study, Folkman and Moskowitz asked the participants, all caregivers for people with AIDS, to describe something they did or something they experienced that made them feel good and helped them get through the day. More than 99% of the caregivers interviewed talked about some such event. The point is that, even at times of great stress, people note and remember positive events. The events were not "big deals." Rather they were "ordinary events," such as having dinner with a friend or seeing some flowers in a hospital room or receiving a compliment from someone. But these events together with the positive affect they produced helped them get through the day.

Lazarus (2000) adds a note of caution to all of this. He notes that so-called positively valenced emotions such as love and hope are often mixed with negative feelings and are therefore experienced as distressing. It is painful for caregivers to see those they love in pain. And so-called negatively valenced emotions such as anger are not unequivocally negative. Anger can be experienced as positive or is often mixed with positive feelings. While counselors can help clients under great stress do things that will increase the kind of positive affect that makes their lives more livable, there are limits. In other words, Lazarus is cautioning us to use but be careful with positive-psychology approaches.

Strategic self-limitation. Robert Leahy (1999) relates the kinds of reluctance and resistance reviewed in Chapter 9 to goal setting under the rubric of "strategic self-limitation." Reluctant and resistant behaviors serve the purpose of setting limits on change. All change carries some risk and uncertainty, and these can be distressing in themselves. Putting up barriers to change limits both risk and uncertainty. It is the client's way of saying, "Enough is enough. I don't want to engage in a change program that will lead to further effort, stress, failure, and regret." The strategies such clients use are the ordinary ones: attacking the therapist, failing to do homework assignments, being emotionally volatile, getting mired down in a "this won't work" mentality, and so forth. Helpers, even though they can point out to clients the ways they are engaging in what Leahy calls "self-handicapping," don't choose goals for clients. There is a huge difference between best possible goals and goals that are possible for this client in this set of circumstances.

The main point, however, is that helping clients cope with the adversities of life does not mean that you are shortchanging them. When you are helping them adapt rather than conquer, you are not failing. Neither are they. When it comes to outcomes, there is no one universal rule of success.

THE "REAL-OPTIONS" APPROACH

How can you help clients set goals if the future is uncertain—as it always is to one degree or another? One way is through the "real-options" approach. Borrowed from business settings (Trigeorgis, 1999), it has applications to personal life. The trick is flexibility. If the future is uncertain, it pays to have a broad range of options open. There is no use investing a great deal of time and energy designing a goal that will have to be changed because the client's world changes. The economics are poor. Therefore, help clients choose one or more backup goals to take care of such eventualities. If a client comes up with three viable possibilities, he or she may pursue one while holding the other two in reserve. In this way, the client has not only direction but also a contingency plan. If the world changes, the client can choose the best goals—that is, the one that best fits the circumstances at the time. Consider this example:

Linda is a young woman working for a computer firm in Mexico. Born and raised in Iraq (Linda is not her real name), she has made a tortuous journey through South and Central America as an illegal immigrant. Her journey included prostitution and a range of harrowing, even life-threatening experiences. The upside of all this is that she has learned to live by her wits. After returning from an illegal trip to the United States, she has one goal: to live there permanently. She takes counsel with a friend of hers, a lawyer in Mexico, telling him of her plan to live as an illegal in the United States. Both intelligent and socially savvy, she feels that she can pull it off.

Her lawyer friend, knowing that her ultimate goal is to live permanently in the United States, helps her review a range of instrumental goals—goals in themselves but also steps toward helping her achieve her ultimate goal. They dialogue about possibilities. Options other than living by her wits as an illegal immigrant include political refugee status, obtaining a green card, marrying a U.S. citizen, marrying a foreigner who is most likely to get a green card, and being included in the quota of immigrants allowed permanent resident status because they have essential skills such as those needed in booming technology industries. A set of strategies would be needed to pursue each of these. Linda's future is certainly filled with risk and uncertainty. She now has to choose an instrumental goal that she thinks offers the best possibility for success. But now she also has fallback options.

While clients can identify and develop further goal options as the risky and uncertain world changes, doing so upfront has advantages. We have already seen how the real-options approach applies to clients fashioning a career in medicine. If the ultimate goal is to have a satisfying career in health care, the first goal might be to become a doctor. However, if there is risk and uncertainty in the pursuit of this goal, then a cluster of other career possibilities in health care can be reviewed and chosen as standby positions. The economics are better.

So choosing need not be a once-and-forever decision. The client thinks, "I'll go this route until another of my real options seems better." Furthermore, having real options helps the client kill an option that is no longer working. Or an option that is not working at this time can be put on the back burner. The real-options approach provides freedom and flexibility. This approach keeps clients from falling into the status quo decision-making trap outlined earlier.

A BIAS FOR ACTION AS A METAGOAL

Although clients set goals that are directly related to their problem situations, there are also metagoals or superordinate goals that would make them more effective in

pursuing the goals they set and in leading fuller lives. The overall goal of helping clients become more effective in problem management and opportunity development was mentioned in Chapter 1. Another metagoal is to help clients become more effective "agents" in life—doers rather than mere reactors, preventers rather than fixers, initiators rather than followers.

Lawrence was liked by his superiors for two reasons. First, he was competent—he got things done. Second, he did whatever they wanted him to do. They moved him from job to job when it suited them. He never complained. However, as he matured and began to think more of his future, he realized that there was a great deal of truth in the adage "If you're not in charge of your own career, no one is." After a session with a career counselor, he outlined the kind of career he wanted and presented it to his superiors. He pointed out to them how this would serve both the company's interests and his own. At first they were taken aback by Lawrence's assertiveness, but then they agreed. Later, when they seemed to be sidetracking him, he stood up for his rights. Assertiveness was his bias for action.

The doer is more likely to pursue stretch goals rather than adaptive goals in managing problems. The doer is also more likely to move beyond problem management to opportunity development.



Evaluation Questions for Step II-B

- To what degree am I helping clients choose specific goals from among a number of possibilities?
- How well do I challenge clients to translate good intentions into broad goals and broad goals into specific, actionable goals?
- To what extent do I help clients shape goals that have the characteristics outlined in Box 16-1?
- How effectively do I help clients establish goals that take into consideration both needs and wants?
- To what degree do I help clients become aware of goals that are naturally emerging from the helping process?
- How well do I help clients identify real-option goals when the future is both risky and uncertain?
- How effectively do I help clients choose the right mix of adaptive and stretch goals?
- How well do I help clients explore the consequences of the goals they are setting?
- How do I help clients make a bias toward action one of their metagoals?