Chapter 10.
Reviewing Therapy Goals

Why do we review goals midway through therapy?

The mid-point of therapy is a crucial time to determine whether this program is helpful to you by evaluating the progress of your goals. This process is an opportunity for you to consolidate the skills you have learned thus far and make some decisions about the rest of your therapy. This review covers the following pieces of information:

1. How close are you to meeting your goals?
2. What parts of the goals are left to work on?
3. Are there any new goals to add?

Your therapist will guide the discussion to help you consider the changes you have made from your original goals to their current status. At this time, it is helpful to for you to reread your original goals. Go back to Chapter 2, page 9 to prepare for this discussion. As you do this, let's go back to Mabel's first goal:

1. Mabel's first goal: To increase pleasant events in her day.

   During therapy, Mabel completed the Older Person's Pleasant Events Scale, and she constructed a list of pleasant activities that she wanted to introduce into her day. She found that some of the activities she was interested in included walking for exercise and relaxation, gardening, recontacting and visiting with old friends, and going to the movies.

   Mabel completed a Daily Mood Rating Form and she kept track of her pleasant events each day. At first, Mabel found it very difficult to find 30 minutes for herself without believing that she was responsible for every one else's needs. Mabel's therapist encouraged her to complete UTDs addressing her negative thoughts regarding her rights to treat herself well. Mabel also engaged in
several role play exercises which helped her practice assertiveness
skills when she needed to tell others of her interest in spending time
on her own activities.

By the midpoint of her therapy, Mabel was able to spend time
in her garden each morning and take a walk every afternoon. She
still had concerns about contacting old friends, explaining that she
felt embarrassed about being so isolated during her depression.

2. How severe is the problem in this area now? Use the key below:

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<td>not at all</td>
<td>a little</td>
<td>very much</td>
<td>couldn’t be worse</td>
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3. How much improvement has there been in this problem area since treatment began?

1 = Total improvement 4 = Moderate improvement
2 = Very much improvement 5 = A little improvement
3 = Much improvement 6 = No change
7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for
item #3 is based.

I now have time for myself each morning and afternoon.

I am able to say "no" to my family when I would rather have
the time for myself.
5. How close are you to achieving this goal? Please circle the appropriate number.

   1 = Have achieved it               3 = Moderately close
   2 = Very close                     4 = Fairly far
   5 = Quite far

6. Is this still an active goal for you?  YES    NO

7. What else would you like to achieve in regards to this goal?
   I would like to be comfortable with recontacting friends I have not seen since my depression began.

Notice that Mabel still rates this goal as active. This means that she believes that this particular area, although currently improved, is still a challenge for her and will require attention both inside and outside of therapy. Now, go back to your goals and think about the changes that you have made by completing these questions for each of your goals.

1. Goal # 1

2. How severe is the problem in this area now? Use the key below:

   1  2  3  4  5  6  7  8  9  10
   not at all  a little  very much  couldn't be worse

3. How much improvement has there been in this problem area since treatment began?

   1 = Total improvement               4 = Moderate improvement
   2 = Very much improvement           5 = A little improvement
   3 = Much improvement                6 = No change
   7 = Worse
4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. How close are you to achieving this goal? Please circle the appropriate number.

1 = Have achieved it
2 = Very close
3 = Moderately close
4 = Fairly far
5 = Quite far

6. Is this still an active goal for you?  YES  NO

7. What else would you like to achieve?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
1. Goal # 2

2. How severe is the problem in this area now? Use the key below:

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3. How much improvement has there been in this problem area since treatment began?

1 = Total improvement 4 = Moderate improvement
2 = Very much improvement 5 = A little improvement
3 = Much improvement 6 = No change
7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

5. How close are you to achieving this goal? Please circle the appropriate number.

1 = Have achieved it 3 = Moderately close
2 = Very close 4 = Fairly far
5 = Quite far

6. Is this still an active goal for you? Yes No

7. What else would you like to achieve in regards to this goal?
1. Goal # 3

2. How severe is the problem in this area now? Use the key below:

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<tr>
<td>1 = not at all</td>
<td>2 = a little</td>
<td>3 = very much</td>
<td>4 = couldn't be worse</td>
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<td>5 = much</td>
<td>6 = worse</td>
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3. How much improvement has there been in this problem area since treatment began?

   1 = Total improvement  4 = Moderate improvement
   2 = Very much improvement  5 = A little improvement
   3 = Much improvement  6 = No change
   7 = Worse

4. Please indicate concrete behaviors and specific events on which the rating for item #3 is based.

5. How close are you to achieving this goal? Please circle the appropriate number.

   1 = Have achieved it  3 = Moderately close
   2 = Very close  4 = Fairly far
   5 = Quite far

6. Is this still an active goal for you?  YES   NO

7. What else would you like to achieve in regards to this goal?
1. Is your goal:
   - Important to you? ☐
   - Specific? ☐
   - Positive? ☐
   - Time-limited? ☐
   - Realistic? ☐
   - Measurable? ☐

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please specify some concrete behaviors or specific events which might be used as criteria that the goal has been met.
   a. If treatment is a success in regard to this goal, I will probably:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   b. If treatment is partially successful, I will probably:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   c. If the goal is not met at all, I will probably:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Additional Goal # 2

1. Is your goal:
   - Important to you?
   - Specific?
   - Positive?
   - Time-limited?
   - Realistic?
   - Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please specify some concrete behaviors or specific events which might be used as criteria that the goal has been met.
   a. If treatment is a success in regard to this goal, I will probably:
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

   b. If treatment is partially successful, I will probably:
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

   c. If the goal is not met at all, I will probably:
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________
Additional Goal # 3

1. Is your goal:
   - [ ] Important to you?  [ ] Specific?
   - [ ] Positive?  [ ] Time-limited?
   - [ ] Realistic?  [ ] Measurable?

2. How could you or someone else determine whether this goal has been met or not at the end of treatment? Please specify some concrete behaviors or specific events which might be used as criteria that the goal has been met.
   a. If treatment is a success in regard to this goal, I will probably:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   b. If treatment is partially successful, I will probably:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   c. If the goal is not met at all, I will probably:

   ____________________________________________________________
   ____________________________________________________________
Summary and Review

What were the key points brought up in this chapter?
1. 

2. 

3. 

What skills did I learn?
1. 

2. 

3. 

What assignments might help me practice these skills?
1. 

2. 

3. 
Additional thoughts or questions I have about this material.