I wrote this short "instructional" paper and put a copy in everyone's mailbox at a time in the Village's history when our culture was struggling. We'd had to hire a lot of new staff in a hurry to expand. We were still getting used to writing enough MediCal notes to pay the bills without having them erode our practice. Goal setting seemed like a very concrete, practical place to start to shore things up. Although this paper was written after many others in this chapter, goal setting still seems like a concrete, practical place to start.

Many staff have trouble goal setting with their members. They know they're supposed to be "member driven" so they think they're muzzled and forced to write down whatever they can get the member to say they want. Then they feel forced to work on those goals until they can get them to say something else. It took us several years to figure out want was wrong with that schema: We're not really "member driven." We're really "value driven and member centered." We don't help with every goal. For example, if someone wants to kill their family, we don't help with that goal. We do have values we're promoting when we work with people. We want them to rebuild their lives, to be less disturbed by their illness, and to move on so we can help the next person. But we don't want to be telling them what to do, dragging them along kicking and screaming. We want them to be leading the process and choosing what goals to work on, while we guide them. This paper describes how we can use recovery values to guide our members' goal setting.

Mark's Goal Setting Ideas

(2000)

Goal setting is not an outcome in itself. It is a tool. Staff often complain that members aren't motivated or don't follow through on their plans. Careful consideration of the context of goal setting and how well the goals match where the member is may help. Movement needs to begin from where they are.

1. **Goals can move from staff directed to "real people" directed**. "I want to see my daughter twice a month" is preferable to "I want to see my PSC twice a month." PSCs can facilitate this movement: "I want my PSC to go with me to visit my mother in a nursing home."

2. **There can be a progression from short term to long term goals, from achieving things to achieving skills.** We often have to begin concretely: "I want to get an ID." "I want a haircut." We can try to connect to long term goals: "I want to apply for SSI so I can get off the streets in 6 months." There is often resistance to this shift with members feeling the short term services are the goals in themselves and feel entitled to them: "It is your job to drive me to the grocery store. You don't want to do your job." Staff counter with either "What's the rehabilitation value of me taking you?" or "What are you going to learn by me taking you?" We try to promote learning and growth when possible. It's better to teach someone to take a bus to their doctor's appointment, even riding with them, than to give them a ride.

3. **Clinical goals can be linked to quality of life goals.** Change "I want to be less paranoid" to "I want to be less paranoid so I can ride a bus and go to work." This allows other non-medication, non-symptom relief interventions to be integrated into the plan. "I want to work on my

medications an learn more coping ideas to be less paranoid, and I want to learn the bus routes and have a bus coach so I can ride a bus and go to work."

4. **Goals can be linked to community integration.** It's better to take someone to a community 12-step meeting than to get them to come to the one in our building when supporting their goal of "I want to stay off drugs." It's better to reach goals by doing than by groups. "I want to get a girlfriend by meeting women at a local club" is better than "I want to get a girlfriend by going to social skills classes." It's better to reduce dependence on our services. "I want to get a bank account in the community so I can get off payee and manage my own money" is better than "I want to keep my money at the Village bank and you pay my bills."

5. **Goals can be liked to independence.** "I want to learn how to do my laundry at the local Laundromat" is better than "I want to get an IHSS worker to do my laundry."

6. **Goals can be linked to the recovery process.**

   Hope—"I want to visit other members' apartments so can see what I might be able to do." "I want to meet the disabled students counselor at Long Beach City College to see what might be possible next semester."

   Empowerment—"I want to try to lead a social activity with my PSC there just in case, to prove to myself I can do it."

   Self Responsibility—"I want to learn how to give myself my insulin injections so I don't have to come here every day for you to do it."

   Meaningful Roles—"I want to go to "mommy and me" groups with my daughter so can be with other moms instead of mentally ill people and staff."

7. **Goals can be linked to graduation.** "I want to move my medication and socializing out of the Village so I can graduate