



**Setting an
Overall
Rehabilitation
Goal**

**Reference
Handbook**

INTRODUCTION

**Mikal Cohen
Marianne Farkas
Barry Cohen
Karen Unger**



CENTER for PSYCHIATRIC REHABILITATION
Sargent College of Health and Rehabilitation Sciences
Boston University

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Introduction

The number of people with severe psychiatric disabilities on the caseloads of mental health agencies in the community is increasing, yet research studies suggest that the rehabilitation outcomes of these individuals are poor, particularly in the areas of independent living and vocational status. Research also indicates that rehabilitation outcome can be improved by using a rehabilitation approach characterized by the development of skills and environmental supports. However, only recently has it become possible to specify the skills and knowledge practitioners need in order to implement a rehabilitation approach with people with severe psychiatric disabilities.

Over the past three decades, the staff at the Center for Psychiatric Rehabilitation has worked to develop a training technology to teach the critical skills needed by practitioners. First, the skills were identified, defined, and organized into a systematic model called the psychiatric rehabilitation approach. Then, a training program was developed and field-tested. Thousands of practitioners participated in the training program.

As a result of the development of the training technology, the psychiatric rehabilitation approach is being used by practitioners in hundreds of agencies throughout the United States, Canada, Australia, New Zealand, as well as many countries in Europe.

Psychiatric rehabilitation begins with the practitioner and consumer choosing an overall rehabilitation goal that identifies the environment in which the individual wishes to live, learn, work, or socialize during the next 6 months to 2 years. The training technology package entitled, *Setting an Overall Rehabilitation Goal*, is used to teach the skills involved in helping the person choose an optimal living, learning, working, and/or socializing environment.

The particular environment may be one in which the individual currently lives, learns, works, or socializes and wants to stay; or the environment may be one in which the person desires to move within the next year or two. The overall rehabilitation goal is established during a series of interviews with the individual in which his or her personal criteria and alternative environments are explored. The overall rehabilitation goal is critical to the rehabilitation diagnosis because the hope of its achievement motivates the person to participate in the psychiatric rehabilitation process.

Setting goals affects performance whether or not a person is disabled. A number of experimental studies have shown the positive effects of setting goals (Locke, Shaw, Saari, & Latham, 1981). “Goals affect performance by directing attention, mobilizing effort, increasing persistence and motivating strategy development” (Locke et al., 1981, p. 125). In addition, the overall rehabilitation goal focuses subsequent assessment of the individual by limiting the skills and supports assessed to those that are relevant to satisfaction and success in that goal environment.

The following are examples of overall rehabilitation goals:

- *To live as a resident at Mulberry House until next November.*

- *To study for my Associates degree in Basic Studies at a supported learning program at Worcester State College for the next 2 years.*
- *To work as an assembly worker at a sheltered workshop for the next year.*
- *To become a member of the racquetball team at the Cambridge Sports Club by next January.*

The necessity of establishing a person's overall rehabilitation goal is consistent with the philosophy of psychiatric rehabilitation (Anthony, 1982). Taking the time to work with the individual to set overall rehabilitation goals is also very important because if this process is neglected, the practitioner and consumer very likely may be pursuing different goals without knowing it. Research evidence suggests that assessments of consumers by practitioners and assessments by consumers themselves often have little or no agreement on items as diverse as potential for recovery (Blackman, 1982), desired outcomes (Berzinz, Bednar, & Severy, 1975), rehabilitation issues (Leviton, 1973), perceptions of handicapping problems (Tichenor, Thomas, & Kravetz, 1975; Mitchell, Pyle, & Hatsukami, 1983), and the existence of functional skills (Dellario, Anthony, & Rogers, 1983). For example, Dimsdale, Klerman, and Shershow (1979) studied a group of hospital patients in which the staff viewed insight as the primary goal. The patients, however, placed insight at the bottom of their list of goals. Dimsdale and his colleagues concluded that if goals were shared by both practitioners and patients, patients might be more satisfied and the length of their hospitalizations might be reduced. Other research indicates that when clients' and therapists' goals are incongruent, clients do not appear to profit from therapy, are disappointed with their care, and often fail to comply with their treatment activities (Goin, Yamamoto, & Silverman, 1965; Lazare, Eisenthal, & Wasserman, 1975; Mitchell et al., 1983).

Sometimes the reasons for not involving people in goal setting stems from the mistaken belief that consumers are unable to make decisions or choices. Some authors suggest that the inability of persons to make choices and set goals was related to their treatment environments. For example, Ryan (1976) suggests that the psychiatric treatment environment itself can take away a person's ability to make important life decisions and that the process of institutionalization results in a loss of initiative, an assumption of deviant values, and an inability to make decisions (Schmieding, 1968; Goffman, 1961).

Apart from disagreement as to whether persons with psychiatric disabilities can make their own choices or state their own needs, most people agree that setting goals in treatment is important (Carkhuff & Anthony, 1979). Some research evidence suggests that goal setting itself impacts outcome (Smith, 1976) and that the attainment of goals affects satisfaction and recidivism (Willer & Miller, 1978). Mental health professionals, however, still resist adopting goal setting as a regular part of their practice (Holroyd & Goldenberg, 1978) and, in particular, goal setting that reflects the consumer's perspective about desired rehabilitation outcomes (Farkas, Cohen, & Nemeck, 1988). Thus, practitioners must become skilled in helping people with psychiatric disabilities set their overall rehabilitation goals.

Example: Overall Rehabilitation Goals

Residential

- I will live as a resident of a halfway house until January.
- I intend to live as a resident of Crossroads apartments by January.
- I will live with my wife and children in my own home by next February.

Educational

- I will be a student in a secretarial training program at Roosevelt night school by next July.
- I intend to study for a master's degree in psychology by next September.
- I will be a participant in the Johnson Center's partial hospitalization program until the end of next August.
- I intend to be enrolled in the Green Acre Psychosocial Center's life skills program until the end of next August.

Vocational

- I will work full-time on the assembly line at the Stride-Rite shoe factory until September.
- I intend to work at the Alliance sheltered workshop until the end of next September.
- I intend to work as a receptionist in the Lexington County supported employment program by next August.

Social

- I intend to continue playing on the team at the Racquetball Club until next June.
- I intend to be a member of the Carson City YWCA by next September.
- I intend to serve as the chairman of the activities committee at the Laurel Mountain social club until November.

Psychiatric Rehabilitation Process

Diagnosis

- Setting an Overall Rehabilitation Goal
- Conducting a Functional Assessment
- Conducting a Resource Assessment

Planning

- Planning for Skill Development
- Planning for Resource Development

Intervention

- Direct Skills Teaching
- Programming Skill Use
- Resource Coordination
- Resource Modification

Summary of Setting an Overall Rehabilitation Goal

Definition

Setting an Overall Rehabilitation Goal is choosing a preferred environment in which an individual intends to live, learn, work, or socialize within the next 6 months to 2 years.

Benefit

Setting an Overall Rehabilitation Goal directs the focus of all rehabilitation activities.

Activities

- Connecting
- Describing Alternative Environments
- Identifying Personal Criteria
- Choosing a Goal

Condition

When an individual has completed a readiness assessment and is ready to set an overall rehabilitation goal.