

Beginning the Adult and Family Service Plan: The Checklist for Change and Goals

The Adult and Family Service Plan is a tool for you to use with the client and family in identifying areas for change, setting goals, and planning activities and services to meet those goals. It can also be used as an agreement about what you intend to achieve together and how you intend to achieve it. When completed, the Adult and Family Service Plan spells out not only what the client and family want to see changed, but what result(s) you and they expect to come from the activities and services—this is in fact what good goals are, statements of intended results. It also specifies who will do each activity or provide or arrange for services. This chapter will address the Checklist for Change (the first column of the Adult and Family Services Plan) and Goals and Target Date (the second and third columns).

The Checklist for Change

The Checklist for Change is important because it provides the starting place for you, the client, and family to begin taking action together. Writ-

ing down in one place the things you all have identified as items for change enables you to review them, help the client and family prioritize them, and begin to work on setting goals. Listing them in the same place allows you to see related items that might respond to the same intervention or to identify items that may need to be considered in parts.

The Social Work behind the Record

In summarizing the assessment with the client and family, you will probably arrive together at a number of things they want to change in their lives. You will help them decide which ones to tackle first. These items are what you record in the Checklist for Change column.

Although this guide necessarily must limit itself to presenting ideas on how to use the record-keeping tools, for this discussion it may be helpful to think about how you assist clients and families in identifying areas for change and setting priorities. Having done that, it may be easier to see how to record this important work.

Using the case example we've been following, the social worker might begin with an oral summary of the major concerns that Mrs. Johnson and her son have mentioned so far. The items identified in this summary might include

- concerns about Mrs. Johnson's safety at home, particularly Mr. Johnson's worry about the stove being left on
- household hazards identified by the social worker, such as the slippery rugs, dark stairs, and frayed cord on the heating pad
- Mrs. Johnson's lack of ongoing medical care
- Mrs. Johnson's pain from arthritis, which may contribute to the problem of the stove being left on, and also to the next item
- Mrs. Johnson's difficulties washing her hair and staying as clean as she would like

- Mrs. Johnson’s cloudy vision, which may contribute to leaving the stove on, her ability to keep the house clean, and her ability to read as much as she would like
- Mrs. Johnson’s sad feelings since her husband passed away, which may have something to do with her forgetfulness and plays a big part in how satisfied she is with her life generally
- Mrs. Johnson’s lack of contact with people other than her son’s family (and they are feeling some strain) and her wish to start going to church regularly again
- concerns about Mrs. Johnson’s finances and her ability to meet unexpected expenses.

These are the things you could record in the “Checklist for Change” column. You may spell them out in the sort of detail given here or abbreviate them, as in the example. Also, you and the family may lump together problems that seem related. For example, because Mrs. Johnson doesn’t have a doctor she sees regularly, she doesn’t know whether she can manage the arthritis pain more effectively or why her vision has gotten cloudy. As you can see in the sample tool, these two areas for change have been lumped together with the need for medical care. Once you have agreed on the areas for change, you, the client, and family will choose which are most important to work on—set priorities.

Why and How Do You Set Priorities?

Setting priorities allows you, the client, and the family to focus your energies on just a few items for change, since it is often difficult to work on all of them together. In setting priorities, the client and family decide, with your assistance, which items are critical and which can be deferred.

The social worker might help Mrs. Johnson and her son set priorities by asking questions like: “Of the things we’ve talked about, which

one seems most important to you to work on first? Which is the next most important thing to you? Are there some things you *don’t* want to work on right now?” See the sidebar below for other questions that can help identify priorities.

If the client and family decide not to work on some items for change at this time, you may want to note them on the Checklist for Change and mark them “deferred.” When you come to review progress, whether quarterly or at the re-assessment, you, the client, and family can look again at these deferred problems to see whether any of them deserve or require attention. The example shows that this is what happened with concerns about Mrs. Johnson’s financial stability.

As you write down items for change, be sure that they are stated as areas in which the client

Some Questions to Help Set Priorities

A Model for Excellence mentions a number of questions to consider in setting priorities. They are:

- Is it a problem that the client and the family prefer to start with or about which they are most concerned?
- Does it have the greatest likelihood of being resolved?
- Is it relatively concrete and specific?
- Can you work on it readily, given your resources?
- Does it have the greatest chance of producing the most negative consequences if not handled?
- Does it have to be handled before other problems can be tackled?
- Will changes in this problem result in tangible, observable changes for those involved, and so perhaps increase the client or family’s motivation to work on other problems? (Bloom and Fischer 1982, pp. 59–60, cited on p. 40 of *A Model*.)

A Model for Excellence mentions some of the types of goals you can specify: crisis stabilization, growth, maintenance, prevention, rehabilitation, and palliation (see p. 40 in *A Model for Excellence* for details). Don't worry too much about making subtle distinctions among the types of goals. The reason they are mentioned here is to remind you that there are many different things that you, the client, and family can accomplish. One thing all goals have in common is their emphasis on functioning. That is, they express what the client wants to do in the future but cannot do now. Goals become measurable when you and the client agree on how to track improvement in the client's ability to function.

According to *A Model for Excellence*, a goal statement is a "quantifiable, time-limited statement of planned results." It has the following characteristics:

- it is relevant to a specific problem
- it specifies who [or what] will change
- it specifies what the change will be
- it specifies how much change is expected
- it specifies the conditions under which the change can take place [this, however, may depend on the nature of the problem]
- it specifies how long it should take to see the change happen. (Altman 1979, pp. 31–35).

A Grammar of Goals

There is no one way to say or write a goal statement, but we can give you some hints that might help. There are also

some ways to say or write them that will cause you trouble later on.

Looking at Mrs. Johnson's case, the first item for change has two goals, since you found two states of affairs that were dangerous to Mrs. J. The first of them was "stove is not turned off," so setting a goal about this is relevant to the overall problem. The goal statement could read:
the stove (what will change)
will be off (what the change will be)
consistently, when it's not in use (how much change)
for a month (the first checkpoint for seeing whether the change has happened).

This goal statement does not say what conditions are necessary for this change to occur, because, in this instance, determining those conditions

Some Questions That Help Clients and Families Set Goals

If you woke up tomorrow and the change you want had happened, how would you know? What would be different?

The important part of this question is "How would you know the change had happened?" because it is likely that clients will name a concrete, observable change.

How were things for you when there was no problem? What were you able to do then that you would like to do now?

This question can remind clients of past strengths and suggests concrete things the client might set as goals.

If things were just a little bit better than they are now, what would be different? How would you know things had gotten better?

Sometimes clients have difficulty imagining how things would be if big changes were to happen. This question is sometimes easier to answer.

These questions are drawn from a number of sources, among them a presentation by Walter Gingerich on "Goal Setting," which showed Insoo Kim Berg demonstrating the use of such questions in a family therapy session. Another helpful resource is Gerard Egan, *The Skilled Helper: A Systematic Approach to Effective Helping*, 4th edition (Pacific Grove, Calif.: Brooks/Cole, 1990).

and family want to see change occur, rather than as solutions or services. Mr. Johnson's presenting problem, "needs placement for his mother," effectively prevents all of you from considering any other ways of improving Mrs. Johnson's safety where she lives, which is the reason behind her son's request. A good item for change responds to the question "What does the client want to do that he/she cannot do now?" or "Where does the client want to see change in the current situation?" and never to the question "What should be done?"

The example shows the order Mrs. Johnson, the social worker, and her son selected for the items for change. To show how using the questions listed on the preceding page might help identify priorities, consider the the first item, Mrs. Johnson's safety. It was given top priority by all three because it was an area where doing nothing might have serious consequences, and it was an area of extreme concern to Mr. Johnson.

For the second item, Mrs. Johnson's lack of current medical care, this seemed to be a situation that could be readily resolved. It also seemed that thorough medical evaluation might be necessary before work on some other items could begin. Mrs. J.'s problems with personal care may be caused by pain from arthritis, and this may also be a contributing factor in leaving the stove on. Similarly, her problems with vision may be keeping her from seeing when the stove knob is in the "off" position. The social worker has used a screening tool to help identify the source of Mrs. J.'s forgetfulness and believes that the problem is more likely depression than cognitive impairment, but this is another thing for a physician to evaluate. So, in terms of helping determine exactly what Mrs. Johnson can do to stay at home safely, "Mrs. J.'s lack of current medical care" deserves a high priority.

Setting Goals

The Social Work behind the Record

Why Is It Important to Set Goals?

A Model for Excellence suggests that setting goals can empower both the client and the social worker, because doing so reinforces the notion that change is possible (p. 40). Setting goals helps you and the client work on change in small, manageable steps. Most important, a good goal statement tells you and the client exactly what result you want to see from your work together and helps you know when you have achieved the things you plan.

Above we mentioned that the social worker would review the assessment with the client and family, then help them identify items for change and set priorities. The next step is to help them set goals. Generally speaking, clients know what their goals are at this point, and the social worker's role is to help them say what the goals are in a way that all of you can see clearly when you have made progress toward meeting them. The sidebar on page 66 suggests several questions you can ask to help clients and families tell you exactly what change they want to see.

How to Say and Write a Good Goal Statement

What Is a Goal?

There are two differences between items for change and goal statements. The first is that items for change say what thing in the client's situation you all want to be different. The goal statement says as concretely as possible the situation you want to see once the change has happened. It says what the outcome will be and how you know when you have achieved it. Items for change can be general and global, but goal statements should be realistic and concrete.

Client: Mary Foster Johnson

Adult and Family Service Plan

Case # 95-10019

ID # 18937485368

Initial Update Quarterly Reassessment (Use additional sheets as necessary.)

Date initiated 2/6/95

Checklist for Change (Problem/Need)	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met
<p>1. Mrs. J. is not safe at home: stove is not turned off; problems with heating pad, stove knob missing, dark stairs, slippery rugs</p>	<p>1A. The stove will be consistently off when not in use for 1 month</p>	<p>3/6/95</p>				
	<p>1B. Identified hazards in Mrs. J.'s home will be fixed or removed within 6 weeks.</p>	<p>3/22</p>				
<p>2. Mrs. J. lacks current medical care: her arthritis, her cloudy vision, her forgetfulness have not been evaluated recently</p>	<p>2A. Mrs. J. will have a physical exam within 6 weeks.</p> <p>2B. Mrs. J. will have a plan for routine preventive medical care</p>	<p>3/22/95</p>				
	<p>2C. Mrs. J. and family will know causes of cloudy vision within the quarter and whether/what treatment is possible</p>					

will likely be part of your activities and services, whether you focus on Mrs. Johnson's vision, arthritis, or memory as they contribute to the problem.

The second goal, about the loose rugs, dark stairway, and frayed cord on the heating pad could be written:

Identified hazards in Mrs. J.'s home
(what will change)
will be fixed or removed (what the change will be)
[entirely] (this isn't written, but that was what was intended as "how much change")
within 6 weeks (the target date to see results).

Here, too, the circumstances aren't specified, because they will likely depend on what sorts of activities you can negotiate with Mrs. J., her family, or other people.

In both of these cases, we've specified *what* will change rather than *who* will change, because that gives the greatest freedom in deciding how to go about making the change take place. "Mrs. J. will turn off the stove . . ." is already an activity and not a goal, and it effectively keeps you from considering different strategies. For example, to make sure the stove is consistently off, you could unplug it and have her use a microwave oven, which turns itself off automatically. When you talk to the client and write the goal statement, if you focus on the result you want to see (stove turned off), rather than on an activity that might produce the result, you leave yourself and the client room for a lot of creativity in approaching the problem, and you don't prematurely eliminate some of your possibilities. In the next chapter, you will see how that affects what kind of activities and services you can arrange.

This doesn't mean you should never say *who* will change. The goals for item 4 show an example of where it is appropriate: "Mrs. J. will be able to talk about her husband and his death without always crying or having the feeling that

life will never be good again" and "Mrs. J. will feel more positive about her life, as measured by her own daily rating and by her score on the Geriatric Depression Scale." Both of these say what the improved state of affairs will be, but they don't say how you achieve them.

There are two things to notice about these goals. First, they measure the change in Mrs. J.'s outlook by looking at a change in her behavior—how many days each week Mrs. J. feels things are going well and the way she answers the questions on the Geriatric Depression Scale. It is usually helpful to measure change in a specific behavior that indicates whether the problem still exists rather than setting a more nebulous goal. "Mrs. J. will feel happy," is hard to measure.

Second, goal statements that focus on changes in the client's attitudes or emotional responses may sometimes seem extreme. Certainly, there will be times in years to come when Mrs. J. thinks about her husband and cries because she misses him. However, the goal here is that her sad feeling not take over every time she thinks of him, to the point of impairing her functioning. Remember also that the client and you together set these goals, so you can help each other keep them ambitious but reachable.

The goals belong to the client and family. However, part of your role as a social work professional is to help in the process of developing them. Therefore, some of Mrs. J.'s goals were proposed by the social worker. For example, goal 1b is based on what the social worker found when she looked around Mrs. J.'s house. The social worker used her counseling skills to help Mrs. J. and her son understand the possible consequences of not fixing these hazards, and they decided to include them in the goals.

Being careful about how you write the goals down can sometimes help you see whether you have heard what the client's real concern is and whether you are working together on the right thing. The social worker could write goal 3a, "By the end of next month, Mrs. J. will be able to wash her hair twice a week" or "Starting tomorrow, Mrs.

J.'s hair will be washed twice a week" (there are other possibilities). The first way of putting the goal may be a better way of acknowledging that it is important to Mrs. J. to wash her hair herself, while the second only acknowledges how important it is to her to have it clean, whether or not she washes it herself. When you look ahead to the next chapter, you will see that the social worker arranged the activities and services to cover both

these issues one after another. First, she helped Mrs. J. get an in-home aide to assist her immediately in bathing and washing her hair, but in the next quarter, depending on what the doctor says about pain control and rehabilitation, the goal will be to help Mrs. J. get back the ability to do her own personal care. There is another example in the sidebar to show the importance of listening to the client's story carefully to hear what the client values as you begin to set goals together.

Values and Goals

Mr. W. is an older man who has had a stroke and can no longer walk from his bedroom, where he stays most of the time now, to his workshop in the backyard. Together you could write the goal: "By the end of the quarter, Mr. W. will walk to his workshop with assistance every day." However, if Mr. W. is not likely to be able to walk there, even with a lot of physical therapy, the goal might say, "Mr. W. will get to his workshop every day." On the other hand, if the "getting there" part is not so important to Mr. W. as working on his crafts project (or if "getting there" is very unlikely), the goal could be "Mr. W. will work on his projects." What is most important to Mr. W.—being able to move around his house and yard or being able to work on his projects? When you get to planning activities and services, you will probably focus on rehabilitation or mobility in the first two cases and on rearranging his environment in the third—some of his shop equipment or projects might be set up in his bedroom so he can work on them there. If you and the client don't yet know what is important about a goal, and that may be the case until you've worked together for a while, start with the broadest possible way of stating the goal.

The Target Date Column

This is yet another way to help insure that goals are time-limited. In this column you can put a date to remind yourself, the client, and family when you expect to see results of your actions or when to check. Some of the target dates in the example show times before the first quarterly monitoring visit when the social worker, client, or family member would check on things, while others correspond roughly to when the social worker expects to make a routine quarterly monitoring visit.

The Order of Events

When you work with clients, you will likely find that the various steps of this process of summarizing, making the Checklist for Change, setting goals, and developing activities and services don't always flow in that order. You will probably work back and forth among the steps and among the change items to negotiate a plan of action with the client and family. The Checklist for Change and the Goal column are included on the Adult and Family Service Plan to invite you to work with the client and family to decide what exactly they want to accomplish. Then you can work together to find ways to accomplish these goals.

Frequently Asked Questions

Question: Suppose I do not agree with the client or family's priorities? What then?

Answer: Remember that in most cases the client and family came to you for help

and that this is *their* Checklist for Change and Goals. Even if the goal seems unrealistic to you, you can work together on more realistic short-term goals that might help the client achieve the long-term goal and that may, as a side effect, make positive changes elsewhere in the client's life.

One social worker talked about a family in fairly desperate circumstances, but when she asked them about their goal, they all agreed, "We want to go to Disneyland." This didn't seem to be a very realistic or practical goal, but as she worked with them, they set smaller, practical interim goals—things they would need to do to get to Disneyland. The family found ways to work together to save the money, improving their financial well-being. The kids started doing better in school, and they made many changes in areas that the social worker would initially have given higher priority, because they all put their energy into achieving this somewhat improbable-looking goal.

Question: This business about goal statements seems like so much hair-splitting to me. Why should I worry so much about how to frame them?

Answer: Ultimately, the goal should make sense to you and the client and family. Remember that how you frame a goal will determine to a large extent what actions you allow yourself and encourage the client to take in meeting it. Look at the examples in the box on the next page. If you write the solution into your goal for the rhinoceroses as "stop poachers," you have shifted the focus away from the "beneficiary" of your actions (the rhinoceros) and onto what you think is the "cause" of the problem (the poachers), and you are stuck with working only on reducing that cause. You may be

wrong or only partly right about the cause, or it may be a cause that you can't do anything about, so you may be on a wild goose chase trying to fix it. If you focus on the beneficiary's state of affairs ("help rhinos stay alive"), you may see a whole array of alternate solutions, since there are often many ways of achieving the same result.

More than that, though, one of the underlying principles of *A Model for Excellence*, is to provide *client-centered* and *family-centered* interventions. Here, the client and/or the family are the beneficiaries of all the actions you plan together. At this point in the Family Assessment and Change Process, if you keep focused on what will change in the client's or family's state of affairs rather than on your own actions or those of others, it will help you keep their needs foremost in mind.

Key Points

- The Checklist for Change is the starting point from which you and the client identify goals and subsequently plan services.
- Items on the Checklist for Change should not contain a possible "solution." They respond to the question "Why should something be done?"
- The client and family define their problems and the items on the Checklist for Change (with a few exceptions, a problem is not a problem unless the client and family say it is).
- You can and should help clients see problems they are unaware of and help them reformulate areas for change to allow the broadest range of possible goals and strategies.
- Unlike items for change, which name a negative condition, goal statements say

what positive results you expect to see from the activities and services you plan with the client.

- Goal statements do not contain “solutions” to the “problem” they address.
- Well-formulated goal statements are specific, time-limited, and measurable.
- A carefully developed goal makes it possible to examine a wide range of potential solutions that would produce the desired state of affairs.

References

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- Bloom, M., and J. Fischer. 1982. *Evaluating Practice: Guidelines for the Accountable Professional*. Englewood Cliffs, N.J.: Prentice-Hall.
- Brody, R. 1982. *Problem Solving*. New York: Human Sciences Press.
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Focusing on the Item for Change and Not on the Obvious Intervention

How you define a problem often dictates what solutions you can use to solve it. Sometimes recasting your definition makes it possible to see more solutions. The item for change identifies a negative state of affairs, while the goal statement specifies what you want to see when the problem is solved. In developing items for change, you may form ideas about why the problem is happening. The activities and services often aim at changing or eliminating a potential source of the problem. Be careful, though, that you don't get too focused on any given reason for a problem. Paying attention to the positive state of affairs you wish to achieve may help you see better strategies for resolving the problem.

Ralph Brody offers an example in his book entitled *Problem Solving* (1982, p. 95). He uses “question” here, rather than “item for change.”

Original Question: How can we keep teenagers from stealing automobiles?

Potential Answer: Provide more social activities, basketball courts, and other recreation.

Reframed Question: How can we prevent automobiles from being stolen?

Potential Answer: Educate people to remove their distributor caps at night.

Recently, there was a news report on efforts to protect rhinoceroses in Kenya from poachers who were killing them for their horns, which were sold to make medicines in the Far East. Initially, the question seemed to be, “How do we stop poachers?” and the answer, “By employing as many game wardens as possible to catch them.” This, however, wasn't working in the large game reserves. The Ministry of Wildlife seems to have changed the question to “How can we make rhinoceroses not worth poaching?” Their most recent solution was to anesthetize the animals and remove the horns (the horns seem to be useful in attracting a mate but not otherwise necessary in the daily lives of rhinos). Furthermore, they thought of selling the horns harvested this way at less than the market price and then using the money to help support the rhinoceroses on the game reserve. This elegant solution nonetheless may have other, unrealized consequences for the animals, but at least they may be alive to realize them. Focusing on the improved state of affairs for the beneficiary of the actions, rather than getting stuck in trying to change one possible cause of the problem, can make it possible to think of new solutions.

