

Be **SMART**:

Objective goals are **SMART, not vague**

Follow the SMART goals format to help formulate solid, measurable goals that will help both you and the member know what you're working toward.

SPECIFIC – Who, What, When, Where, and How

- For instance, if you indicate you will be addressing coping skills in treatment, identify specific types of coping skills (anger management, communication, etc.).
- Identify specific clinical interventions you will use.

MEASURABLE – Intensity, Frequency, Duration of Symptoms

- Indicate what sort of objective, quantifiable behavioral indicators will be used to determine if progress is being made in treatment. The measurable component will determine if the goal has been completed. Choose a quantitative format that best translates what treatment you are hoping to accomplish (Example: "five out of seven days" instead of "60% of the time").
- Short-term treatment goals work best to show progress over time.

ATTAINABLE – Is the member capable of what is being expected of him/her?

- Is the treatment goal within the member's power or control?
- Member's developmental and intellectual abilities should be considered.

REALISTIC – Is your treatment goal a fair expectation?

- Is the bar set too high or too low for this member?
- Is the goal something that a productive, functional member of society would be able to do? (Example: Expecting a "100% reduction in aggression" is not realistic.)

TIME-LIMITED – What is a realistic timeframe to complete the treatment goal(s)?

- "Time-limited" is based on time periods expected of best practices, not never-ending therapy.
- Emphasize gaining the maximum benefit within a specified timeframe.

For Example:

1. Client will reduce anger tantrums at home by learning anger management techniques (self-relaxation, time-outs, stress management) to use daily, as evidenced by no more than 1 reported tantrum per week from aunt and grandmother.
2. Client will learn and implement 3 new calming strategies as part of a new way to manage confrontations with peers, as evidenced by eliminating physical aggression at school.
3. Client will verbalize emotions related to bio-mother and normalize his experience, by discussing at least 3 related emotions per session.