

# Establishing Behavioural Goals For Therapy

Many therapists get stuck in ACT because they don't take the time to establish *behavioural* goals for therapy at the start.

- Emotional goals: what you want to *feel*
- Behavioural goals: what you want to *do*

# Emotional Goals

As we'd expect, many clients are initially focused on emotional goals (i.e. how you want *to feel*). Typically they focus on the thoughts, feelings, memories, sensations they want to avoid or get rid of. ("I want to feel good", "I want to stop feeling bad", "I want to get rid of these difficult thoughts, feelings, memories etc.")

We of course want this information. It's important. (And as therapy progresses, we are going to encourage the client to change his agenda from one of trying to avoid/get rid of these unwanted thoughts & feelings to one of defusion from & acceptance of these thoughts & feelings.)

However, in addition to this info, we also want to know about behavioural goals (i.e. what you want to do). We want to know what behavioural changes the client wants to make in important areas of his or her life.

I've found that many therapists seem reluctant or unwilling to elicit this information - but we really do need it, if we are to work effectively with ACT.

# What Are Behavioural Goals?

Behavioural goals for therapy can include:

- a) Ways the client wants to act differently (to treat herself, others, the world differently)
- b) Extrinsic goals the client wants to pursue (e.g. get a job, find a partner, change career, have a baby) and the actions he wants to take to increase the chance of achieving those goals
- c) Effective behavioural repertoires from the past that the client wants to reinstate, continue with, or do more of
- d) Skills-training: developing any type of skill (which can include defusion skills, acceptance skills, self-compassion skills etc).
- e) Action plans to solve problems or access help and support
- f) Anything and everything in the behavioural goals section of the ACT case formulation worksheet (second box down on page 1): download from: [https://www.actmindfully.com.au/upimages/ACT Case Formulation worksheet - 2017 version - Russ Harris.pdf](https://www.actmindfully.com.au/upimages/ACT%20Case%20Formulation%20worksheet%20-%202017%20version%20-%20Russ%20Harris.pdf)

# Why Are Behavioural Goals so Important?

- a) ACT is a behaviour therapy. We're looking for an outcome of behavioural change – we want to see people guided by and acting on their values to actively create better lives
- b) Establishing behavioural goals up front often provides motivation and inspiration. For many clients, it's the first time they've started to create any kind of plan for the future.
- c) It gives therapy a direction, and makes it easy to assess if therapy is working or not
- d) It provides motivation for the hard work of learning mindfulness skills (especially acceptance skills): *“If learning this skill could help you to do X, Y and Z (behavioural goals), would you be willing to try it, apply it, practice it?”*
- e) It paves the way for values work right from the start of therapy. Even if values aren't made explicit at this point, they will be implicit in the behavioural goals, helpers, and towards moves
- f) It makes it possible to use the concept of 'workability' – *“If you do action A when feeling B or thought C or memory D or sensation E shows up ... will that take you into towards moves or away moves? Towards or away from the bull's eye? Towards or away from the life you want to build? More like the person you want to be, or less? Closer to achieving your life goals, or further way?”*
- g) One of the most common reasons for therapists feeling lost, stuck, confused or directionless in session is because they have not taken the time to clarify behavioural goals.

# Eliciting Behavioural Goals

I find these to be very useful questions for shifting clients from emotional goals to behavioural goals. You'll find them all in the second box on the ACT case formulation worksheet:

[https://www.actmindfully.com.au/upimages/ACT Case Formulation worksheet - 2017 version - Russ Harris.pdf](https://www.actmindfully.com.au/upimages/ACT_Case_Formulation_worksheet_-_2017_version_-_Russ_Harris.pdf)

*If these thoughts/feelings/emotions/memories were no longer an issue for you ...*

*What would you stop doing or start doing, do more of or less of?*

*How would you treat yourself, others, life, the world, differently?*

*What goals would you pursue?*

*What activities would you start or resume?*

*What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?*

## Modify As Needs

We can modify this question, when clients present to us with a DSM or ICD diagnosis and ask for help with it:

*If your depression, alcoholism, social phobia, borderline personality disorder, schizophrenia, addiction was no longer a problem ...*

*What would you stop doing or start doing, do more of or less of?*

*How would you treat yourself, others, life, the world, differently?*

*What goals would you pursue?*

*What activities would you start or resume?*

*What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?*

## Add a Magic Wand & A Duck's Back

These questions are often received better when you add a magic wand and a duck's back :

*Suppose I have a magic wand, and I wave it right now, and magic happens, so that all these difficult thoughts and feelings you've been struggling with are now like water off a duck's back; they no longer hold you back, bring you down, jerk you around; they lose all their impact and influence over you. Then ....*

*What would you stop doing or start doing, do more of or less of?*

*How would you treat yourself, others, life, the world, differently?*

*What goals would you pursue?*

*What activities would you start or resume?*

*What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?*

# If the answer to all these is “I don’t know” ...

- Then therapy may initially focus just on this behavioural goal:  
*“Learning new skills to handle your difficult thoughts & feelings more effectively, so they have much less impact & influence”* or said more colloquially, *“Learning to unhook from these difficult thoughts and feelings, so they no longer jerk you around, hold you back, or bring you down.”*
- Yes, this is a behavioural goal. To learn any new skill is a *behavioural* goal; learning a skill is something you *do*. To ‘feel happy’ or ‘to feel calm’ or ‘to stop feeling depressed’ is an *emotional* goal: it describes what you want to *feel*. But to ‘learn new skills to unhook from difficult feelings’ is a *behavioural* goal: it describes what you want to *do*.
- However, there are many other ideas in this document. Keep reading!

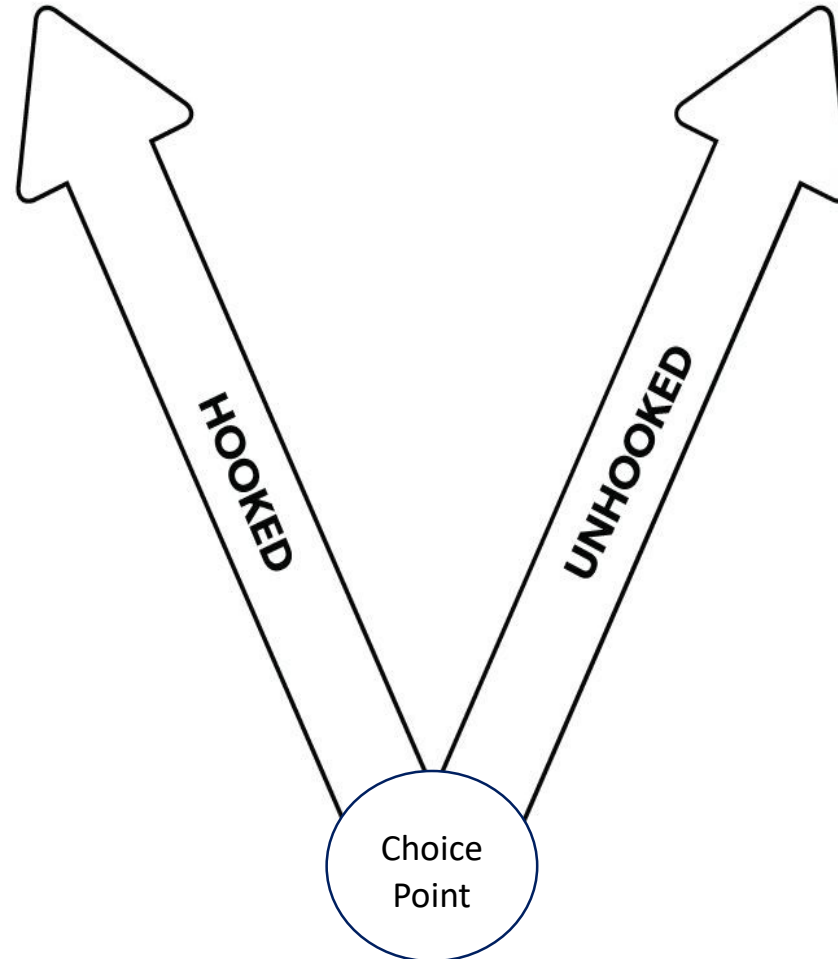


# Behavioural Goals with Choice Point 2.0

- Remember, there's no need to use the choice point 2.0 in therapy. It's an optional tool to use if and when you want to. However, if you are using it, it can be of great help in establishing behavioural goals.
- If you're not familiar with the CP2, best to read the document "Choice Point 2.0: A Brief Overview" before reading on:  
[www.actmindfully.com.au/upimages/Choice Point 2.0 A Brief Overview - Russ Harris April 2017.pdf](http://www.actmindfully.com.au/upimages/Choice%20Point%202.0%20A%20Brief%20Overview%20-%20Russ%20Harris%20April%202017.pdf)
- Much of the rest of this document references the CP2 - but almost all the suggestions and interventions can be used just as readily without the tool. Adapt and modify everything to suit your own way of working. I'd hate anyone to think you have to use the CP2 to do ACT well; it's purely optional.

**AWAY**

**TOWARDS**



**Situation(s)**  
**Thoughts & Feelings**

# Choice Point 2.0: Towards Moves

Having explained what 'towards moves' are, useful questions to tease current values-congruent actions and activities can include:

*What towards moves are you already doing?*

*Is there anything you're doing in your life/ doing in response to these problems - that tends to make life better in the long term?*

*What kinds of things are you doing that you want to continue doing or do more of?*

*Is there anything you'd hate to have to stop doing?*

We can also ask about desired towards moves for the future:

*What kinds of towards moves would you like to start doing or do more of?*

*What kinds of towards moves were you doing in the past that you'd like to start again?*

*Is there anything you'd like to start doing in your life/ doing in response to these problems - that you think might make life better in the long term?*

And if the answers to all these questions are 'nothing' and 'I don't know', then we leave the top blank, and we move on to explore ...

# “Helpers”

Helpers can be written lower down on the right hand side of the arrow. They can include anything that can help the client do towards moves: values, goals, desires, skills, strengths, unhooking skills, important relationships, activities, beliefs and life domains.

Often it's good to begin with identifying important life domains, important relationships, important activities, goals and desires. These things aren't values of course - but values will be implicit within them, so at a later stage, we can start teasing them out.

We can of course also ask questions deliberately designed to make values explicit, such as “What do you want to stand for in the face of this?” or “What kind of friend do you want to be?”

# Useful questions to identify helpers ...

Who do you care about? Who matters to you?

What role do you play in the life/lives of that person/those people?

How do you like them to treat you? How do you like to treat them?

Who do you like to hang out with? What do you like to do when hanging out?

What matters to you?

What gets you fired up? What inspires you? What infuriates you?

What makes you sad? Happy? Angry? Scared?

What do you enjoy? What “floats your boat”?

What would you hate to lose, miss out on, give up, or have to stop doing?

When do you feel grateful or appreciative? For what?

When do you feel like you’re living life your way? Doing what?

What gives you a sense of pride, achievement, doing it well, doing it the way you want to?

Do you ever like the way you do things/treat the people you care about? When, where, doing what?

Do you ever like the way you are? When, where, doing what, with whom?

*NB: Don't try to use all of these in one session!!!! Pick and choose as suits the context.*

# Modify, Adapt, Innovate!

Modify and adapt all the questions mentioned in this document, and in any other ACT text. Change the wording to suit yourself and your clients. And innovate - come up with your own questions; there are so many possibilities.

For example, one of my favourite lines of questioning is: “If our work here could make a positive difference in just one important relationship you have – who would you pick? How would your relationship improve? What will you do differently in this relationship if our work here is successful?”

You could ask similar useful questions by replacing the word ‘relationship’ with ‘area of life’ or ‘activity’. E.g. “If our work here today could make a positive difference in just one important area of life – which would you pick: work, education, relationships, health, leisure, or something else? How would this area of life improve? What will you be doing differently in this area of life if our work here is successful?”

# Starting Points

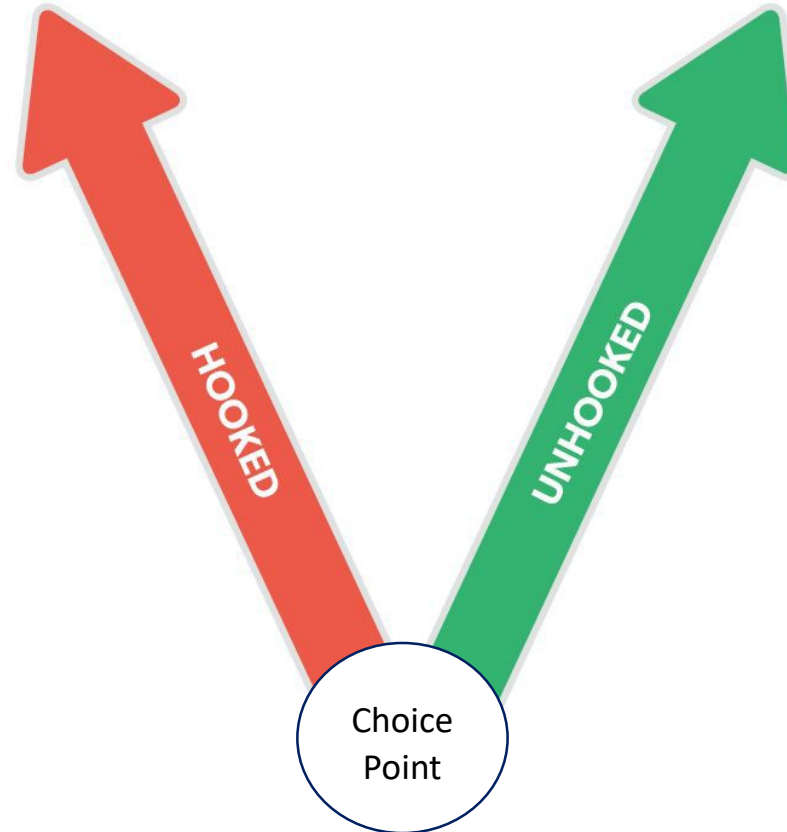
Answers to these questions give us a wide range of useful starting points for the work of values-clarification, goal-setting and action-planning. We commonly elicit quite a mixture of:

- Important relationships
- Important domains of life
- Important activities
- Goals
- Desires
- Values-congruent actions (“towards moves”)
- And usually, at least a few values!

All of this information can be written down on the right side of the diagram under the heading HELPERS. This is a useful heading, because all these starting points are helpful: with some open exploration, they can all lead towards values, values-congruent goals, and values-congruent actions. Strengths and skills can also be added here, as therapy progresses

**AWAY**

**TOWARDS**



**Towards Moves**

What you do or want to start doing that's acting effectively, behaving like the sort of person you want to be

**Helpers**

Important relationships,  
Important domains of life,  
Important activities,  
Values, Goals, Desires,  
Strengths, Unhooking Skills,  
Other Skills

**Situation(s)  
Thoughts & Feelings**



# The Resource Pool

We can think of this assortment of helpers as a pool of resources to draw on for inspiration and motivation, to help clients clarify values, set values-congruent goals, and take values-congruent actions.

The completed form can remain in the therapist's notes for future use (e.g. to flesh out on further sessions) or the client can take it away as a reminder of the session, or as a tool for further reflection, record keeping, values clarification, goal-setting or action planning.

Ideally, both client and therapist can keep a copy.

# You Don't HAVE TO Know Values Up Front

You don't have to know up front exactly what the client's values are. You can work with goals initially, and tease out values later.

Remember, the client's therapy goals will usually (but not always) have important values implicit within them.

Indeed, in ACT, this is often how it plays out: we often elicit values-congruent goals and values-congruent actions first, and then tease out the implicit values later.

# Behavioural Goals: Segue to Values

Behavioural goals for therapy often provide a great way to segue into values work. The goals and actions the client identifies usually have important values implicit within them that we can fairly easily tease out.

For example, what values *might* be implicit within these overt behavioural goals?

- A) Client wants to eat more healthily, exercise more (*perhaps self-caring?*)
- B) Client wants to be get on better with her partner; be more affectionate, handle conflict better (*being affectionate, being assertive, being loving?*)
- C) Client wants to be more involved with her kids; instead of being housebound, she wants to take them to school. (*loving, caring, connection, responsibility?*)

With a bit of gentle questioning it's often not too hard to tease values out from under the goals. Indeed, it's often easier to identify goals first in ACT, and then "work backwards" from goals to values.

And then of course, once you *do* know the values, you can use them to establish a whole range of immediate actions, ongoing actions, and short, medium and long term goals.

# If The Client Just Wants To Feel Better Or Stop Feeling Bad or Get Rid of These Memories, etc.

We acknowledge: “Of course you do. So a big part of our work here is learning how to deal more effectively with all those difficult thoughts and feelings and emotions and memories that you’re struggling with. Can I just get clear about what they are?” We then write these down on the HOOKED side.

Once the left (hooked, away) side and bottom of the CP2 is filled in, we can now look at the right side and say: “So we’ve got half of the information we need here, for you to build a better life. And it’s enough to start working with. But to get the best results, we also need to fill in this side: get a sense of what’s important to you, who you care about, what matters to you, what you’d like to do differently in life etc. Can we spend a bit of time on that?”

# If The Right Side Remains Blank

Suppose the client can't answer any of our questions regarding the right side of CP2 – towards moves or helpers. Suppose he just shrugs, says 'I don't know', or 'nothing matters' to every question. If so, this is golden information. It tells us this client is very remote from values and goals, and that will need to be a major focus for therapy, down the line – but we probably need to start with unhooking skills.

And if she keeps returning to 'I just want to feel better' or 'I want to get rid of my anxiety' etc, this suggests she's probably fused with the emotional control agenda and will likely need a creative hopelessness intervention.

In either case, we can simply acknowledge: "Okay, right now it seems that it's too hard to fill in this side of the diagram. That's okay. We can leave it for now. We can begin working with the left side, come back to this later." We can add, "For now, I'd just like to write a few words here, if that's okay with you. Because, you see, the fact that you've come here to therapy shows there are at least two things you care about: your health and your life. So I just want to write them down there for now, and we can explore them." Therapist now writes in 'my life', 'my health' in the helpers section.

# Explicitly Confirming Behavioural Goals

Once the therapist establishes goals, she can explicitly confirm this with the client:

“So can I just check in with you that we have the same aim here? One aim is to get you doing more of this (*therapist points to and reads out aloud the towards moves*) so you can live life your way, be the sort of person you want to be. And another aim is to learn some unhooking skills to unhook from these thoughts and feelings, so ... they lose their impact – they lose their power over you – they no longer jerk you around, hold you back, bring you down, get in the way of you doing all this stuff (*therapist points to towards moves*). Does that sound right to you?”

- In the event that the client hasn't identified towards moves at all, just keeps coming back to 'I don't know' or 'I just want to feel good', this confirmation is modified: “Our main aim to begin with is to learn some unhooking skills - how to unhook from these thoughts and feelings, so they lose their impact – they lose their power over you – they no longer jerk you around, hold you back, bring you down, get in the way.”

# But What if the client says ....

*“I don’t want to unhook from them! I want to get rid of them, I hate them!”*

This indicates high experiential avoidance and fusion with the agenda of emotional control. So creative hopelessness is warranted.

If you don’t have time to segue into creative hopelessness (and I’d recommend you have at least a good 20 mins spare) a good response is simply: “Of course you do. And we’ll certainly have a look at that possibility.”

And then, “So can I ask you between now and next session to make a list of everything you’ve tried so far to do that?” or “Can I ask you between now and next session to a) notice everything you do to get rid of them - and if that succeeds, to notice how long they go away for before they come back again?” (There are many ACT worksheets you can print out and give to the client, to facilitate this)

On the next session, you’d then want to kick off with creative hopelessness.

# Behavioural Goals – What I Will Do

Behavioural goals should always be stated in terms of what I *will* do (not what I *won't* do). If a client states a goal in the negative – ‘I’ll stop doing this’, ‘I won’t do that’ – in ACT, we call those ‘dead person’s goals’ because a dead person can do them better than you. (A corpse will stop or cease all bad habits instantly and permanently). It’s okay to have these as a starting point, but ASAP we want to turn them into live person’s goals – something you can do better than a corpse: “What will you do instead?”, “So if you’re not doing that, what will you be doing?”

This information enables us to really leverage the concept of workability. If we refer to all the above as “the life you want to live”, then we can ask the workability question about anything the client does in session or out of session: Is it taking you towards or away from that life?

This also enables therapist and client to be sure they have the same agenda. Without such information, often the therapist has a different agenda to the client, and it creates confusion and tension and stuckness in both.



## *Vitally important information!*

If a therapist fails to elicit this basic but vitally important information, this leaves the therapist trying to “help the client” with poorly defined problems such as: shame, grief, guilt, numbness, anger, an addiction, an anxiety disorder, depression, traumatic memories, work stress, relationship issues, low self-worth, lack of confidence. The therapist will struggle to do ACT because she has failed to clarify the client’s behavioural goals.

This is where the choice point diagram is so useful. If you map out the client’s issue on the choice point diagram, and find that the bottom and left side is easy to fill (i.e. you know a lot about the clients difficult thoughts and feelings and problems, and the away moves she is doing) but the right side is almost empty – then that’s golden information for you: alerts you to the fact that you need to spend some time clarifying behavioural goals. (Otherwise, what are you working towards?)

Again and again, therapists ask me: “What should I do?” and my response is, “Do you know what the client’s behavioural goals are?” If you don’t know what he wants to do differently, you will easily get lost, confused, or stuck.

# I Don't Know!

Remember, if all we get in answer to all these questions is “I don’t know” then we could say something like: “Okay, for now you just don’t know the answer to those questions. So can we say it this way: our aim here is to work together as a team to help you build a better life – and right now, you’re not sure what that better life looks like. So part of our work going forwards is to find answers to these questions – but for now, let’s leave them. For now, it seems our main work is going to be **learning** *new skills to handle these difficult thoughts & feelings more effectively, so they have much less impact & influence.*”

Or more colloquially, “For now, it seems our main work is going to be *learning unhooking skills - to unhook from these difficult thoughts & feelings – so they no longer jerk you around, hold you back, pin you down..*”

In the meantime, we could ask the client to keep a journal or write on a blank CP2 all the things he does that seem to make life better, and things he does that seem to make it worse. This provides useful information for later values & committed action work.

**Question:** *I've tried all these questions, but my client insists that he already does everything he needs to be doing, even though he's depressed. He says the issue is the feeling, not how it impacts his behaviour.*

**Answer:** I usually probe a little bit more: "So can you tell me how are these feelings a problem for you? Do they make anything harder for you? What do they make it harder for you to do, or to focus on, or engage in? Do they make it harder for you to treat yourself or others well?"

"If these feelings were no longer an issue for you, who would notice the difference? What difference would they notice in you? Would your kids, wife, husband, friends, co-workers notice any difference in your facial expressions, your words, your gestures, your actions, the way you interact with them, what you talk about?"

And if the person is in an intimate relationship: "What would your partner say is most difficult for her when you are caught up in these feelings? What does he/she complain that you are doing/ not doing?"

If this still draws blanks, then the behavioural goals, at least for now, are simply: *"Learning new skills to handle these difficult thoughts and feelings more effectively"*

# Warning: Know When To Back Off!

When establishing behavioural goals, trust your intuition and experience about when to back off. For example, if the client is becoming aggressive or hostile or fused or shut down - change track!!

In such cases it may be that initially you just agree to the vaguest of goals:

- *We are working together as a team to help you ...*
- *A) Take action to build a better life (and we don't yet know what that looks like)*
- *B) Take action to solve your problems more effectively*
- *C) Handle difficult thoughts and feelings more effectively*

This will be just fine as a starting point. (It is basically just restating what the client agreed to during informed consent). Notice how even these vague goals are significantly different to emotional goals that therapists often agree to, such as 'reduce depression', 'reduce anxiety', 'increase self worth', 'recover from PTSD', 'get over X', 'stop feeling Y', 'get my confidence back', 'feel happy'.

## So If You're Stuck?

So if you're ever feeling stuck with a client – i.e. you don't know what to do or where to go in session – check and see if you have identified behavioural goals and behavioural changes as outlined above.

If you have the information, this now gives you leverage & motivation for work on defusion and acceptance: i.e. the client develops defusion & acceptance skills so they can handle thoughts and feelings more effectively, in order to make those desired behavioural changes, and pursue those goals.

If you don't have such information, this is probably why you are stuck. In this case, values/goals can become the focus of the next session, to elicit the desired information. But if this fails initially (which can happen for many reasons) you can at least agree on the vague, non-specific behavioural goal of 'working together to build a better life' – and go on to clarify that a big part of achieving that goal is *learning new skills to handle these difficult thoughts & feelings more effectively, so they have much less impact & influence.*

This can now become the focus of therapy until the client develops the defusion & acceptance skills to handle the challenging work of values clarification, goal-setting, action-planning and problem-solving.