

Treatment Goal Setting Tool

Instructions: Circle a goal from column A and connect it with a goal in column B, so that together, they each complete the following sentence:

In therapy, I want to learn how to __ (A) __, so that **in my life**, I can __ (B) __.

Example: In therapy I want to learn how to manage anxiety so that in my life, I can go on a job interview.

(A) Therapy Goals	(B) Life Goals
<p>Emotions - learn how to manage/control:</p> <ul style="list-style-type: none"> <input type="checkbox"/> anxiety, depression, guilt, anger <input type="checkbox"/> highs and lows <input type="checkbox"/> express feelings <input type="checkbox"/> other: _____ <p>Addiction - learn how to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stay clean and sober <input type="checkbox"/> Find alternative highs <input type="checkbox"/> Think more clearly, think “smarter” <input type="checkbox"/> Give myself choices, act less impulsively <input type="checkbox"/> Other: _____ <p>Activities Of Daily Living - learn how to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keep myself and living space clean <input type="checkbox"/> Manage my time, keep appointments, etc. <input type="checkbox"/> Other: _____ <p>Behavior - learn how to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Control impulsive behavior <input type="checkbox"/> Set boundaries <input type="checkbox"/> Take responsibility for my actions <input type="checkbox"/> Reward/recognize my successes <input type="checkbox"/> Understand patterns of destructive behavior <input type="checkbox"/> Socialize with friends, colleagues, etc. <input type="checkbox"/> Contract for safety <input type="checkbox"/> Other: _____ <p>Communication - learn how to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Listen <input type="checkbox"/> Accurately express feelings and thoughts <input type="checkbox"/> Learn how to trust others <input type="checkbox"/> Assertively express myself <input type="checkbox"/> Handle conflict <input type="checkbox"/> Other: _____ <p>Thinking - learn how to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognize thought patterns & assumptions <input type="checkbox"/> Challenge unhelpful/irrational thoughts <input type="checkbox"/> Other: _____ 	<p>Relationships –</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make friends <input type="checkbox"/> Have a boyfriend/girlfriend <input type="checkbox"/> Be helpful to others <input type="checkbox"/> Not be taken advantage of <input type="checkbox"/> Have Improved relationships with my: <ul style="list-style-type: none"> <input type="checkbox"/> Spouse, boyfriend, girlfriend <input type="checkbox"/> Children <input type="checkbox"/> Parent(s) <input type="checkbox"/> Brother or sister <input type="checkbox"/> Friends <input type="checkbox"/> People I work with, schoolmates <p>Vocational</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get a job <input type="checkbox"/> Go to school <input type="checkbox"/> Do better at work, school, etc. <input type="checkbox"/> Learn specific work skills <p>Legal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Comply with court orders, probation, etc <input type="checkbox"/> Stay out of trouble, avoid arrest <p>Independent Living:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get/improve housing <input type="checkbox"/> Homemaking activities <p>Physical Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take medications <input type="checkbox"/> Lose/gain/maintain weight <input type="checkbox"/> Improve a medical condition <input type="checkbox"/> Get in shape <input type="checkbox"/> Improved sleep <p>Behavioral Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not harm myself or others – be safe <input type="checkbox"/> Go out in public <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____