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**GOAL ATTAINMENT SCALING:  
 ITS USE WITH PREGNANT AND SINGLE-PARENT  
 TEENAGERS IN AN ALTERNATIVE  
 EDUCATION SETTING**

LINDA S. MOYER  
 DAVID A. DE ROSENROLL

Abstract

Goal Attainment Scaling (G.A.S.) was initiated in the 1960's as an evaluation tool to measure success in Mental Health Programs. This article describes a modification of G.A.S. used within a day program for pregnant and parent teenagers. As a program assessment tool, G.A.S. provides the users with immediate, understandable feedback: what worked and what didn't work. As a counselling intervention, G.A.S. allows helping professionals to form a working relationship with their clients in a relatively short time span, to align their client/program expectations and to provide productive counselling on client-determined goals.

Résumé

Le Goal Attainment Scaling (G.A.S.) est un instrument qui remonte aux années 1960 et qui est destiné à mesurer le succès des programmes de santé mentale. Cet article présente une adaptation du G.A.S. réalisée auprès d'adolescentes enceintes et mères. En tant qu'instrument d'évaluation de programmes d'intervention, le G.A.S. assure ses utilisateurs d'une information immédiate et accessible de ce qui fonctionne et de ce qui ne fonctionne pas. Dans l'optique du counseling, le G.A.S. aide les professionnels 1) à établir une relation de travail avec leurs clientes sur une période de temps relativement courte, 2) à préciser les attentes des clientes autant que celles du programme d'intervention et 3) à pratiquer un counseling efficace compte tenu des buts convenus avec les clientes.

Accountability, adaptability, relevance and meaningfulness to the client – these are all issues that must be addressed when one is trying to operate and evaluate a community program, whether it be Special Education, Mental Health or Social Services. These descriptors are often applied to Goal Attainment Scaling (Kiresuk & Sherman, 1968), and this attracted the authors to choose this

technique as an assessment and counselling tool in a program for pregnant teenagers.

Accountability is a key word to granting agencies (Cooper, Epperley, Forrer, & Inge, 1977; Keelin, 1977; Smith, 1976). Programs that receive money from any of the various levels of government are increasingly being asked to be accountable. G.A.S. was proposed originally to address such an issue (Kiresuk & Sherman, 1968). Although developed to measure the effectiveness of community mental health programs, G.A.S. has since been reviewed in the literature as an assessment technique useful in a variety of settings.

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Requests for reprints should be sent to Linda S. Moyer, Educational Consultant, 1250 Woodway Road, Victoria, B.C., V9A 6Y6.

Smith (1976) undertook a study in which he examined the effect of adding G.A.S. to a time-limited counselling situation. The results strongly suggested that the addition of G.A.S. enhanced the counselling situation. During the study, fewer experiment-group subjects (those using G.A.S.) dropped out of the counselling groups. Smith speculates that the goals mutually developed during the first two sessions more closely aligned the client/counsellor expectations. It is this kind of understandable and practical feedback that G.A.S. provides to the client as well as the helping professional that will measure service delivery effectiveness.

Carr (1979) points out that, although G.A.S. is "student-centered", it also has value for the method-centered "educator" or administrator. G.A.S. was introduced into a care facility for pregnant adolescents in Fort Worth, Texas (Enos & Hisanaga, 1979) where it provided an evaluation of the outcomes of their social work practice, thereby pinpointing the areas of treatment success and those needing improvement. Administratively, this means more relevant staff and program evaluation and more meaningful planning for future actions. For the helping professional, it offers an opportunity to increase counselling productivity.

The authors have used G.A.S. extensively for several years in a secondary alternative school (de Rosenroll, Note 1). Many modifications have been made to tailor G.A.S. to the needs of the adolescents and to the philosophy of the program. Several attributes of this technique drew it to their attention: a flexible and simple format for counselling student-clients on both personal and academic goals, client-centeredness, the ability to define and track program goals and its independence from theoretical predispositions allowing helping professionals, whatever method they adhere to – Rogerian, Behavioral, Adlerian... – full use of this tool. Continued use and modification of G.A.S. supports the authors initial reasons for adopting this technique.

#### *The G.A.S. Process*

Kiresuk's method of Goal Attainment Scaling is well reviewed in the literature (Cline, Rouzer, & Bransford, 1973; Keelin, 1977), and what follows is a description of the modified G.A.S. procedure used by the authors in the adolescent program.

Focusing on numbers of personnel, re-

sources available, program descriptions, types of activities and other "input" statistics does very little to answer the question, "Is your program effective?" G.A.S., instead, deals with "outcome" identifying goals and then measuring individual progress, as well as class or program progress toward meeting those goals.

The process commences with the establishment of a goal or set of goals and then specification of a range of outcomes or behaviors which would indicate or illustrate progress toward achieving the goal(s). The specified outcomes are placed on a five-point continuum with each position on the continuum assigned both a numeric and semantic description corresponding to the degree of achievement towards the goal that each behavior represents (see Table 1).

G.A.S. is similar to behavioral objective approaches in that it requires the goals to be described in concrete, measurable terms. However G.A.S. differs from behavioral approaches in many significant ways. When used as a counselling tool, G.A.S. goals must be mutually determined by client and counsellor. In its use by the authors, goals are determined by the client with the counsellor acting basically as a facilitator giving input concerning the program and her experience as a knowledgeable person within the program. This ensures relevance of goals to both parties and increases the likelihood of success.

Not all goals are considered equal. Both counsellor and client are able to assign weights to the various goals. This can be done in a variety of ways. One way is to have the weights given to each of the goals add up to one hundred. Therefore, if there were five goals, you could have several possible combinations adding to one hundred (see Table 1).

Outcome behaviors should be perceived as 'guesstimates' – what is realistic, taking into account the known, relevant factors. Once they have been identified and arranged on the five-point scale from Most Favorable to Least Favorable outcomes, they can be explored with the student, the counsellor assisting her to learn alternative behaviors, clarifying expectations about what counselling or the program can do, and providing feedback about the appropriateness of working towards those behaviors. In addition, the counsellor would be aided in identifying realistic expectations for herself since, in

*G.A.S. with Pregnant/Parent Teenagers*

Table 1  
An Example of a Student's G.A.S. with One Goal Completed

Goal	Outcomes					Ways of attaining goal
	Most favorable outcome	More than expected outcome	Expected outcome	Less than expected outcome	Least favorable outcome	
GOAL 1: Getting up in the morning. Importance: 25 <sup>o</sup> /o	Get up by 7:30 A.M. and be out of the house by 8:30 A.M. every weedkay.	Get up by 7:30 A.M. and be out of the house by 8:30 A.M. 4 days per week.	Get up by 8:00 A.M. and be out of the house by 9:00 A.M. 4 days per week.	Sleep in later than 8:00 A.M. 3 mornings per week.	Sleep in later than 8:00 A.M. every weekday morning.	-Go to bed by 11 P.M. -Set and leave alarm on other side of room.
Other goals to be completed:	GOAL 2 Increase grade level. Importance: 15 <sup>o</sup> /o. GOAL 3 Investigate job possibilities. Importance: 15 <sup>o</sup> /o. GOAL 4 Improve writing and spelling. Importance: 20 <sup>o</sup> /o. GOAL 5 Improve quality of time spent with baby. Importance: 25 <sup>o</sup> /o.					

guessing outcomes for the students, she must also be aware of her own skills and abilities. This all-important counselling demonstrates the effectiveness of G.A.S. in a process mode, as well as in dealing with behavioral outcomes.

Another major value of G.A.S. is that it is independent of the differing theories and methods of the helping professionals or programs who use it. This allows its use in a multitude of situations by a wide variety of trained personnel. Greater flexibility and visibility in describing programs is created as G.A.S. allows for extreme individualization and yet describes goals in a way that can be clearly understandable to others unfamiliar with the area. Further, through G.A.S., the ability to identify what needs to be changed and to, in fact, procure change is improved.

*The Program – Its use of G.A.S.*

The program is an educationally-based one for pregnant and parent teenagers nineteen years of age and under. The provincial government and local school board jointly fund its operation. The program is non-residential and operates on a regular school schedule. The young women who have babies are encouraged to seek daycare for their infants outside of the program as there is no daycare component at present. The program's educational focus is in three areas: health, life skills, and academics.

G.A.S. really had two important functions in this program: the enhancement of individual counselling throughout the year and solid, understandable evaluation at year's end. The staff began the year by determining several program goals based on their knowledge of the literature concerning parent/teenagers, their own personal experiences, and the experiences

of their sister program, an alternative school that had been serving the local community for several years. These goals, set up according to the G.A.S. format, were determined to align the program as best as possible with what was seen as necessary to teenagers in the local community (see Table 2). This activity set the stage for several occurrences. Firstly, there had been a structure formulated that provided a continuous focus for the staff energies during the year in their interactions with the students and in their execution of administrative tasks. Secondly, it provided a basis on which to counsel the students in setting up their own personal goals. If they held a goal that was seen as unfeasible within the program, they could make a decision as to the appropriate course of action, be that to leave the program or to reassess the particular goal in view of what was possible within the scope of the program. For example, an eighteen year old new mother enters the program with basic skills assessed at the grades four/five level. She has a goal of completing an academic grade ten while attending this program. Immediately, the staff can advise her that, based on her assessed skill level, the length of time they have to work together, and her status as a new mother, her goal may more appropriately read 'Improve Basic Skill Levels', with the correspondingly appropriate outcomes to her current situation. Finally, the use of G.A.S. to define program goals was facilitative of a clear and useful evaluation at the end of the year. Program staff not only had valuable information for future planning but there was a very readable and honest evaluation for the funding bodies.

On a counselling level, it is at intake that a staff member and a student-client identify some problem areas for the client and, together,

TABLE 2

Examples of Program Goals as Entered on a Goal Attainment Scale

Goals	Outcomes					Ways of attaining goals
	Most favorable outcome (+ 2)	More than expected outcome (+ 1)	Expected outcome (0)	Less than expected outcome (-1)	Least favorable outcome (-2)	
1. Health check list established and monitored.	100% compliance with all check-list points.	Follow through weekly on check-list.	Attend a prenatal class and fill out a checklist: -regular visits to doctor. -daily vitamins -take prescribed exercise, medication.	Attend prenatal class but participate minimally in suggested list.	Do not attend prenatals and do not use checklist.	-Compulsory attendance at prenatals -bring up check-list at beginning of each prenatal class.
2. Students use birth control while on the program	everyone uses a birth control method while on the program	a) same as expected. b) 100% start. c) 90% still using.	a) all students will research a method. b) 90% will start using one. c) after 3 months, 75% will still be using a birth control method.	a) 75% will research a method. b) 65% will start a method.	a) 50% will research a method. b) 2 to 3 repeat pregnancies.	-make research a class project -have information available. -counselling and referral available
3. Prenatal classes held within the program.	all attend all major prenatal units.	100% attend all but one major unit (or do make-up units).	90% attend all but one major unit (or do make-up units).	75% attend all but one major unit (or do make-up units).	75% attend all but 2 major units.	-prenatals are requirement of all pregnant students.

define some goals which may be helpful. One example might be "Goal: Lessen Fear of Child Birth" which is based on the student-client's lack of knowledge of and preparedness for labour and childbirth. One adaptation to G.A.S. that is important to emphasize at this point is that the goals are determined by the client herself. The staff member refrains from judging the goal. She is present only as a facilitator to help clarify, encourage and, eventually, turn the goal into a meaningful communication with clear expectations that are behaviorally defined.

Many of the young women who attend this program pass through quite quickly due to a multitude of life crises. Therefore, the counsellor has little time to orient her student-client to the program. Clientele turnover is high and unplanned, adolescent pregnancy is an immediate problem. Therefore, a method which allows for early identification of personal and program goals is crucial. Weekly goal attainment meetings between each student and her assigned staff consultant were the natural progression of this client-centered counselling tool.

The staff and client meet at regularly set times each week to define and then review or revise each goal. For instance, initially the client's goal may be to complete half of grade eleven mathematics by Christmas (three months hence). The student is three months pregnant

and into what is often the pregnant teenager's most academically productive stage. Therefore, completion of any school-related work is most likely to happen at this time. During the subsequent weekly meetings, the client, facilitated by the staff member, will review her behaviorally-defined continuum of outcomes for each goal. If one or more of the outcomes seems inappropriate in light of the past week's experience, the client now has the chance to redefine the outcomes or modify the goal accordingly. The process repeats weekly until the deadline is reached when the staff member and the client determine to what degree the goals were attained/relevant/deserve any attention.

During the process, it became apparent that one could further augment the counselling effectiveness of this relationship by retaining an unaltered copy of the student-client's original goals. After the elapsed time period of three months, the original goals were viewed along side their weekly updated versions. The client and counsellor then compared/contrasted the client's original goals and projected outcomes to her revised final outcomes based on the weekly updated versions. The client was thus provided with an overview of the goals she set for herself in relation to what she actually followed through on within a self-determined time frame. The counselling potential based on first-hand client-determined data is invaluable.

*G.A.S. with Pregnant/Parent Teenagers**User Reactions*

Individual interviews were held with staff members, surveying their responses to the varied use of G.A.S. All agreed that G.A.S. had been very useful in both a program mode and a student-directed counselling mode. The staff generally agreed that the use of G.A.S. to express program goals served three important functions. In the beginning of the year, it helped them focus on programming directions and, mid-year, G.A.S. gave them the opportunity to reflect on the degree of goal achievement to date. They believed these specific times to be the most relevant to their immediate needs during the year. However, they also found that the G.A.S. format had provided them with a very usable year-end evaluation that clearly pointed out their areas of success and those that needed attending to in the future.

The highest level of staff satisfaction with G.A.S. was when counselling students. Several staff members stated that it helped open communication and provided opportunity for more individual interactions than might otherwise occur in the course of an often chaotic week. One staff member saw G.A.S. as a systematic tracking device which eliminates a lot of overlap in staff time and energy. Other benefits listed by the staff members were: a means of obtaining objective communication between staff and student which helps to eliminate such things as personality conflicts, shyness, etc., giving the students a sense of self-importance where their needs and desires are dealt with in a more business-like manner; an opportunity for the staff to develop insights into the students' more personal thoughts; and an important teaching tool whereby students learn to set and monitor their own life goals.

The staff described three areas of concern. The most significant was that of time consumption. In order to create and evaluate program goals as well as to counsel students with G.A.S., other areas and staff duties had to be either reduced or eliminated. A second area of difficulty was in developing the ability to objectify behavioral outcomes, particularly when counselling students concerning their goals. They all felt these two concerns could best be addressed by ongoing staff training and consultation by someone skilled in the use of G.A.S. Finally, although G.A.S. is seen as a flexible tool that can be molded to current needs, it could also be used as a form of

contracting "with consequences" which would severely inhibit any counselling benefits.

The program's funding body representatives were very pleased with the use and results of Goal Attainment Scaling. The Ministry of Human Resources has asked staff members who are most familiar with G.A.S. to offer workshops to other community groups under their auspices. G.A.S. has provided a framework that funding representatives and Society Board of Directors members have found to be an informative way of keeping up-to-date with the program.

There were several notable behaviors of the student-clients that indicated a degree of success with G.A.S. After several experiences using G.A.S. on a weekly basis, many students sought out their staff-adviser to make sure their meeting would take place that week. The students who met weekly to look at goals gained a quicker understanding of what the program was about and what it could offer them than their predecessors who hadn't met weekly. As the weeks progressed, many students gained a sense of how they achieved or failed to achieve on their goals, took a more active role in filling out their own goals and were able to add new goals to the existing ones. Throughout the year, many of the students who had worked for several weeks on their own goal-setting expressed, in various ways, that they 'felt good' about achieved goals. As with the staff members, the students said that they felt closer relationships with their staff-advisers and were able to communicate on a more personal level.

Students initially had difficulty in expressing their goals behaviorally. At this stage, there was a great deal of reliance on the staff-advisers to offer suggestions. This is when it is both important and difficult to guide the student in setting goals without being too directive and imposing goals and/or outcomes. In general, if that stage was tackled successfully, the staff and student continued with very positive feelings for the ongoing G.A.S. process.

Over the two year period, it would appear that Goal Attainment Scaling's use as a formative evaluation tool has been perceived by its users as being beneficial to planning and ongoing operation of the program. While G.A.S. does not evaluate the appropriateness of program goals it offers a generalizable assessment of the program's ability to reach the

predetermined goals. This information is useful to funding agencies while meeting individual program needs. The authors have not researched the long term effectiveness of their program with its student-clients and, therefore, cannot draw conclusions about the effectiveness of this procedure in directing student-client success. However, the authors support Goal Attainment Scaling as being valuable to the client-therapist counselling relationship as well as being able to measure goals.

### Summary

Although the target program is in the formative stages of both operation as a social/educational program and in the use of Goal Attainment Scaling, the sister program has been most helpful in providing the knowledge of several years of experience in both of these areas. During the first year, the use of G.A.S. as a program evaluation tool proved to be of the most direct benefit to the program staff. Dealing with pregnant/parent teens in a non-residential educational setting is a relatively new and untested area at least in this country and, therefore, immediate, relevant feedback on program effectiveness is imperative. In a time of economic restraint, it is also essential to know quickly what works educationally and what doesn't. At the end of the second year, this program was left with some clear and irrefutable information as to what students in these circumstances want and will use, as well as the relevance of the original program goals to these students and how closely the program staff acted on their original goals for this program.

A clearer understanding of program direction through G.A.S. better enabled the staff, during the second year of operation, to facilitate individual students to define and make progress on individual goals (de Rosenroll, Note 1). It is the development of this use of Goal Attainment Scaling that has rounded out the evaluation/counselling effectiveness of the program and is allowing the program to truly be responsive to its clients' needs.

### Reference Note

1. de Rosenroll, D.A. *Goal Attainment Scaling: An Adapted Version to Meet Evaluation and Counselling Needs*. Manuscript submitted for publication, 1983.

### References

- Carr, R.A. Goal Attainment Scaling as a Useful Tool for Evaluating Progress in Special Education. *The Council for Exceptional Children*, 1979, 46(2), 88-94.
- Cline, D.W., Rouzer, D.L., & Bransford, D. Goal Attainment Scaling as a Method for Evaluating Mental Health Programs. *American Journal of Psychiatry*, 1973, 130(1), 105-108.
- Cooper, F.C., Epperley, J.R., Forrer, S.E., & Inge, J.A. Goal Attainment Scaling: A useful Program Evaluation Tool. *Journal of College Student Personnel*, 1977, 18, 522.
- Enos, R., & Hisanaga, M. Goal Setting With Pregnant Teenagers. *Child Welfare*, 1979, 58, 541-552.
- Keelin, P. Goal Attainment Scaling and the Elementary School Counselor. *Elementary School Guidance and Counselling*, 1977, 12(2), 89-95.
- Kiresuk, T.J., & Sherman, R.E. Goal Attainment Scaling: A General Method for Evaluating Comprehensive Community Mental Programs. *Community Mental Health Journal*, 1968, 4(6), 443-453.
- Smith, D.L. Goal Attainment Scaling as an Adjunct to Counseling. *Journal of Counseling Psychology*, 1976, 23(1), 22-27.

### ABOUT THE AUTHORS

Linda Moyer received a B.A. in Psychology from the University of Saskatchewan and an M.S.Ed. in Alternative Education from Indiana University, Bloomington, Indiana. She is currently Educational Program Head for the Victoria Girls' Alternative Program and Options for Pregnant Teens. Interests include curriculum development, Peer Counselling and Goal Attainment Scaling.

David de Rosenroll received a B.A. in Psychology and an M.A. in Counselling Psychology from the University of Victoria, B.C. He is currently Counselling Coordinator of the two programs mentioned above while teaching part-time at a local community college. Interests include Psycho-educational Counselling, Peer Counselling, Alternative Programming, and Goal Attainment Scaling.