



## Chapter 7

# Crafting Goals and Objectives

*The paramount question is, What is the intervention intended to accomplish?*

Frequently, planning a new program involves preparing a grant proposal for funding, and the proposal can be an important exercise in describing what the program is supposed to look like. The program description includes many components of an evaluation infrastructure, including the following clearly articulated elements:

- Program goals and objectives
- Services and technologies for helping clients reach goals
- A budget
- An evaluation plan to determine whether the program is effective

An evaluation plan, the last component mentioned, is typically required in most grant proposals. Unfortunately, such a plan is often largely incidental to the program construction process of many proposals. What often happens is that it tends to be an add-on prepared by someone in tune with research methods who is not directly involved in the construction of the program; the primary motivation for preparing the evaluation plan is to satisfy the funding agency.

In any event, evaluation considerations are extremely important to think about and plan for while a program is in the development stage. The logic model helps explain why. As described in chapter 6, the logic model recommends that the input, implementation, output, and outcome elements be logically connected. These stages and their respective elements need to be carefully thought out in relation to one another, and this all needs to begin in the planning stage. This chapter examines two critical components of program and practice interventions: goals and objectives. Goals and measurable objectives are formulated during the planning or input stage, when a program or practice area is under construction. Goals and objectives provide a central anchor or reference point for conducting most evaluations.

The goals and objectives of a new program or practice area need focused attention. Some pertinent questions are the following:

- What are the goals of the program?
- Are measurable objectives crafted for each of these goals?
- Are the goals and objectives logically linked to clients' problems, unmet needs, and underlying causes?
- Is there a logical link between the goals and objectives and how the program is implemented to reach these goals?

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***Helping an Agency Develop a New Program with an Evaluation Infrastructure***

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A graduate student devises a set of questions to guide her while helping her agency integrate an evaluation component into a new proposed program:

1. What is the problem that you want to solve or tackle? What do you believe are the causes of this problem?
  2. Who are the people experiencing this problem whom you want to help?
  3. What are your overall goals for solving this problem? How long will it take to reach each goal?
  4. What intervention strategy do you plan to use to meet your goals? Describe your intervention plan. How will it contribute to meeting goals?
  5. Identify the specific indicators (measurable objectives) that will tell you that you have reached your goals. List as many as possible.
  6. What resources do you have that will help you to conduct an evaluation?
  7. What constraints may hinder you in conducting an evaluation?
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**Goals for Program and Practice Interventions**

Every program and practice intervention should have a set of goals that provide direction and an end result to pursue for clients. Basic questions about goals are the following: Where is this program/practice area going? What do we want to accomplish? How feasible is it to have success in achieving this goal? What approaches are known to work in helping clients reach these goals?

Although having goals is something that every agency intervention should have, most staff members and some agency administrators may not be well versed in them. This can result in the interventions spinning their wheels, going in unproductive directions, and/or wasting valuable resources. In other instances, agency interventions may have goals, but goals that are too vague to provide any direction or benchmarks for measuring progress. Examples of some vague goals that are used in helping clients are the following:

- Becoming more independent
- Resolving conflicts in a parent-child relationship
- Becoming an empowered family
- Being discharged from the hospital
- Increasing positive social behaviors
- Reducing antisocial behaviors

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- Improving performance in school
- Successfully working in a competitive job
- Keeping youth safe
- Alleviating crises
- Reuniting a client with her or his family

### *Example of a Frequently Ignored Program Goal*

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During the past several decades, sheltered workshops have been considered an essential type of vocational program in the array of program offerings available for people with mental retardation. This has been the case in both community-based and institutional systems. A major goal for most sheltered workshops is to prepare people for the competitive workforce. Sheltered workshops are protected work sites for people with disabilities that employ them in assembling consumer goods like the airplane headsets used for watching movies or small hardware items like small bolts sealed in a plastic bag and sold in hardware stores. Yet these programs are often, in reality, driven by two implicit goals that are in direct tension with the major goal. The implicit goals are to find contracts of any kind to occupy the clients in the workshops and to provide a safe environment for them during the daytime hours. Because the implicit goals are important, sheltered workshops seldom succeed in accomplishing the major goal of preparing participants for competitive employment (e.g., Dudley & Schatz, 1985).

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### **Characteristics of Goals**

Measurable goals are critical to any successful program or individual practice intervention. They are important because they provide an intervention with a direction to pursue and an outcome to reach. Without goals, an intervention could be an aimless effort that does not seem to go anywhere important. Goals have many other characteristics that are important to understand as well. Goals are needed at all system levels. Goals are oriented to a time period. They are expected to be relevant to the intervention to which they are linked, and they should be responsive to the needs of the clients whom they serve. They can have one dimension or be considered in combination with other related goals. Some focus on program implementation while others focus on the outcomes of clients.

### **All System Levels**

Social work has the potential to operate at all system levels, including the individual, family, group, community, organization, and policy. Primary and secondary prevention are preferred to tertiary prevention, because

problems that can be avoided or headed off at an early stage will bring less harm and cost less to achieve. Yet most programs and practice interventions that governmental agencies are willing to fund focus on tertiary issues or treatment. Treatment interventions usually provide help once a problem is fully evident and has obvious adverse effects on clients' lives. Unfortunately, government agencies tend to be unwilling to invest in funding or sponsoring interventions until clients reach this tertiary stage. Nevertheless, goals can be formulated at all system levels, even though goals at macro levels such as community and policy need to be given greater consideration in most social work circumstances.

### **Time Oriented**

Goals are oriented to a time period, for the short run, middle run, or long run. Short-term goals can be helpful as stepping-stones to midrange goals, and midrange goals are intended to lead to long-term ones. Although short-term goals are important, long-term goals are ultimately most important because they reflect the outcomes expected of successfully functioning people. For example, a short-term goal for a client with an addiction problem may be to no longer desire drugs while attending a drug treatment program, a midrange goal may be to live drug free in a halfway house for six months, and the long-term goal may be total withdrawal from drug use and drug culture. Similarly, a short-term goal for an ex-offender may be to stay out of trouble and regularly report on his or her activities to a probation officer during the probation period, while the long-term goal is to discontinue committing crimes altogether. Later in the book, we will discuss how agency evaluations tend to give primary emphasis to short-term goals and overlook the midrange and long-term ones.

### **Linked to the Intervention**

The goals of an intervention should be a logical outgrowth of the intervention. After having a reasonably thorough description of the intervention, one should have a good grasp of what it intends to accomplish. The goals of the program should logically and realistically reflect this. For example, if a program involves counseling, its goals are likely to reflect some form of psychological and/or interpersonal improvement in the client, whereas a program designed to refer clients to other agencies is likely to have goals related to connecting clients with the referral agencies and using their services.

### **Responsive to the Clients' Needs**

Social workers always advocate for clients in some form or another. We want our interventions to make a difference in our clients' lives and prefer to involve them to the greatest extent possible in the decisions that will

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help that to happen. While program and practice interventions need to be responsive to client needs, so does an evaluation. A bold way to increase client participation is to involve them in the evaluation as it progresses. The participatory action approach (PAR), described in chapter 2, is designed to do this.

### Interrelated with Other Goals

Programs and practice interventions can have one central goal or several interrelated ones. It often depends on what the problem is, the expectations of the agency provider, and the resources available. Interrelated goals are important because some goals cannot be effectively addressed without considering their interdependence with other goals. For example, a welfare reform program may emphasize one goal: clients' obtaining of jobs. Or the program could be more comprehensive, giving fairly equal emphasis to two or three interrelated goals, such as obtaining a decent-paying job, securing day care for the client's children, and securing a safe home for the family. A program that has a set of interrelated goals often tends to be more effective in helping clients than one with a single goal.

### Focused on Either Programs or Client Outcomes

Goals can focus on any number of things, including clients, staff members, and other program activities. Posavac and Carey (1997) identify three types of goals: setting up a program, implementing a program, and determining whether the program's services meet recipients' goals. All three types of goals are interdependent. Outcome goals for clients are the ultimate reason for having a program. In addition, outcome goals depend on a program that is fully implemented and that runs well, which results from implementation goals. Similarly, program implementation goals cannot be justified unless they benefit a group of clients who need them, which refers to planning goals.

#### *Example of Types of Goals (Posavac & Carey, 1997)*

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**Planning goals:** Goals that are involved in setting up a program (e.g., locating a satellite facility site for the program, hiring a team of five clinical supervisors).

**Intermediate goals:** Goals involved in executing or carrying out the program (e.g., admitting twenty-five qualified clients, providing weekly supervision of each direct-care worker).

**Outcome goals:** Goals for clients to achieve as they complete the program (e.g., learn communication skills that help express anger verbally).

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### **Limitations of Goals**

Some goals for interventions have limitations that should be noted. These limitations overlap in some ways. They are not always easy to measure, they can be too theoretical or global, and they can be unobservable. Also, some goals are only discovered after a program has been implemented.

#### **Not Easy to Measure**

Many goals do not easily convert into measurable forms without losing some of their properties or meaning. A severe case of anxiety, for example, is a complex psychiatric condition to diagnose and measure. This is particularly the case when overcoming anxiety becomes a goal of a clinical program. In this instance, we often want to know not just whether the client has an anxiety disorder but also the severity of the anxiety and what constitutes improvement or decline. In practice, changes in a severe anxiety disorder can be most easily detected by a clinical social worker who uses qualitative questions individualized to a particular client's sources of anxiety and other circumstances. Obtaining a standardized quantitative measure of improvement in an anxiety disorder appears to be more challenging. However, existing standardized scales with established properties of validity and reliability may be another way to measure whether such a goal has been reached, even though the scales may miss some subtle but important properties of this psychiatric condition.

Other goals may be fairly easy to convert into measurable forms but difficult to measure practically. In this case, methodologies are sometimes lacking for obtaining valid data, such as when reliance depends on a client's self-reporting. Many types of behaviors that are considered personal and private can be intentionally distorted. Clients typically underreport alcohol and drug consumption. Reporting of abuse by perpetrators and victims is also challenging to measure, as is accurate disclosure of safe sexual practices like condom use and number of sexual partners.

#### **Too Theoretical**

Many program and practice interventions are constructed from an abstract model that begins with theoretical notions of goals. Such theoretical goals are difficult to measure empirically. For example, many mentoring programs for young African American teenage males offer a surrogate father for a parent who is missing or unavailable in the biological family. These programs typically choose outcome goals for the teenagers such as developing a healthy male identity, preparing to become an active father, and contributing to the well-being of the African American community. Although several overt indicators of the theoretical notions may come to mind, measuring them as they were intended in their theoretical form becomes more challenging.

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### Too Global

Other goals of interventions begin as global outcomes that are expected in the larger community or society, such as reducing the number of homicides or drug trafficking. One small program may be able to address these larger social problems in very limited terms, but many other causal factors beyond the reach of the program are difficult to influence. In other words, a global goal may be very difficult to link to one small program focused on a small number of people and their immediate social circumstances.

An example of a global goal for a community program is reducing the number of divorces in a community of seventy-five thousand people. The community group First Things First, in Gastonia, North Carolina, established a premarital group-counseling program for couples sponsored by local churches, synagogues, and mosques. The hope is that the program will have an impact, however small, on the divorce rate. However, they need help in considering less global goals, such as participants staying together, particularly during the challenging years of early marriage. Reducing the number of divorces in their community, while relevant and noble, is something that the group had to admit was much bigger than anything it could tackle on its own. The group came to realize that the divorce rate has multiple causes, many of which were beyond its influence and ability to change.

### Unobservable

Many goals that are important for programs to influence are internal aspects of human functioning, including people's attitudes toward themselves and others, their feelings, and their cognitive mental processes. Take racial attitudes, for example. A program may be set up to improve its members' attitudes toward one another in a culturally diverse community. Such a community could have, for example, African American, Latino, and white members who have lived there for several years, along with recent immigrants from Mexico, Central America, and/or Iran. In this case, positive racial and ethnic attitudes could be a crucial ingredient in helping such a community function well. Racial attitudes have been measured numerous times in the past, primarily using surveys. Yet we know that such surveys have many limitations: they often do not elicit totally honest reporting of attitudes, particularly deep-seated attitudes that are difficult for a person to express when faced with self-perceived racial conflicts or threats. A challenge for such programs is to find more accurate, in-depth ways to uncover these deeply seated and distorted thought processes and how they can change over time.

### Unintended Goals

Without question, it is essential to identify the goals of a program during the planning stage. This often takes place as part of a larger effort to de-

scribe the purpose of a program and the expected outcomes. Nevertheless, unanticipated or unintended goals can also emerge once a program is implemented and may become as important as the initial goals. When this occurs, which can be often, it is recommended that the new goals, if relevant, be added to the existing ones but not replace them. In this case, measurable objectives should be quickly crafted for them and evaluation data collected as part of an overall evaluation plan.

Identifying unintended goals during program implementation is helpful. Program providers can then address them by adding a new program component or giving new emphasis to collaboration and referrals to other agencies. For example, adding a special referral component to a program is important if an unanticipated client problem is identified that is related to the existing goals but that falls outside of the program's focus and resources.

Unanticipated goals can easily emerge as staff members become more familiar with their clients and their needs. For example, conversations with some teen parents in a family-planning program revealed that some teen mothers viewed pregnancy as a prize if the father was popular or a well-known athlete (Dudley, 2007). Such a discovery could drive the program to expand its attention to this faulty viewpoint and to the importance of the father's responsibilities; it could also drive the program to target such popular guys for outreach as well.

### **Crafting Measurable Objectives**

As indicated at the beginning of the chapter, every intervention should have a set of goals to provide it with direction and an end result. A second principle naturally follows this one: goals should be accompanied by specific measures or indicators that can inform whether they are being reached. These specific indicators are measurable objectives. The educator Mager (1997) describes a concise and entertaining way to learn how to develop measurable objectives within educational settings; his writings are primarily concerned with measuring students' performance in the classroom. With some modifications, Mager's conceptual material has been applied to evaluations in the human services.

### **Defining Measurable Objectives**

Measurable objectives are statements that identify indicators of whether a goal is reached by one client or a set of clients. Let's first look at measurable objectives for clients at the practice level. Typically, each goal has several measurable objectives, as each objective may reflect only one small aspect of the broader goal. A social worker developing measurable objectives should begin by selecting a specific time in the future (e.g., two weeks, six months) and imagining what would be expected of a client at that time and

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how it will be manifested in measurable objective terms. For example, the social worker might determine that the goal is to improve a client's parenting skills. In this case, the goal can be that the client will have improved parenting skills with a particular child six months from now. Next the social worker and client can think of several indicators of improved parenting skills six months in the future. They may come up with such items as verbally (not physically) express anger toward the child nine out of ten times, or set a time limit when permitting the child to go out to play.

### *A Goal and Measurable Objectives for Mr. Lopez*

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**Goal:** Mr. Lopez, a frail elderly adult, will remain as independent as possible in a minimally supervised living facility in his community.

**Measurable objectives** in eight months: Mr. Lopez will

- Wash his own clothes once a week
  - Attend all of his meals in the dining hall
  - After reminders, take his required medications in the morning, at noon, and before retiring
  - Attend one or more social events offered by the facility each week
  - Attend the religious services of his church in the community at least twice a month if a volunteer is available to drive him to the church
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As you can see in the example of Mr. Lopez, the goal to remain as independent as possible is rather vague and impossible to accurately measure as stated. In this case, Mr. Lopez is living in a minimally supervised living facility and must remain fairly independent to avoid placement in a living facility for more dependent older adults. Remaining independent would mean different things to different people, so this goal needs specificity that is most relevant to Mr. Lopez's functioning at the facility. As the five measurable objectives indicate, independence for Mr. Lopez refers mostly to taking care of his clothes, eating in a dining hall, taking his medications, having some social contact, and participating in the religious life of his church.

### *Larger Goals*

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Goals can focus on larger systems as well. Two goals that focus on the impact of community-level interventions are described next. The first focuses on cleaning up a neighborhood and the other attempts to promote better cross-cultural relationships. Each goal has three measurable objectives.

**Goal:** Neighborhood volunteers will improve the appearance of a neighborhood.

1. Neighborhood volunteers will clean at least twelve empty lots.
2. Neighborhood volunteers will remove at least twenty-five abandoned cars from the neighborhood within six months.
3. Ten neighborhood volunteers will sweep targeted areas of the neighborhood on one Saturday morning in February.

**Goal:** Southeast Asian and African American neighbors will improve their relationships in the Logan neighborhood.

1. The Logan neighborhood will increase the number of requests for the Human Relations Council to become involved in resolving neighborhood conflicts in February over January.
2. The Logan neighborhood will decrease the number of police calls resulting from neighborhood conflicts in February so that they are less than January.
3. After electing co-leaders (one African American and the other Southeast Asian) for a neighborhood block, the Logan neighborhood will sponsor (gather) neighbors for one block party on a Saturday that involves at least 25 percent attendance from each racial group.

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Writing measurable objectives is known as “crafting.” Crafting suggests that this task is as much an art as a science. Essentially, there is not one perfect way to craft objectives. Each set of measurable objectives crafted for a goal can be uniquely applied to a particular client or group of clients. Several different outcomes may be considered and the wording can vary widely. Ideally, objectives are formulated after extensive discussion between the social worker and the client about what the client wants to achieve and what seems realistic. The worker is primarily a guide in helping clients articulate what makes sense to them and, at times, suggesting various ways to state the objective.

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***Example of Measurable Client Objectives in a Palliative Care Facility***

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Needham and Newbury (2004) conducted a study in a hospice agency of explicit goals (or measurable objectives) crafted by the patients, caregivers, and staff members as part of a clinical audit. Over six months, 79 percent of the patients set goals, along with 63 percent of the caregivers and 98 percent of the admissions staff. Examples of patient goals include being able to eat properly, being able to get out of bed, being able to be well, not having to take drugs. Of

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the ninety-seven patients who set goals, one-third were completed directly by the patients and two-thirds required assistance from staff members.

### Objectives for Clients, Not Staff Members

Sometimes an agency uses the term *measurable objective* to measure outcomes for service providers, such as, “The social worker will provide a psycho-educational group service for ten sessions to clients,” or “The social worker will help the client find a job.” These are examples of measurable objectives that focus on staff interventions, not client outcomes. These objectives are appropriate ones, but they are not client outcomes.

Goals are often confused with the processes or the means of reaching goals. In this case, students sometimes mistakenly identify the activities of staff members as the measurable objectives for a client’s goal. In the preceding example of Mr. Lopez, measurable objectives could be mistakenly identified as teaching Mr. Lopez how to use the washing machine and dryer or contacting a church volunteer to pick him up for church. In other words, both goals and measurable objectives typically focus on the client, not on the activities of staff members. In brief, measurable objectives are indicators of the changes sought for clients.

### Three Properties: Performance, Conditions, and Criteria

Measurable objectives have three properties (Mager, 1997): performance, conditions, and criteria. A performance is always necessary to have in an objective, while conditions and criteria are often helpful but not required. Usually, conditions and criteria provide details that are helpful in understanding the objective.

#### *Three Properties in a Measurable Objective*

**Performance:** what a person is expected to do

**Conditions:** prior circumstances or conditions needed before performance can be expected

**Criteria:** standards of acceptable performance reflected in such things as speed, accuracy, or quality

*Performance.* A performance is an action that a client is expected to take. The performance is required in every measurable objective because it describes the outcome that is sought. It should be an overt, observable action word, rather than an abstract or covert word.

For practice, try to identify the words in the following list that are observable or overt:

- Write
- Count
- Understand
- Ask
- Accept
- Attend

You were correct if you selected *write*, *count*, *ask*, and *attend* because each is an overt “action” word that you can observe. Any of these words could be selected as the performance in a measurable objective because they can be observed as happening or not. In contrast, the word *understand* is not overt or readily measurable. How do we know when our client understands something? Usually we have to ask a question and the answer can reveal understanding. So we could replace the word *understand* with *correctly answer* as the performance. In this case, we would be able to either hear or observe on a questionnaire whether the client gives the correct answer. *Accept* is another abstract word that social workers often use, and while it is an important term for social work, it can be easily misunderstood because it can mean different things to different people. Can you come up with another word that is like *accept* but overt or observable?

***Some Suggested Performance Words to Use in Measurable Objectives***

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Choose	Find	Quote
Distinguish	Identify	Repeat
List	Recite	Spell
Read	Speak	Give
Restate	Tell	Match
Separate	Summarize	Select
Sort	Name	State
Write	Eat	Use
Attend	Ask	Call

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Sometimes, a performance needs an overt indicator, a word or phrase that is added after a performance to help make it more observable. For example, “comply with instructions” is the performance in the measurable objective “The child will comply with instructions given by her mother.” This performance may not be clear to some people, so an overt indicator can help. In this example, adding the overt indicator “follow them” helps. The objective can now read, “The child will comply with instructions (follow them) given by her mother.”

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“Provide documentation” is another example of a performance needing an overt indicator in the objective “The client will provide documentation of his citizenship (show his social security card) to receive food stamps.” In this case, “show his social security card” is the overt indicator that indicates the documentation that he will provide.

*Condition.* A condition is the second important factor to consider in crafting measurable objectives. A condition refers to a prior observable circumstance that takes place before a performance can occur. Conditions often begin with words such as *if, after, as, during, when, while, with, or unless*. For example, a measurable objective for a student enrolled in an evaluation course could be, “After identifying an agency’s program goal, a student will write three objectives that will measure whether the goal has been reached.” In this example, the condition that needs to occur before a performance is expected is “after identifying an agency’s program goal.” Now let’s go further with this objective. What is the performance? You are correct if you decide the performance is “write.” When you think about it, it makes sense that a goal has to be identified before you can write objectives for it. You could also say that the performance is “write three objectives.” However, the word *three* is actually a criterion for the performance. So you could more correctly say that the performance is “write” or “write objectives.”

Sometimes conditions are located in a measurable objective statement after rather than before the performance. For example, in the measurable objective “The client will say ‘please’ when asking for anything to be passed to him while eating dinner,” can you identify the condition in this case? The performance?

You are correct if you identified the condition as “when asking for anything to be passed to him.” Another condition is “while eating dinner.” Both conditions make sense with this objective, as it would not make sense for the client to say “please” without asking for something to be passed or if he is not eating.

*Criteria.* The third property often included in a measurable objective is criteria. Like conditions, criteria are not required in an objective but usually can add helpful details to define the objective. A criterion is a standard of acceptable performance, and is sometimes referred to as a quality that is expected in the performance. For example, an objective may be crafted for a client such as, “The client will attend Alcoholics Anonymous meetings.” A criterion can be added to this objective to give it more detail and clarity: “The client will attend AA meetings weekly for twelve months.” In this example, the criterion “weekly for twelve months” is added to the expanded version of the objective.

Criteria can describe any of the following qualities of the performance:

- Duration (e.g., six months)
- Frequency (e.g., five job interviews)
- Repetition (e.g., eight of ten times)
- Degree of accuracy or progress (e.g., 70 percent or more correct answers)
- Speed (e.g., complete the assignment in ten minutes)

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***Example of Performance, Condition, and Criteria***

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The subsequent goal for clients has three measurable objectives and was crafted for several clients receiving services in a mental health outpatient program. Can you identify the performance, condition, and criteria in each measurable objective? (The answers are in appendix C.)

*Goal:* Clients will increase compliance with medication appointments.

*Objective A:* If clients wish to remember the dates and times of medication appointments, they will write the time of their next appointment on a calendar.

*Objective B:* If transportation is needed to appointments, clients will call to arrange for it at least two days prior to the appointment.

*Objective C:* If clients are ill or otherwise cannot come to their medication appointment, they will call and reschedule their appointment more than twenty-four hours before the missed appointment.

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Although the chapter has thoroughly covered how to craft goals and measurable objectives, it has not considered how to involve stakeholders. Martin and Kettner (1996) offer a simple three-step approach to include stakeholders:

Step 1: A focus group representing the stakeholders is convened and informed about the most recent, widely accepted research and conceptual frameworks, theories, evaluations, and practice experiences pertinent to a proposed program. In addition, the social problem to be addressed by the program and assumptions about this social problem are made explicit and discussed.

Step 2: The focus group is asked to identify, discuss, and consider as many goals and measurable objectives for the proposed program as it can.

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Step 3: The group arrives at a consensus on the best goals and measurable objectives.

### Summary of Principles

In brief, measurable objectives are statements that usually have four elements: conditions, subject, performance, and criteria. The subject and performance are necessary in every objective, while conditions and criteria are not required but are usually preferred. The subject is the client in most cases. The performance is the action verb describing what the client will be expected to do at the point in time when the goal is reached. Conditions, such as interventions by the social worker, are necessary to implement before the performance or action verb can occur. The criteria provide a standard of acceptable performance and could take the form of one of the standards introduced earlier (e.g., duration, frequency, degree of accuracy).

Several principles about goals and measurable objectives have been discussed that are important in crafting a measurable objective:

- Goals and objectives should be useful and have meaning to both the client and the agency.
- Objectives, like goals, are outcomes, not means.
- Crafting objectives is partially an art; there is no one perfect way to craft them.
- An overt indicator is a word or phrase added to the statement in parentheses after a performance to help make it more observable.
- Conditions typically are located in a measurable objective statement before the performance, though they can be located after the performance.
- Criteria are often needed in addition to the performance to indicate the level of quality of the performance expected.
- Criteria refer to a special quality of the performance (e.g., duration, accuracy, speed).

### *Exercise Regarding a Short-Term Goal and Its Measurable Objectives*

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Identify the performance, conditions, and criteria in each of the following measurable objectives crafted for victims/survivors of domestic violence (Fenske, 2006) (answers are in appendix C):

*Goal:* Clients will decrease their depressive symptoms.

*Measurable Objective A:* When feeling depressed, clients journal their feelings, thoughts, and behavior 80 percent of the time.

*Measurable Objective B:* At the outset of depressive feelings, clients demonstrate (carry out) one positive coping skill one out of three times.

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Additional suggestions can help craft a measurable objective statement:

- List only one objective in each statement or sentence.
- Clients are usually the subject of statement, unless the focus is on staff members.
- Think of the performance as only the action word and not the words that follow it.
- Leave out of the measurable objective the intervention used by the staff member to reach the goal; it only tends to clutter it.
- A condition can sometimes be confused with either criteria or the subject. Therefore, it is a good idea to list the condition prior to the subject and performance.

### ***Exercise***

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What's wrong with each of the following measurable objectives?  
(The answers are in appendix C.)

1. Clients will meet with their counselor and take their meds.
  2. The social worker will meet with the client for five counseling sessions to help the client express his or her anger verbally.
  3. The father will spend nurturing time with his three-year-old son.
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### **Differences between Program and Practice Objectives**

Often it is difficult to distinguish measurable objectives of program and practice. As indicated previously, a measurable objective statement typically has the following elements in this order: conditions, subject, performance, and criteria. Typically, both program and practice objectives will have all these elements. Then how are they different? Practice objectives are usually more detailed and unique to a particular client, whereas program objectives are stated in more general terms to reflect the circumstances of all or some clients who are recipients of services.

The subjects of programs are all or some clients in the program and may be referred to simply as “the clients”; the subject of a practice objective would be one particular client or client system who could even be named in the objective. Performance words could also be more specific for practice objectives because they can focus in on a specific action that possibly only one client would be expected to perform by a particular time. Likewise, conditions and criteria can be tailored more to the needs of one client in practice than to a group of clients in a program.

For example, an individual client with a substance abuse problem might identify a specific behavior such as “state something positive about myself in front of my family” or “go out to see a movie if I stay drug free for a week,”

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but this specificity may not be possible in an objective of a program. A program objective for a group of clients with similar circumstances will likely be more general, such as “attend a fun activity outside the home once a week” without identifying further specifics.

### *Goals Promoted by the Council on Quality Leadership in Supports for People with Disabilities*

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The Council (1997), an accreditation organization, emphasizes the importance of personal goals for people who have developmental disabilities by taking the position that these people should define their own outcomes from their perspective and experiences. The Council emphasizes that there are no standard definitions of personal outcomes, as no two people will define them in the same manner. Instead, personal outcomes reinforce differences and diversity. The authors go on to say that helping clients develop their own personal goals provides three types of opportunities. First, it offers a way of getting further acquainted with the client; second, it provides a focus for organizing resources and coordinating supports to facilitate goals; third, the goals are the actual outcomes to be used to determine whether the client ultimately achieved what the agency intended.

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The accreditation organization the Council emphasizes the importance of personal goals that are truly those of the clients, even if the clients have severe cognitive disabilities. This is a good example to close on not only because it places significant emphasis on personal goals for this organization but also because it expresses the value that clients should be empowered to craft their own goals.

The next chapter describes evaluations during the second stage, the implementation stage. A range of types of evaluations can be conducted during the implementation of the program, the longest and most varied stage for evaluation activities.

#### **Key Terms**

- Characteristics of goals
- Conditions
- Crafting objectives
- Criteria
- Goals
- Limitations of goals
- Measurable objectives
- Overt indicator
- Performance
- Program versus practice objectives

### Discussion Questions and Assignments

Answers are found in appendix C.

1. What is needed to improve these measurable objectives?
  - The clients will be monitored by the appropriate staff while at the group home at all times.
  - After ten to twelve therapy sessions, the client will engage in negative self-talk 10 percent of the time.
  - When arriving for her appointment, the client will wait less than fifteen minutes to see the doctor 90 percent of the time.
  - During the school year, my client will turn in a progress report completed by teachers every week.
  - While at X agency, the mother will spend nurturing time reading to her child 100 percent of the time.
2. Identify a policy-level goal. Then craft three measurable objectives for the goal.
3. Identify the performance, conditions, and criteria in measurable objectives A and B:

*Goal:* Clients with a mental retardation label will strengthen their socialization skills.

*Measurable Objective A:* When introduced to a new person, the client will shake hands nine out of ten times.

*Measurable Objective B:* After breakfast, the client will make his bed before leaving for work.

4. Identify the performance, conditions, and criteria in measurable objectives A, B, and C (Guy, 2006):

*Goal:* Mental health clients will achieve optimum mental health.

*Measurable Objective A:* If prescribed, clients will take (swallow) the correct amounts of medication daily for six months.

*Measurable Objective B:* After ten to twelve sessions, clients will state four out of five techniques to control anxiety taught in sessions.

*Measurable Objective C:* When experiencing thoughts of self-harm, clients will ask for help from their identified support system within twenty-four hours.

5. Identify the performance, conditions, and criteria in measurable objectives A, B, and C (Guy, 2006):

*Goal:* John Doe will have stronger interpersonal skills.

*Measurable Objective A:* John will say, "Good morning" to six out of ten coworkers when arriving at work each morning.

*Measurable Objective B:* After six sessions, John will talk for ten minutes to one or two coworkers each week.

*Measurable Objective C:* When talking to others, John will look at the person's face 75 percent of the time.

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6. Identify the performance, conditions, and criteria in measurable objectives A, B, and C (Hawkins, 2006):

*Goal:* Clients will develop assertiveness skills in a group on assertiveness.

*Measurable Objective A:* After three group sessions, the clients will circle assertive comments and cross out aggressive comments on a worksheet and be correct eight out of ten times.

*Measurable Objective B:* After five group sessions, the clients will write two ways they were assertive.

*Measurable Objective C:* At the conclusion of treatment, clients will tell the social worker two things they liked and two things they did not like about group therapy without raising their voices.

7. Create a fictitious client with a problem and role-play a social worker and the client exchanging ideas about what to do. After the problem has been identified and thoroughly assessed, have the social worker help the client identify a goal and two measurable objectives in the client's own words. The worker's role is to ask questions that will help the client identify his or her goal and measurable objectives in his or her own words (e.g., What will it look like when you have reached your goal? How will you know that the goal has been reached? What will you be able to do or what will you be able to see when you have reached your goal?).

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