Partializing and Prioritizing

Clinicians help clients partialize goals; we help clients break major goals

down into component parts called *objectives.* There may be many objectives

within each goal. For example, recovery from alcoholism is a broad goal

within which there may be a number of specific objectives: to recognize a

problem with drinking, to attend AA meetings, to develop friendships with

people who are sober, to live in a stable home environment. The clinician has

to help clients take broad goals and partialize, or break them down into

component parts. In doing so, we take unitary concepts like “feeling more

independent” and identify their defining components.

**E X A M P L E O F P A R T I A L I Z I N G G O A L S**

*Clinician:* What goals do you think we should have for our work

together?

*Client:* I want to be more independent.

*Clinician:* How would that look?

*Client:* I’d have my own place, my own spending money and schedule.

*Clinician:* What kinds of things would need to happen for you to be

more independent?

*Client:* I would have to improve my English and get a job.

Often clinicians and clients can see problems as so enormous and lacking

in definition that they can feel burdened and overwhelmed. A feeling of

hopelessness can suffuse the work. By breaking goals down into concrete objectives

and talking about them in simple everyday language, tasks can feel

much more achievable and hopeful.

**E X E R C I S E 6.2** Partializing

Following is a list of goals that clients might have for their work with a clinician.

Partialize them into smaller objectives. In your journal, write down the broad goal,

and for each goal make a list of component objectives. Discuss your list with your

fellow students in class.

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*Freydia is a 27-year-old mother who has been using crack cocaine for 4 years. Her children,*

*ages 7 and 9, have been removed from her care by Child Protective Services and are*

*currently living with her mother. Freydia comes to the drug program saying: “I want to*

*get my children back.”*

*Thomas, a 20-year-old college sophomore, drops out of school. He has just been diagnosed*

*with schizophrenia. His mother has brought him to the day center saying she hopes that*

*“somehow he will be able to get back to college.”*

*Rad is a 49-year-old refugee from Bosnia. He was an engineer in Sarajevo, but now he*

*cleans buildings at night. He does not speak English well. He wants to get certified as an*

*engineer and get a job so he can bring his family to the United States.*

The clinician helps the client *prioritize* goals and objectives, ranking them

in order of their urgency or importance. The ranking of priorities has to take

into account client capacity and motivation to work on selected tasks within

and between visits, the likelihood that achieving selected objectives will

have positive consequences, and the availability of resources that might be

required to achieve those objectives.

Where feasible, we prioritize a relatively easy goal or objective so that

the client can experience mastery, which will fuel further efforts. Every effort

is made to *stage the work* so that, where possible, small successes build on one

another.

**E X A M P L E**

*Clinician:* What would be your first step in becoming more independent?

*Client:* Get a job first, I guess; then I can pay my bills.

*Clinician:* What kinds of things would you have to do to get a job?

*Client:* Well, I would have to go out on interviews.

*Clinician:* Are there steps you would need to take before that?

*Client:* Well, first, I guess I would have to start reading the want

ads . . . I’d have to start buying the paper first.

Priority setting is also affected by the needs and feelings of others in the

client’s family or social system. Different stakeholders may have different

goals. For example, Davey’s mother wants him to smile more. Davey may

want his parents to stop fighting, or Davey may want to have his mother less

concerned about whether he smiles or not. The parents of Thomas, the

young man with schizophrenia, may stipulate that he can live at home only

if he stops smoking in the house. Giving up smoking may not be Thomas’s

goal at all, but since he needs to live at home, realistically he will have to

change his priorities and accommodate his parents’ wishes; perhaps all can

agree that Thomas can smoke on the back steps. It may even turn out that

this “smoking” issue masks other fears regarding his condition.

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The demands of the larger society can also intrude on priority setting.

Freydia, the woman who wishes her children back, might set getting sober

and getting work training as priorities. However, in conversation with the

clinician, Freydia realizes that she is going to have to include a mandated 6-

week parenting course in her priorities.