

# Goal Setting Process: Supporting Choice in a Feminist Group for Women with Alcohol Problems

Christine Flynn Saulnier

**ABSTRACT.** Women who seek help for alcohol related concerns may have goals ranging from maintaining abstinence to moderating or simply monitoring their drinking. Facilitating a group when participants' goals vary is challenging but not impossible. The potential for slipping into the common stance of identifying abstinence as the most desirable goal can be avoided by sensitive group facilitation. This paper describes how a feminist group intervention employed the group process to support decision-making across a range of goal choices; it provides some guidance on how social group workers can assist in the difficult work of identifying, clarifying, and working toward self-selected goals. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Goal selection, group process, alcohol groups, feminist groups, client empowerment, goal choice, self-determination

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Choose your own goals. The concept is central to self-determination and to social work and feminist practice. Unfortunately, client choice concerning goals is unusual in alcohol or drug (AOD) treatment, making it difficult to be consistent with either social work values (Saulnier, 1997) or with feminist practice principles (LaFave and Echols, 1999). But choice belongs in AOD interventions, no less than in other social work practice. Working with a group of women who have chosen a range of goals, from abstinence to moderate drinking, presents special challenges for the facilitator, who must support each woman in her choice and be aware of the potential for nonproductive conflict among women with different goals. In addition, the facilitator needs to assist participants in supporting each others' goals.

Groups are quite commonly used in AOD intervention. They have been found to be effective for women concerned about alcohol problems (Kauffman, Morrison, and Nelson-Zlupko, 1995). Literature describing or demonstrating the process of implementing AOD groups for women is scarce, however. This paper describes how a feminist group work intervention for women concerned about their use of alcohol employed the group process to support decision-making across a range of goal choices.

## **BACKGROUND**

### ***The Place of Group Work in Alcohol and Drug Intervention***

Groups are cost effective, widely used, and the intervention preferred by many practitioners and people seeking help for alcohol and drug problems. Studies of their efficacy have produced varying results, depending on who the participants were (Fiorentine, Anglin, Gilrivas, and Taylor, 1997), what outcomes were considered successful (McKay et al., 1997), what type of group was offered (Kaminer, Blitz, Burleson, Kadden, and Rounsaville, 1998), what control group was chosen, if any (Zinc and Littrell, 2000), how well practitioners adhered to protocol (Copeland, Hall, Didcott and Biggs, 1993; Kaminer et al., 1998) whether additional problems were being treated (DiNitto, Webb, and Rubin, 2002) and how long post-intervention data were collected (McKay et al., 1999), among other variables. Results of several studies suggest that women are more likely to be engaged in treatment if groups are available (Fiorentine, Anglin, Gilrivas, and Taylor, 1997), particularly single-sex groups designed specifically for women (Cope-

land, Hall, Didcott, and Biggs, 1993; Coughy, Feighan, Cheney, and Klein, 1998; Najavits, Weiss, Shaw, and Muenz, 1998). Despite mixed outcomes, groups are often selected as the preferred alcohol and drug intervention for women, in part, because they present an ideal format for addressing women's problems. By focusing on the individual, her community, and the effects of sexism on women, groups can address the complexity of women's alcohol and drug problems (Saulnier, 1997) and groups can use the power of interaction with peers to identify person-specific goals and to support women as they strive to achieve them.

### ***Rationale for Choice: Social Work and Feminist Values***

People who seek help for their alcohol problems are generally interested in learning how to eliminate problem drinking, but many have no interest in abstaining completely from alcohol (Hodgins, Leigh, Milne, and Gerrish, 1997). In most agencies, a plan other than abstinence would be met with an assessment of "denial," that is, clients are assumed to be out of touch with the extent of their problems and unaware that the best goal choice is to quit drinking entirely. Workers try to persuade people with moderate drinking goals to choose abstinence instead. Clients who continue to drink, or who do not agree to abstinence as a goal, are commonly refused services.

Imposing a goal of abstinence on people with alcohol problems conflicts with feminist principles of choice and empowerment, and the social work commitment to client self-direction. To practice within the professional value framework requires the ability to respond to varying needs and interests of women who seek help with alcohol problems. In this way, social workers can foster empowerment and encourage women to take control over their lives, including their consumption of alcohol. Sanchez-Craig, Spivak, and Davila (1991, p. 169-170) contrasted the messages of powerlessness and lack of control, so often found in traditional alcohol treatment, with a program in which people were encouraged to choose their own goals, including drinking in moderation.

Some programmes demand that clients be prepared to acknowledge their lack of self-control as the initial stage of the recovery process. Our programme is designed for those who cannot reconcile such an admission with their beliefs about themselves, and are determined to control their own behaviour. Where we see a strength that is the foundation of success, others may see a self-de-

lusion that is the harbinger of failure . . . Where a client expresses a different view of his or her condition, that view is *accepted as valid*, and referral is made to a programme of congruent philosophy. (emphasis in original)

Feminist and other social work practice that supports self-determination assumes women can control themselves and their behavior, despite having alcohol problems (Sanchez-Craig, 1990). Notwithstanding the discomfort of practitioners trained only in abstinence based models, there are other options available. Broadening the options may appeal to women who are not interested in abstinence-focused interventions.

### ***Literature on Goal Choice and Alcohol Problems***

Positive outcomes have increasingly been noted when people with alcohol problems chose whether they wanted to work toward abstinence or decreased consumption (Booth, Dale, Slade, and Dewey, 1992; Dean, 1983; Öjehagen and Berglund, 1989; Sanchez-Craig, 1990). Unfortunately, alcohol treatment in the United States is divided into two camps, those who support abstinence as the only viable goal for people with alcohol problems and those who support the option of reduced drinking as a goal for some people (Ambrogne, 2002) with the majority of service providers identifying non-abstinence as an unacceptable goal (Ambrogne, 2002; Rosenberg and Davis, 1994). When asked about preferences for goal selection, however, 87% of outpatient clients in one study reported a preference for choosing their own goals and felt that goal achievement was more likely if they selected their own goals (Sobell, Sobell, Bogardis, Leo, and Skinner, 1992). Some clinicians allow clients to select a goal after advising them of what experts would likely advise (Vanicelli, 2002), but presenting an expert opinion before a woman can think through her own goal may undermine her faith in her ability to be self-directing. Although controversial, particularly for those with the most serious alcohol problems (Ambrogne, 2002; Larimer and Marlatt, 1990) successful goal attainment seems to be at least as likely when clients choose a goal as when clinicians do (Booth, Dale, Slade, and Dewey, 1992).

### ***Choice in Groups: Potential Problems and Solutions***

The option of choosing goals introduces a new element into social group work: people in the same alcohol intervention group could have

different goals. Several factors may mitigate against participants' ease in dealing with difference in choice of goals, for example: (1) a need to enhance the sense of sameness among group members, and the closely related tendency to slip into the assumption that eventually everyone should and will select abstinence as a goal; (2) participants' prior experience in abstinence based programs; (3) women's doubts about their ability to control or manage drinking; and (4) the possibility of nonproductive conflict among women with varying goals.

Women Concerned about Alcohol (WCA), a feminist group work approach, was developed to address the needs of women who are concerned about their use of alcohol, who wish to maintain control over their choice of goals, and who may benefit from a group worker's help in avoiding or resolving the potential problems listed above. Depending on the needs of the specific women in the group, and on the stage of group development, the group facilitator varies the style and level of intervention. The following section briefly describes WCA. (For more detail about the WCA model, please see Saulnier, 2003a. For a discussion of research methods, please see Saulnier, 2003b.)

### ***Women Concerned About Alcohol (WCA)***

Women participate in fourteen-week, professionally facilitated support groups in which participants discuss alcohol related problems and the effects of the interaction between the individual and her environment. Pre-planned topics range from individual reasons for drinking, such as low self-esteem, to interpersonal pressures and community and larger systemic pressures, such as sexism. Participants discuss how their alcohol consumption patterns may be initiated or sustained in response to these factors. The purpose of WCA is articulated at the beginning of each of the first several sessions and revisited throughout the 14-week series of meetings. It is: *to help women specify, clarify and work towards alcohol-and drug-related goals of their choice.*

A pre-group interview is conducted with each potential participant. The interview is important as an opportunity to explain how WCA differs from traditional services; it is structured and includes questions about the woman's prior experiences getting help for alcohol or other problems, and preliminary thoughts about her goals for herself. The interviewer and potential participant have the opportunity to assess whether the match is a good one or an alternative would be more appropriate. For example, someone who recently decided to abstain from using alcohol or drugs may be uncomfortable in a group with women who do not seek

abstinence; a participant in a 12-Step program may not be well served in a group where many of the participants are dissatisfied with that model; someone who has very serious alcohol or drug problems may need to supplement participation with attendance at a more intensive program.

The women are invited to identify their alcohol and drug consumption goals in the first session; the goals are revisited as individuals bring them up and participants are asked to articulate any changes in their goals and assess progress towards goal attainment at least twice before the 14th session. The alcohol related goals chosen by WCA participants tend to fall into four categories: (1) self-knowledge, or achieving a better understanding of drinking patterns; (2) decreased or altered consumption; (3) abstinence achievement; and (4) relapse prevention or abstinence maintenance. The facilitator asks participants to agree to refrain from using alcohol for 24 hours prior to each session to ensure that everyone is clear minded enough to work on their goals.

The following sections demonstrate how a facilitator uses group work process to assist participants in articulating, clarifying, and working towards the goals they chose for themselves. A word about how excerpts are labeled here: Groups based on the WCA model were offered to nine cohorts of women, starting with two pilot groups. The subsequent groups were lettered A through G; the sessions were numbered 1 through 14.

### *Goal Articulation and Clarification*

Goal articulation and clarification in WCA groups is a complex process. A participant has to decipher the best goal for herself, then garner support from others—who often have different goals. In a first session of new participants, the facilitator expands on the range of options for goal choices to enumerate the possibilities. Such goals could include: observing one's alcohol consumption patterns and deciding whether to alter them; maintaining current alcohol consumption level; changing the setting of consumption, for example, from drinking alone to drinking only with others; changing the timing or frequency, for example, drinking only on weekends, only on special occasions, monthly rather than weekly, every-other-day rather than daily; decreasing the quantity of consumption; eliminating drunkenness; abstaining entirely from alcohol; getting support for already-achieved abstinence—often referred to as relapse prevention, or some other goal mentioned during the pre-group interview. The list of goals is presented as valid choices and

the women are informed that some goals will be clarified during the group sessions while others will change.

The following excerpt is from Group D, session 1. Group D started in January. In this group, early conversation was supportive and closely linked to the purpose, again: *to help women to specify, clarify and work towards an alcohol related goal of their choice*. The discussion about goals was interactive and to the point. Rosa, Marta, and Martha (all pseudonyms were chosen by participants) were returning group members, that is, they had been in prior WCA groups, but not together. As experienced WCA participants, they started off the discussion by specifying their choice of alcohol related goals, at the same time demonstrating that variations in goal choice really are acceptable. Milinda and Deirdre responded by specifying their own goals. Thus, there was no need for the facilitator to intervene until later. The facilitator's silence demonstrates faith in participants' ability to help each other specify and clarify goals that will work for each individual. This does not absolve the facilitator of responsibility for encouraging people to make their own choices rather than uncritically adopting the traditional goal of abstinence, so the facilitator intervenes a bit later to support a range of goal choices.

*Rosa:* I was drinking daily to relieve the anxiety, and, obviously, it's not a good long-term solution. Anyway, I had what I considered to be a drinking problem. It developed over the last couple of years and I was suffering from some emotional problems as well, and I came to the group and I continued to drink daily—with the goal of quitting at some point, which I did in September. I haven't had a drink in about four and a half months now, and I signed up for the group again because it's a good support for me, and it helps me not drink, and I think the interaction in the setting of a group is helping. [*Goal: prevent relapse or maintain abstinence*]

*Martha:* I want to develop some limits for myself, some goals for myself and see. The last time, what worked for me best was to analyze the patterns around why I was drinking, what were the triggers and things like that. So I'm back here to try to further that search. [*Goals: self knowledge and alcohol related goal setting*]

*Deirdre:* For me, I think that (joining this group) had a lot to do with—it seems like the openness of ideas, that it isn't one set goal

for everybody, and one set idea about right and wrong. [*Goal: not identified yet*]

*Marta:* I think I see this as a supplement to maybe some other step I will take, and I think that, because of where I am, in the process of . . . not really quite ready to completely stop drinking—although that wasn't what my goal was. I may actually, eventually get to that point. But I think I see this as a way for me to examine . . . what I need to do and, maybe, as you [Martha] were saying, look at the triggers and get a little more control over those, or a little better understanding of those. I enjoyed coming to the group before, and even though my drinking patterns didn't really change very much, I think they will this time. [*Goals: self knowledge and decreased or altered consumption*]

*Milinda:* My ultimate goal down the road—the same as yours, Martha, would be to [decide] “Oh, I can do with it or without it.” Sometimes I do feel the pressures of it through my job when I'm out entertaining my brokers, and that's a part of my job. I can't possibly let them drink alone cause I'd feel bad for them. So, my goal—I don't know what my goal's gonna be yet, specifically. Hopefully, it'll be that I'll be happy with my drinking pattern and that it would be shameless. That's what I'm hoping. [*Goals: immediate goal: peace with current drinking pattern; long term goal: consider abstinence*]

*Martha:* One of my goals is to analyze it so I can find out some clues about my own behavior. But, then when you come to the group, there's a dialogue and everybody's kind of on the same page because we have the same issue—the same outline, and I guess that's kind of what helps. I mean I'm the one who has to do the changing, but the group provides the context and the dialogue.

*Deirdre:* I would like to not be drinking at all. But, when I think about that, the terror and anxiety that runs through my whole being when I think about not drinking at all . . . [*Goal: tentative, fearful consideration of selecting abstinence*]

*Facilitator:* (sensing Deirdre's fear and wanting to deflect her move toward a goal that may be unrealistic and overly discouraging at present) That's a tall order.

*Deirdre:* It's overwhelming.

*Rosa:* That's exactly how I felt seven or eight months ago. I just—I knew that was what I needed to do, but I just couldn't even imagine it. And now my goal is to continue not drinking, and to be able to be more comfortable in more situations than I have been.

*Facilitator:* (to group as a whole) Goals. Where do you want to be 14 weeks from now?

*Marta:* Well, I guess I'd like to see myself going longer stretches of time without drinking cause I pretty much drink every day, and I haven't had anything to drink for four days now. And I think I'd like to get into a place where I feel pretty comfortable about that, as opposed to being anxious about it. And not be making deals with myself. [*Goal: further clarification of change in drinking pattern*]

The next vignette demonstrates how the facilitator weighed the match between participant need and the goal selected. The same participants were asked about their goals in the fourth session. As is often the case, the facilitator intervened when conversation centered around sameness, in the form of abstinence as a goal. The facilitator needed to remind participants that difference is positive and that variation in goal selection is appropriate. Martha said that she had moved from her initial goals of self knowledge and trying to set an alcohol related goal. After considerable thought, she selected abstinence as a goal and she needed support for her choice. Because Martha was an articulate, forceful speaker and had standing as a senior member, both in terms of age and prior participation, the facilitator needed to guard against her having undue influence over other members' choices.

*Martha:* Well, before I came here . . . I would have said that my goal was to develop social contacts that were healthier, and to be in a network of lesbians where alcohol wasn't—it doesn't have to be absent. It could be there, but where we would find better things to do, because you're gonna feel better if you drink less and you can do lots more fun things. That's what I would have said. But, now that we've had these conversations . . . I'm thinking—who the hell am I kidding? I can't just drink sometimes. When is that going to

happen? I've been drinking every day for too long. I'm going to have to stop drinking.

*Facilitator:* Maybe. But I don't want to leave everyone with the impression that abstinence is the only answer. It's absolutely the correct answer for some people. I'm concerned about anybody who drinks on a daily basis, regardless of the amount, because we don't know what Martha's like without alcohol. We don't know.

*Martha:* Well, what I would have for a 14-week goal would be to not drink every day, and to go for maybe a week or a couple of weeks or something like that, and see how it feels.

*Facilitator:* So I guess you're pretty clear that the goal is abstinence.

*Michaela:* I have to. I can't afford to mix and match and experiment at this point.

*Facilitator:* Yeah.

*Michaela:* It's not the time. Maybe in, like, five years, if I feel like I don't care, I envy all of you having choices, but I don't have any more.

*Vickie:* (looking toward the facilitator) Well, my religious leanings require abstinence, so that was my goal.

*Facilitator:* Was or is?

*Vickie:* Well, it was when we had our [pre-group] meeting.

*Facilitator:* Yeah.

Here the facilitator acknowledges that abstinence was the pre-group goal for Vickie, but hearing the question—does my religion choose or do I choose?—leaves open the possibility of considering a range of options. Helping a woman claim the right to question whether some aspects of her religion are helpful for her is a sensitive issue. Feminists have long supported women in their questioning of key social institutions and the beliefs espoused by those institutions. This needs to be done respect-

fully, to honor individuals' conflicting feelings about areas as sensitive and important as religion. In this case, the facilitator simply articulated the question Vickie seemed to be asking.

The cohorts moved through stages of group development at slightly different paces, despite using the same model and having the same facilitator. This seemed to depend on the needs and capacity of the particular participants, but might be slowed by participants having varying goals. In the following, more detailed example, the group had been meeting for a similar length of time as in the previous excerpt, but in this case participants relied less on the facilitator and more on each other to specify and clarify goals. Marta is back for a third time. The rest of the participants are new to WCA. This is group E, session five. In this excerpt, both the facilitator and the participants support goal clarification and work plans. Initial goals had been specified. The work of this segment was to help participants clarify these goals and outline their personal work by identifying, as much as possible, specific objectives towards which they will work. The facilitator starts with a clarification question.

*Facilitator:* What's your goal for yourself at this point?

*Marta:* Well, mine was to—initially, it was to be able to drink socially and then it changed to being sober and it's remained that, and hasn't changed.

*Sam:* (questioning Marta's clarification process) When did it become—when did you change?

*Marta:* When did it change? I think it changed the second—I went through one session of these—like 14 weeks, and I think it changed part-way through the second session (looking questioningly at the facilitator).

*Facilitator:* I think so.

*Marta:* Because my drinking didn't decelerate. It accelerated, and then I just decided that I wasn't able to really drink socially as much as I really would like to. So.

Emily continued with more questioning of the clarification process and seemed fearful that WCA may actually make matters worse. This possibility is one that had been raised by the informed consent docu-

ment. Honesty about that possibility during the enrollment process is required by social work ethics and by thoughtful human subjects committees. The potential for making matters worse can raise anxiety in participants and it was important to discuss what Marta has disclosed so honestly. Informed consent, an important component of self-determination, may have been initiated by reviewing and signing pre-participation documents, including the research consent form, but genuine self-direction requires ongoing acknowledgement of the possibility of adverse consequences of participation, particularly when fears are expressed by a participant. The facilitator was careful to allow exploration of this question before bringing the group back to the task at hand: clarification of goals.

*Emily:* Did it accelerate because of this or just because of other circumstances?

*Marta:* I think it accelerated a little bit because of this, and then also other circumstances too. But, I figured that . . . if I wanted to work on the other issues that were going on in my life, drinking just was one of those things that got in the way and clouded all of the other issues that I was looking at. So. It just seemed to me that, to be honest with myself, the best thing to do was just not to drink . . . nice and simple. And it's been better, I'd have to say, which is surprising.

*Helen:* . . . What I want to do is get control of it, but I think that I'm gonna end up in your [to Marta] situation—that I don't think I can because it's clouding everything else that I want to do. At least this way, if I wasn't drinking, I couldn't blame it on—I'd see things for what they are and know if it's good or bad . . . but I mean I'm not there now. The facilitator then drew attention to the need to concretize the work to be done asking Helen, "Where do you want to be in six weeks?"

*Helen:* I really wish that I didn't want to drink at all.

*Facilitator:* You wish that you didn't want to drink anymore.

*Helen:* I mean I guess that's not good.

*Facilitator:* (Helping to clarify and, once again, reinforcing the range of goal choice options) No, it's a great way of saying it. A

friend of mine says, “I want to want to live in the country, but I’m a city girl.” And it sounds similar. It sounds like you’re saying, “I wish that I wanted to stop, but that’s not where I am.”

*Helen:* I mean I feel like, to myself, the fact that I’m making this effort to come here every week . . . I can give myself credit for that . . .

*Facilitator:* Absolutely.

*Helen:* Because, at least, I’m trying.

*Facilitator:* Yes.

*Emily:* My goal is still to moderate it, but I think I haven’t—I’m scared about being in situations where I’m not gonna be able to not drink. But I don’t want to say that I want to be abstinent, because I’m afraid that I can’t at this point. So, my goal is still to moderate it. And I—and, frankly, the thought of never drinking again is just too—it’s too depressing for me to have that as a goal right now.

*Facilitator:* It is for a lot of people.

*Emily:* Yeah. So, I don’t—I just want to moderate it.

Here, the facilitator acknowledged that an honest assessment of current capacity does not always measure up to a desired capacity for change. She provided support and encouragement by letting Helen know that small gains are praiseworthy and something to be proud of. Following this, the facilitator again encourages clarification and specification of objectives, supporting participants in examining their choices, while prodding them to be increasingly specific in their goal clarification by asking exploratory questions: “Are you any clearer on what you want the moderation to look like?”

*Emily:* Optimally, two drinks. I’ll allow myself three, but it would never be more than three.

*Facilitator:* And, again, six weeks from now, how close to that do you want to be?

*Emily:* I think it’s gonna take longer than six weeks to reverse almost 20 years of habit. So, I don’t—I see myself coming back to

this program again. I'm just gonna give myself the time I need. I don't think I can do it in six weeks. The facilitator agrees and asks, what will you work towards? What do you want to do between now and six weeks from now?

*Emily:* I'd like to put myself into situations—drinking situations repeatedly and be able to do my two or three drinks.

*Facilitator:* Okay. So maybe think about a few situations that you want to try out between now and six weeks from now. Then when you have that six or seven week break without WCA<sup>1</sup>—unless you get started with a self-help group right quick—and you don't have that built-in support, then you'll have a better sense of “okay, I've tried this, I'm all right there. This I haven't tried yet. Maybe I'll wait until September to give that one a shot.” Goal clarification? Where are you? [to Sam]

*Sam:* Well, I guess mine originally was the same—just moderation, and I'm still at that. But, you know, I'm fine going out some nights and having four drinks and feeling happy. But I just don't want to get to the completely shit-faced, blackout, calling people . . . doing crazy, stupid things. You know?

*Lydia:* My goal is the same as it was—to be abstinent. But I did have a bad time last week where suddenly a friend of mine from Australia, whom I hadn't seen for 15 years, arrived in town. And she just came to see me. I mean that's why she came, and what gift did she bring me? A bottle of Australian wine. And of course, we had to consume it together, but I didn't get inebriated or anything, but I mean there was no way I could say “Oh, sorry I can't possibly even have a taste of it.” And then, also, most unusual, I was invited to a dinner party by my landlords who live upstairs, and I had given them, like months and months and months ago, this bottle of wine . . . It was their dinner party, and, of course, there was no way I could not have some. I didn't drink a huge amount or get inebriated or anything . . . So, that was my week. But my aim—my absolute goal is still zero consumption of alcohol, not that, you know, 10 or 20 years from now I would feel I couldn't possibly have a sip of alcohol. But, I feel my goal has to be to have no alcohol because having some alcohol can set me off on a binge. And so, abstinence is my goal.

*Facilitator:* (trying—and failing—to partialize) Lydia, if your goal is abstinence, though, how close do you want to be, or do you expect to be, to that goal six weeks from now?

*Lydia:* Oh, I expect to be there. That's for sure.

Lydia did not achieve her goal six weeks later. She drank more than she would have liked of the Australian wine, but it did not lead to the binge she feared. Lydia returned for another round in which her abstinence goal was achieved. One of the risks of supporting client choice, of course, is that people will sometimes select goals that a social worker considers unrealistic. It is at these times that we need to carefully consider how strongly we believe in self-determination. In this case, Lydia was correct in determining that she could achieve abstinence, even if her timeline did not work out. Had the facilitator attempted to modify this goal to which Lydia felt committed, the facilitator may have undermined Lydia's self-confidence.

The following three excerpts provide a sense of how the goal clarification process works throughout the life of a single group. Some of these names will be familiar from the previous examples, but these excerpts are from the first time any of these women participated in WCA, that is, all participants were novices. The first excerpt is from group A, session 6. This is the group's initial attempt at clarification of goals. The session 6 exchange is followed by two more examples of goal clarification from the same group. The facilitator starts by asking about the current status of a goal as a way of reinforcing that goals are fluid rather than static.

*Facilitator:* Nicole, what would you say is your goal right now around drinking or drugs?

*Nicole:* My situation is I'm not in a structured work environment. That's my problem. So, if I'm feeling—I think—there were a lot of issues going on last week, but one of the issues when I made a list later and kind of did what we kind of do here, which is—how can I avoid situations so I can at least be here? I mean how could I at least put the drinking off until 7:45 [Note: *This is 15 minutes after the session ends. Again, participants agree to avoid alcohol for 24 hours before each session*] so that I'm here where I need to be. I need to be here, so—the question was?

*Facilitator:* The question is: given all of that, what—for today—is your alcohol or drug goal?

*Nicole:* Um. Okay. One is not to drink on Fridays. [*the day the group met*] Okay, that's number one—is to really—to be here—for me. The second thing is not to drink alone, try to find a way to get that out of my life, because part of me just does not want to do that, and I don't understand it, but that's the second one. And, I guess the third one is to be able to be with friends—and my drinking has changed a lot—tremendously—anyways . . . to be able to just have a couple of beers and sit and eat food—like everybody else that's there.

*Facilitator:* So, social drinking?

*Nicole:* Yeah. If possible. But, also get that alone drinking out of it. That's very bad.

*Facilitator:* Okay. So, not drink on Friday, not drink alone, and be able to be with friends and just have a couple of beers.

*Nicole:* And be comfortable.

*Martha:* Well, what I—that's interesting because I set a goal for myself over the week, and it was to decrease what I drank, and I've decided that the way I would decrease it would be by drinking like every other day, because, if I have a drink—I drink at dinner-time—and, if I have a drink, I'm gonna have two. I'm not gonna have one. So, if I skip a few days, I can cut it in half.

*Facilitator:* Okay. So, some people will have decreased quantity. You're going to have decreased frequency.

*Martha:* Yeah.

*Vickie:* I think in our interview I said that abstaining was my goal.

*Facilitator:* What is it now?

*Vickie:* I would still think that that would be it, because it parallels my religious leanings.

The facilitator puts a name to each goal as it is identified for several reasons: to make certain that she heard correctly, to help the woman consider whether this is, in fact, what she had in mind, and to help uncover for all participants the range of possible goals. In session eleven of this group, the goal setting and clarification process continued for some participants. Peg asked the facilitator “How does anybody decide-cause I’ve been thinking that I want to be a social drinker” She said that’s her goal. She went for nine days without drinking, but in anticipation of her cousin’s arrival she had several drinks. “But I mean nine days without drinking is probably more than it’s been in ten years.” She said she’d like to come to group and say she hadn’t had anything to drink in ten days, but if her goal is social drinking, she has to experiment with that. “I’d rather do it now, while I’m here in the group, and I could always stop drinking tonight or tomorrow and get feedback on what that really means and how do people determine if that’s really an option.” She said she doesn’t think abstaining is really an option for her.

The Facilitator said, “So, first you’ve gotta make a decision about what is your goal, and, if your goal is two to three, or one or two, or three or four, and you’re doing eight or nine or ten, well that’s a problem. But, if you say—well, I don’t think I want to be an abstainer, I think I want to be a social drinker, but I’m not really sure what that looks like, you do have to narrow that down and decide what you want that to look like. So, you’ve gotta give some serious thought to quantity and frequency questions. So, how often do I want to drink? Do I want to drink for occasions, or do I want to drink cause it’s Tuesday? Do I want to drink twice a week, or do I want to drink once a month? You know, what do you want to do? And, do I want to have two drinks or five drinks or ten drinks—which, of course, is not social drinking.”

The facilitator said that people pick a specific goal and try that out, and, if it doesn’t work at first, then ask themselves “Are there things I could do to make that work better? What sorts of things?” And then they develop a plan for how they can make it work better, and try it out, and, if that works, terrific. But, if they try several options and the plans don’t work, then they have to reconsider—“Maybe I should be an abstainer.” Here, the facilitator was helping a participant to recognize that a range of options will continue to be available, and providing examples of ways to go about selecting goals that are consistent with both preferences and experience. The facilitator provides information and takes on an active role, when needed, but this is accomplished without guiding a participant toward any particular goal.

In the final session of group A, participants were asked to review their goals and how they might have changed. Henrietta started out by explaining that specification and clarification were insufficient by themselves. She needed techniques or skills as well and had found those discussions useful. Henrietta learned to monitor the times and circumstances when she was inclined to drink, to think past the rosy glow, that is, to consider how she would feel later in the drinking episode, how she would feel the next morning, and several days later. She learned to choose supportive people with whom to discuss her thoughts and feelings about drinking, and to change or leave potentially volatile situations. She also learned to analyze and withstand the strength and pervasiveness of cultural messages that encourage women to drink.

*Henrietta:* I'm a stubborn person, and, if I make—if I set a goal, I'm gonna keep it. It's always gonna be in the back of my mind: Christine and everybody here. And it will always be in the back of my mind of how alcoholism comes late in my father's side of the family . . . A lot of—I guess they're intellectual changes—keep happening, because I'm not drinking . . . It's working for me, and I feel as though I want to continue in the group . . . now, I've got a different goal. At first, I was gonna reduce the alcohol intake, and then I decided to stop drinking, and now it's—I'm just gonna look . . . for ways and for reasons that are gonna strengthen that resolve. But reasons, alone, are not gonna work. I need to have ways.

*Martha:* All my kids know that I'm in this group, and that I have “stopped drinking.” But, I mean, they're not silly enough to think I've stopped drinking, either. How many times have I poured the scotch down the drain and given it away . . . they're gonna wait and see. I guess I'm gonna wait and see too.

*Henrietta:* I think we've all achieved—I think this group has achieved a significant amount. And I think some people have exceeded their goal.

*Peg:* Right, because I think “working towards” could be—you know, for some people it's baby steps, for some people it's major kinds of changes. But, I think everybody's made some kind of progress in some respect. I mean, even Jake was saying that she's using less [marijuana] and drinking less than other people. I think everybody's made some progress, maybe not as much as they had

wanted or whatever, but definitely I'd say most people actually made significant progress.

In this segment, intervention on the part of the facilitator was unnecessary, as the women were fully able to complete the tasks of the final session: evaluating individuals and the group, acknowledging varying levels of progress, validating change, whether large or small, identifying which aspects of the experience were most beneficial, tempering expectations, based on experience, and planning for the future. Staying out of the way of participants as they completed these tasks reinforced the message that the facilitator had been trying to deliver all along: you are capable of doing this work; I will show you how a group works, but it is you who are directing your life, and that is as it should be.

### **CONCLUSIONS**

The value of client self-determination, so central to both social work and feminist practice, does not need to be abandoned because of working in AOD treatment. Facilitating groups for women who have a range of alcohol related goals is challenging but not impossible. Social workers can foster empowerment and encourage women to take control over their lives, including their consumption of alcohol and drugs by actively supporting choice. Through sensitive facilitation and attentive use of group process, social workers can assist women as they identify, clarify, and work toward self-selected goals. The potential for nonproductive conflict among women with varying goals, and the potential for inadvertently slipping back into the common stance of abstinence as the preferred goal can be avoided if facilitators keep the focus on support for personal choice.

This article demonstrated techniques for avoiding non-productive conflict, modeling support for a wide range of goals, using group process to support decisions made by the individual women participants, helping women articulate fears about under-and over-reaching, and responding to varying needs and interests of women who seek help for their alcohol and drug problems. Not only participants, but professionals, too, need to avoid any inclination to present an expert opinion before participants have had the opportunity to select goals. Otherwise, workers may inadvertently undermine a woman's belief in her capacity to be self-directing, thereby reinforcing rather than challenging self-doubts (Sanchez-Craig, Spivak, and Davila, 1991).

Certainly having a group in which all participants select a single goal would make it easier for the group to move through early stages of group development, enhancing a sense of similarity and common purpose, contributing to the “all in the same boat” phenomenon so essential to group functioning (Shulman and Gitterman, 1994). Achieving the feeling of “groupness” is more challenging when the goals differ, but quite rewarding for participants and facilitator when it does emerge.

It may be risky for social workers to buck the pervasive message in AOD treatment that any goal other than abstinence is irresponsible. Some agencies simply will not allow for the possibility of moderated drinking. Alcohol researchers have long argued for a range of appropriate goals, but agency policy in this regard is slow to change (Ambrogne, 2002). Social group workers, as advocates for client self determination, can help influence the options available. By influencing agency policy, and by implementing the strengths perspective to which so many of us subscribe, social workers can offer people genuine choices in goal selection, maintaining faith that clients will choose the best option for themselves. For those who find themselves in settings where a range of goals is available, this article provides some guidance on how social group workers can assist in the difficult work of identifying, clarifying, and working toward self-selected goals.

#### NOTE

1. The group would not meet during the summer that year.

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