Psychiatric Rehabilitation:
The Challenges of Goal Setting

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Psychiatric rehabilitation aims to improve the functioning and quality of life of individuals with psychiatric disabilities due to serious mental illnesses. It consists fundamentally of enhancing the living skills and environmental support of individuals with serious mental illnesses, enabling them to achieve goals that are preferably set by the patients.

Yet, goal setting by patients in mental health care may raise particular ethical problems, as occasionally individuals with serious mental illnesses may not only set goals reflecting values that conflict with those held by mental health practitioners or society at large, but that may also be induced by mental impairment. Psychiatric rehabilitation practitioners have reported difficulty due to this problem in working towards goals set by their patients.

This article discusses the problem of goal setting in psychiatric rehabilitation.

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Goal setting by patients

Goal setting in psychiatric rehabilitation is conducted by the patients choosing particular environments in which they want to perform certain roles for a given amount of time.

For instance, a patient could choose to be a resident in a group home for a year and/or an employee in competitive employment till retirement—these goals refer to common life plans and seem reasonable. Goals involving serious danger to others or to oneself may be suspect. As for patient goals that do not involve serious danger, they may be suspect if they are induced by the mental illness,

Cheryl's Case

Cheryl, 43, is an unemployed, married mother of two teenage sons. She was diagnosed with schizophrenia at 27.

She experiences persistent delusions of persecution despite taking antipsychotic medications and spends her time living on and off the streets because she believes someone will harm her and her family if she stays in one place for too long.

An assertive commununity treatment team is responsible for her comprehensive care.

She has expressed her wish to work towards enhancing her survival skills, such as learning self-defense techniques, so that she can cope better with the hardships of homelessness.

She has refused any other living arrangement.

How should you handle Cheryl's case?

as it is widely argued that in such cases patients lack autonomy and, hence, may not be competent to decide on their care.

Therefore, the goal of homelessness set by Cheryl may be suspect due to being induced by her mental illness and involving danger to her self. It can thus be argued that the assertive community treatment team providing her with psychiatric rehabilitation services should not work towards this goal.

Individuals with serious mental illness may have difficulties engaging in critical dialogue due to delusional beliefs or cognitive impairments.

Goal setting by others

The standard ethical principles of health care establish that if the patient is lacking the competence to decide on care, and if there is no clear directive from the patient from a time when he/she was competent, the best interest of the patient should serve as the goal of health care.

Family members are commonly considered to be the natural proxies to decide on best interest, but family members sometimes have conflicts of interests regarding the patient or may not be available or willing to assume the role of substitute decision-maker. Also, substitute decision making may not work in psychiatric rehabilitation, as arguably psychiatric rehabilitation—perhaps like physical rehabilitation and, unlike medications—cannot be forced.

It seems that goal setting by others is problematic in psychiatric rehabilitation, so that the goals of patients (even if they are incompetent) are still to be addressed.

Indeed, considering that Cheryl is persistently psychotic, homelessness may serve as a goal for her care after all. Homelessness may reduce her fear of persecution, even though it may compromise other parts of her well-being, such as her physical comfort and safety.

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The open mind

Goal setting through dialogue

Dialogue between patient and clinician regarding goal setting may be helpful. It may be most important (and most difficult) in cases of incompetence and danger.

Dialogue is characterized as constructive discussion and mutual criticism without holding onto predetermined values. Such dialogue may be best guided by sound procedures of discussion that are agreed upon by the parties involved; this may enable both patients and clinicians to reflect on their goals and to change them. This is not unlike the collaborative process of cognitive therapy, which may modify delusional thought.

Such dialogue may facilitate reaching an agreement concerning the goals, as well as enlisting the co-operation of the patient. Admittedly, individuals with serious mental illnesses may sometimes have special difficulties engaging in critical dialogue due to delusional beliefs or cognitive impairments, so that special ways of accomplishing this may have to be explored.

Cheryl may be willing to reconsider her goal of homelessness if she were engaged in such dialogue. Or the result may be that Cheryl and her clinicians set the goal of homelessness for part of her psychiatric rehabilitation, if they come to agree that her well-being would benefit most from that. Alternatively, they may agree to disagree on the appropriate living-situation goal for her psychiatric rehabilitation, in which case the process of psychiatric rehabilitation for that goal may be put on hold, without necessarily disrupting the therapeutic alliance.

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Resources

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FAQs...

- **Do the standard bioethical principles apply to psychiatric rehabilitation?**
  The principles of autonomy, beneficence, nonmaleficence and justice apply to psychiatric rehabilitation. Special considerations are added, though, as the autonomy of patients is many times impaired and as a patient's opinion largely determines what counts as the benefits of psychiatric rehabilitation.
- **Can advance directives be used in psychiatric rehabilitation?**
  Advance directives are still not used much in psychiatry. It may be difficult to use them in psychiatric rehabilitation as patients may decline them when severely mentally ill and as life plans may change considerably over time.

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