Goal Consensus is More than Just Agreement: Improving Therapeutic Relationships with Women who Experience Intimate Partner Violence

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Abstract

The working relationship between social workers and women who experience intimate partner violence (IPV) needs to be positive and supportive if we want to create real opportunities to help women be safe. Developing and implementing safety plans with women can be challenging for social workers when there is not shared agreement of what it means to be safe from IPV. The aim of this paper is to explore goal consensus, a common factor recognized as an essential element of the working alliance and therapeutic contract, as a mechanism for optimizing the working relationship between social work practitioners and women who experience IPV. Using Mackrill's framework the construct of goal consensus will be examined with particular focus on its contribution to better understanding women's 1) self-worth, 2) isolation and fear, and 3) agency within the context of help-seeking. The author suggests a shift in the current definition of goal consensus may go a long way in creating positive working relationships between social workers and women who experience IPV.

The working relationship between social workers and women who experience intimate partner violence (IPV) needs to be positive and supportive if we want to create real opportunities to help women be safe. First described by Bordin (1979) as a key element of the therapeutic relationship or working alliance, the concept of goal consensus will be explored as it relates to improving individual outcomes for women who experience IPV. Exploring the applicability of goal consensus is important, especially within the context of working with women who experience IPV, as operationalizing women's safety plans can be challenging for social workers when there is not shared agreement of what it means to be safe from IPV. The aim of this paper is to explore the relevance of goal consensus to social work practice with women who experience IPV. First, the merits and limitations of goal consensus as an effective component of the working relationship between social workers and women will be reviewed. Second, using Mackrill's (2010) framework, goal consensus will be explored as more than simply an agreement on therapeutic goals between a social worker and a client. Meaning, the process and mechanics of goal consensus will be examined with particular focus on its contribution to 1) self-worth, 2) isolation and fear, and 3) agency.

Significance of Goal Consensus to Help-Seeking and Safety Decisions

The potential safety or risk posed by women's decisions to stay or leave an abusive relationship has been reviewed in the literature, with some suggesting a decision to stay can be dangerous (Few & Rosen, 2005) or protective (Bell, Goodman, & Dutton, 2007; Koepsell, Kernic, & Holt, 2006) and a decision to leave can be dangerous (Johnson & Hotten, 2003) or protective (Bell et al., 2007; Koepsell et al., 2006). There continues to be no clear consensus among researchers, or social workers, that one approach elicits a more favorable outcome (i.e.

less potential for further violence and abuse) than another. Even with seemingly inclusive empirical findings, social workers often consider the approach of leaving (or attempting to leave) to be a greater demonstration of safety-decision making, (and protective of future harm) than other safety decisions. Furthermore, social workers often imagine physical safety, and reducing the threat of future physical harm, to be the primary goal of women's safety-decision making and help-seeking efforts. However, there is no empirical evidence indicating the elimination or minimization of physical harm is the *primary* motivation for women's safety-decision making and help-seeking. While this is undoubtedly an important component in women's safety-decision making (Stith, Smith, Penn, Ward, & Tritt, 2004), it is likely not the only factor contributing to a woman's active resistance to the violence and abuse she may be experiencing. Predominant social work understanding of help-seeking behaviour remains dichotomous (i.e. stay vs. leave) and represents a significant barrier to social work practice with women who experience IPV. Both social workers and women recognize talking about violence is an extremely difficult task and often can be a potential risk for further harm. However, this may not be the only reason women are hesitant to seek help beyond their friends and family. When women choose to connect with formal sources of support, such as a social worker, a women's advocate, or a physician, the working relationship can be a source of positive support, but it may also serve as a negative experience if her safety decisions, and by extension her goals, are considered to be ineffectual by helping professionals.

Goal Consensus

As described by the psychological and therapeutic literatures, the term *goal consensus* typically refers to the therapist-patient (or as it applies to social work, the social worker-client) agreement on goals or expectations to be addressed during treatment (Orlinsky, Grawe, & Parks, 1994; Tryon & Winograd, 2001). The recognition of goal consensus as a common factor, more specifically as an essential element of the working relationship among social workers and clients, was with respect to the operationalization of the *therapeutic contract* and an established *working alliance*. Bordin (1979) identified goal consensus as one of three primary components of a positive working alliance between therapists and patients along with agreement on the methods used to achieve the stated goals and the sense of trust and attachment between therapist and patient. A number of studies based on Bordin's concept of the working alliance, including the development of the Working Alliance Inventory (Horvath & Greenberg, 1989), report goal consensus is a significant component of treatment based on positive outcomes (Horvath, 2005; Schnur & Montgomery, 2010).

Mechanics of Goal Consensus

While the definition of goal consensus appears simplistic and can be summed up as an agreement on therapeutic goals, the actual mechanics or procedure(s) involved in arriving at goal consensus can be quite complex. Arriving at goal consensus often requires the social worker and client to be engaged in constant shared decision-making for the duration of the working relationship. Tryon and Winograd (2001) described a somewhat cyclical process of frequent goal identification, negotiation, discussion, and review. They suggest social workers work with clients to identify topics of importance and those that resonate with their attributions of blame for their difficulties. In fact, they state "when therapists communicate in these ways, patients feel understood, and the stage is set for cooperative therapeutic collaboration, a mutual commitment to goals, and involvement in the therapeutic process" (Tryon & Winograd, 2001, p. 387).

Mackrill (2010) echoed the sentiments of Tryon and Winograd (2001), yet takes his explanation of the mechanics of goal consensus to another level. Beyond simple goal agreement, Mackrill posits the exercise of arriving at goal consensus (i.e. working through the process of setting of goals), can it and of itself, be just as important as identifying and seeking to achieve the goal. He states, "The ongoing negotiation of goals with the client is a crucial means of empowering the client, helping him or her learn to negotiate goals, and feel more positive about his or her future" (2010, p. 104). Essentially, Mackrill suggests the process of goal consensus offers the opportunity to implicitly focus the client's attention on the significance of the goals. From his perspective, goal consensus would be used to illicit opportunities for client's to explore and reflect on their sense of self, what is/is not valued, expectations, fears, challenges, etc. The potential advantages of applying Mackrill's expanded understanding of goal consensus as it applies to women's self-worth, isolation and fear, and agency will be explored.

Applying Mackrill's Understanding of Goal Consensus Self-worth

Generally speaking, the working relationship between social workers and clients often includes exploring difficulties some women may have related to their sense of self-worth. More specifically, the psychological and emotional forms of abuse women experience in violent relationships can severely damage self-esteem and self-worth. As a result of this compromised self-worth, some women may be unable to fully articulate or identity personal goals, or find it difficult to value the goals they may have for themselves. Creating space for women to feel valued, and by extension having their personal goals valued, is an opportunity created by the concept of goal consensus. For example, asking a woman about her safety plan (her plan to stay safe would be her goal) lets her know her decisions and choices are valued by the social worker. By asking questions about how she arrived at this goal (creating "safety"), what staying safe means to her, how she has stayed safe in the past, what she will do to stay safe in the future, the social worker begins the process of working towards goal consensus, but more importantly, explicitly supports and values the goals she has set for herself already. This approach has the potential to directly attend to feelings of low self-esteem and self-worth purely by exploring the possibility of finding agreement on therapeutic goals.

Isolation and fear

Goal consensus may provide an opportunity to explore another frequently occurring experience for women who are in violent relationships: isolation and fear. Perpetrators of IPV are typically coercive, controlling, and fear-provoking in their behaviour towards their partner. These abusive behaviours often contribute to women feeling isolated, alone, and afraid. Some women may be able to identify their own isolation and fear, while others may not. Furthermore, as it relates to their personal goals (whatever they may be), perpetrators will often devalue and ridicule their merit to such a degree that women begin to view any goal as problematic. Even goals of personal safety become problematic, meaning women may become convinced their goal of a life free from violence is unachievable. Given the deeply entrenched feelings of isolation, fear, and devaluing, social workers will need to cognizant of the personal risk and vulnerability women are likely struggling with when confronted with the suggestion of setting personal goals in therapy. Being asked by a social worker to share a personal goal requires women to be vulnerable; there is the possibility she will re-experience a negative reaction to her goal, thereby re-experiencing isolation and fear. For example, for a woman who chooses a safety plan which keeps her in close proximity to her abuser (because in her estimation she can monitor his triggers

more closely and manage his reactions more acutely), this short-term goal may not match with the safety goals of a child protection social worker. If the response from the social worker is negative, she may continue to devalue and problemetize her goals in other parts of her life. However, if the social workers response is positive, exploring the rationale and hopes for her safety decision, there may be an opportunity to further develop the strong working relationship. In this case, goal consensus, via the process of setting personal goals, offers a chance to 1) honor the vulnerability and risk women take sharing their personal goals and 2) potentially repair some of the isolation and fear surrounding women's goals of creating safety. Having a social worker or another helping professional respond in a supportive and non-judgmental manner with respect to personal goals may positively relate to how women will create and express their goals in the future.

Agency

Closely tied to isolation and feelings of self-worth, agency is another important area to be explored when working with women who experience IPV. Agency is defined as a person's recognition of their impact on the world and their ownership over making changes in their life (MacMurray, 2004). Focusing on goals asks women to consider their role in changing things in their lives, for instance their agency over decisions about how to best stay safe. While social work practitioners know women who experience IPV are active participants in resisting and responding to the violence in their lives (regardless of how their strategies are interpreted by others), their agency in making these decisions may be restricted or unrecognized. Creating space to discuss goals, places women in a position to explore their agency in goal setting and decision-making.

Other Fields of Social Work Practice

While the primary purpose of this paper has been to explore the application of goal consensus to social work practice with women who experience IPV, the potential for this common factor to cut across all fields of social work practice should not be underestimated. By virtue of being a common factor, goal consensus, as both a component of a successful therapeutic alliance and as a process for exploring client challenges, could easily be incorporated social work practice with children, families, and individuals. Social workers within the health, mental health, child welfare, social service, education, research, and academic fields would benefit from the implicit and explicit opportunities discussing goals creates in terms of developing and operationalizing the therapeutic contract.

Conclusion

Goal consensus is a recognized common factor in therapeutic relationships between social workers and clients. While typically understood to be a positive outcome of a shared agreement on therapeutic goals, an emerging change in the literature suggests social workers need to view the process of goal consensus as a means of challenging the various ways clients interact and view themselves and the world they live in. This shift in the definition of goal consensus may go a long way in creating positive working relationships between social workers and women who experience IPV, as sometimes there is a disconnect between the identified goals of women and the goals of social workers. Noting this disconnect may be important to the authenticity of the working relationship, but it should not be focused on in such a way as to damage or inhibit the self-worth, freedom, and agency of the women we work with.

References

Bell, M. E., Goodman, L. A., & Dutton, M. A. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at the end of a year. *Journal of Family Violen*ce, *22*(6), 413-28.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, *16*, 252-260.

Few, A. L., & Rosen, K. H. (2005). Victims of chronic dating violence: How women's vulnerabilities link to their decisions to stay. *Family Relations, 54*, 265–279.

Horvath, A. O. (2005). The therapeutic relationship: Research and theory [An introduction to the special issue]. *Psychotherapy Research, 15*, 3-7.

Horvath, A. O., & Greenberg, L. (1989). The development and validation of the working alliance inventory. *Journal of Counseling Psychology, 36*, 223-233.

Johnson, H., & Hotton, T. (2003). Losing control: Homicide risk in estranged and intact intimate relationships. *Homicide Studies, 7*(1), 58–84.

Koepsell, J. K., Kernic, M. A., & Holt, V. L. (2006). Factors that influence battered women to leave their abusive relationships. *Violence and Victims, 21*(2), 131-147.

Mackrill, T. (2010). Goal consensus and collaboration in psychotherapy: An existential rationale. *Journal of Humanistic Psychology, 50*(1), 96-107.

MacMurray, J. (2004). What is action? Proceedings of the Aristotelian Society, Suppl.17 (1938, 69-85). In E. MacIntosh (Ed.), *John MacMurray: Selected philosophical writings* (pp. 31-46). Exeter, UK: Imprint Academic.

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., (pp. 270-376). New York: Wiley.

Schnur, J. B., & Montgomery, G. H. (2010). A systematic review of therapeutic alliance, group cohesion, empathy, and goal consensus/collaboration in psychotherapeutic interventions in cancer: Uncommon factors? *Clinical Psychology Review, 30*, 238-247.

Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behaviour, 10*, 65-98.

Tryon, G. S., & Winograd, G. (2001). Goal consensus and collaboration. *Psychotherapy, 38*(4), 385-389.

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