This Week's Citation Classic

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Kiresuk T J & Sherman R E. Goal attainment scaling: a general method for evaluating comprehensive community mental health programs.

Community Ment. Health J. 4:443-53, 1968.

[Hennepin County Mental Health Ctr., Hennepin County General Hosp., Minneapolis, MN]

A psychometric method featuring individualized scaled expected treatment outcomes was proposed as a method to evaluate mental health treatment and programs. A formula combined the actual outcomes in a standardized outcome score that reflected relative importance and intercorrelation of the scales. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited in over 220 publications since 1968.]

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"This article was written by a clinical psychologist (Kiresuk) and a biometry graduate student (Sherman) at the Hennepin County Medical Center with the guidance of the head of biometry, Byron W. Brown, Jr., at the University of Minnesota. The collaborative result addressed the realities of treatment and program administration within the framework of biometric research standards.

"Three factors probably account for the frequency of citation.

"The idea of goal setting has a self-evident quality and is widely utilized. Traceable to mid-nineteenth-century German formulations of 'intentionality,' there are derivatives in many clinical,1 academic, and industrial fields.2 Goal attainment scaling (GAS) was accepted by several groups; in medicine, perhaps because of congruence with the concept of prognosis (Hippocrates); by service providers, as a means of facilitating treatment and making evaluation closer to the actual agenda of treatment; by advocates of individualization, resisting prefabricated criteria for outcome; Bayesian sympathizers with their emphasis on prior beliefs, conditional probabilities, and their commitment to specific research and treatment outcomes; and by policy and administration figures because

of congruence with concurrent methods of administrative guidance and accountability.

"At the time of publication, there was enormous pressure to evaluate services. Federal and local legislation, public sentiment, shrinking resources, and a wave of reformist sentiment favoring advocacy of consumer and special population groups all combined to ensure a demand for practically any form of evaluation technology.

"The philosophy of the National Institute of Mental Health Services Delivery Branch, led by Howard Davis, emphasized knowledge transfer and utilization of information to promote potentially useful innovations in service delivery. A four-year grant to develop and disseminate GAS was one of several projects funded in the pursuit of this philosophy.

"These factors led to widespread knowledge of GAS and many implementations.³ A later book attempted to bring order to the variety of interpretations, 200 bibliographic references, common disputes, implementation and maintenance methods, validity, reliability, and psychometric status.⁴

"Originally, Sherman and I were naive with regard to the overall field of evaluation, especially developments in sociology, educational psychology, public policy, and administration. Complete novices in knowledge transfer and utilization, we were led by the hand by Susan Salasin, project manager, a specialist in the field.

"Unanticipated problems included defense against criticism that could be leveled at all psychological measures; implementations often led into larger issues of organizational change; studies of durability and costs of adoption focused on GAS but not on other measures; and the popularity of GAS led to problems in definition and quality control.

"The influence of this article led, in part, to the 1979 Evaluation Research Society Myrdal Prize for Human Service Delivery. The method helped make treatment accessible to measurement by converting a common form of thinking into a reliable and valid measure of change. Potential facilitation of treatment outcome and organizational performance were unanticipated benefits that could lead to further research and citations." ^{2,6}

Evaluation of human service programs. New York: Academic Press, 1978. p. 341-70.

Mintz J & Kiesler D. Individualized measures of psychotherapy outcome. (Kendall P & Butcher J N, eds.)
 Handbook of research methods in clinical psychology. New York: Wiley, 1981. p. 491-534.

Locke E A, Shaw K N, Saarl L M & Latham G P. Goal setting and task performance: 1969-1980. Psychol. Bull. 90:125-52, 1981.

Kiresuk T I, Lund S H & Larsen N E. Measurement of goal attainment in clinical and health care programs. Drug Intel. Clin. Pharm. 16:145-53, 1982.

Smith A. Goal attainment scaling: assessment of the outcome of mental health treatment. (McReynolds P, ed.)
 Advances in psychological assessment. San Francisco: Jossey-Bass, 1981. Vol. 5. p. 424-59.

^{5.} Kiresuk T I & Lund S H. Goal attainment scaling: a medical-correctional application. J. Med. Law 1:227-51, 1982.

Goal attainment scaling. (Atkisson C C, Hargreaves M J & Sorenson J E, eds.)