Chapter 2

Behavioral Objectives: Common Writing Problems

- Problems to avoid while writing behavioral objectives
- Writing problem-free behavioral objectives
- Critically analyzing behavioral objectives

Speech-language clinicians need to write behavioral objectives in a clear and acceptable fashion. As a beginning clinician, you might wonder why behavioral objectives cannot simply include performance, condition, and criterion components. You might question why behavioral objectives must be written in a particular manner. When your objectives are not approved, you do not always understand how to improve them. In this chapter, I discuss common problems in writing behavioral objectives to clarify how to prepare well-written objectives in speech-language pathology.

Problem 1: Incorrect Format Following the Lead-In

Problems occur frequently with the portion of the objective immediately following the lead-in, or introductory, statement. Typically, this
problem is caused by lack of grammatical consistency between the lead-in and the actual objective. If the statement created by the lead-in and the objective creates a complete sentence, you should not add a colon after the lead-in, and you should begin each objective with a lowercase (not capital) letter. If the lead-in statement is a phrase that is correctly followed by a colon (e.g., “Lesson Objective:”), the objectives begin with a capital letter if they are complete sentences but with a lowercase letter if they are not complete sentences. To demonstrate, I give examples from beginning clinicians. These examples are coded with a “(U)” (for uncorrected) following the example number; the corrected versions of the examples are coded with a “(C)” (for corrected). The new or corrected information is underlined.

In this example, the lead-in and the objective together form a complete sentence, so the objective should not begin with a capital letter.

The client will

1.1(U) Receptively identify (by pointing) 8 of 10 body parts.

1.2(C) receptively identify (by pointing) 8 of 10 body parts.

For the next and most other examples through the chapter, “Lesson Objectives:” is the assumed lead-in. Therefore, the objectives should begin with capital letters.

1.2(U) the client will receptively identify (by pointing) 8 of 10 body parts.

Because the portion following the colon is a complete sentence, “the” should begin with an uppercase letter:

1.2(C) The client will receptively identify (by pointing) 8 of 10 body parts.

The lead-in is the introductory statement that precedes the list of behavioral objectives. If the lead-in and the objective form a complete sentence, the objective should begin with a lowercase letter. If the lead-in is followed by a colon and the portion following the colon is a complete sentence, the first word should be capitalized. If the portion following the colon is not a complete sentence, the first word should begin with a lowercase letter.
Problem 2: Consistency

A problem that frequently occurs when more than one objective is listed is a lack of consistency in how the objectives are written. An example follows:

2.1(U) Scott will spontaneously produce two-word combinations twice during the session.

to correctly imitate Noun + Verb + Object combinations presented while looking at a storybook in 90% of his attempts.

This example clearly shows a lack of consistency in the structure of the objectives. All objectives cited together should begin in the same manner. Either of the two formats can be used. Examples of each type follow:

Lesson Objectives:
2.1(C.1) to spontaneously produce two-word combinations twice during the session.

to correctly imitate Noun + Verb + Object combinations presented while looking at a storybook in 90% of his attempts.

2.1(C.2) Scott will spontaneously produce two-word combinations twice during the session.

Scott will correctly imitate Noun + Verb + Object combinations presented while looking at a storybook in 90% of his attempts.

It is important to be consistent when writing objectives. Adopt one format and stick with it.
Problem 3: Performance Component

As discussed at length in Chapter 1, a common problem in the performance component is the use of verbs that are not specific. An example of an objective containing this error follows:

3.1(U.1) to discriminate among the /s/ phoneme and other phonemes in 7 of 10 attempts.

Because the verb discriminate is not directly observable, an indicator behavior is needed so the clinician can know exactly what the client will be doing when demonstrating achievement of the objective. An example of this correction follows:

3.1(C.1) to discriminate auditorily (by raising his hand) among the /s/ phoneme and other phonemes in 7 of 10 attempts.

The indicator behavior, “by raising his hand,” takes care of the initial problem. However, the writer must remember that anyone reading the objective should be able to picture the task to be performed. If “auditorily” is not included, one might expect a visual task in which the client raises his hand when shown the letter “S” and does not raise it when another letter is shown. Of course, if one knows the definition of a phoneme, this interpretation is excluded, but another exists: A deaf child may be discriminating the /s/ phoneme from other phonemes solely through the visual modality—that is, how each phoneme looks when produced. I include these possibilities to stress the importance of critically reading and evaluating objectives. The development of these skills should result in better written objectives.

To narrow the focus further, Objective 3.1 could still be more specific. From the original objective, it is unclear whether this beginning clinician really knew where she was headed in the remediation process. Additional information on the nature of “other phonemes” should be provided. Is the client being required to make gross or fine discriminations? This information can be provided in more than one way. Two suggestions follow:

3.1(C.2) to discriminate auditorily (raise his hand) the /s/ phoneme from all other fricatives in 70% of his attempts.

3.1(C.3) to discriminate auditorily (raise his hand) the /s/ phoneme from /ʃ/, /v/, /ʒ/, /ʒ/, /z/, /θ/, and /ʒ/ presented in isolation in 70% of his attempts.
This objective is now well written. Problems with the performance aspect have been rectified, and a condition has been added to eliminate ambiguity.

The problem occurring in the performance component of the next example may not be obvious on initial scrutiny, but should become apparent.

3.2(U) to discuss with Larry the visual and acoustic characteristics of the /s/ phoneme.

Keep in mind that the performance component is being discussed. Problems with the other components will be corrected in the objective but not discussed in this section. The major problem with the performance part of the objective is that the focus is placed on the wrong person. The performance component is supposed to deal with how the clinician should demonstrate achievement of an objective and not what the clinician does. The following revision in the performance component places the emphasis on the client:

3.2(C) to state 2 visual and 2 acoustic characteristics of the /s/ phoneme.

This objective clearly states what the client has to do to be successful. Another objective is as follows:

3.3(U) to produce the /s/ phoneme in words with 90% accuracy.

In this example, the problem in the performance component may not be initially obvious. The client may already be producing an /s/ phoneme, but it may be distorted. According to this objective, as written, distorted /s/ productions would be considered correct. The following revised objective does not consider distortions acceptable:

3.3(C) to produce the /s/ phoneme correctly in all positions of words in 90% of his attempts.

The impact of simply adding correctly is important because a distorted /s/ will not be considered an acceptable production.

The next example states what the client will do, but the manner in which it is stated is not clear and precise.

3.4(U) to produce the /s/ phoneme in sentences by imitation with 90% accuracy.
The word imitation is a key word in the objective because it states exactly what the client will be doing. Thus, it should receive more emphasis. A revised objective follows:

3.4(C) to imitate the /s/ phoneme correctly in sentences in 90% of his attempts.

Because the word imitate is more strategically placed, it is less likely to be overlooked. The inaccurate impression from reading Objective 3.4(U) is that the client is spontaneously producing the phoneme in sentences. This conclusion is not reflected in revised Objective 3.4(C). Behavioral objectives must be written in a precise and specific manner to prevent misinterpretation.

In the following objective, try to determine what the client should be doing while demonstrating achievement:

3.5(U) to strengthen and stabilize the /s/ phoneme in 90% of his attempts.

The words strengthen and stabilize are used in Van Riper and Erickson’s (1996) articulation therapy program, but they are not used precisely enough in this statement to clarify exactly what the client should be doing. Many therapeutic techniques will lead to strengthening and stabilization of a particular phoneme if executed skillfully; therefore, the performance component must be more specific. Two possible corrections follow:

3.5(C.1) to prolong correct production of the /s/ phoneme in isolation for 15 seconds.

3.5(C.2) to produce the /s/ phoneme correctly in isolation 15 times in 15 seconds.

Both of these objectives provide a clear idea of what the client must do to demonstrate achievement.

In summary, problems affecting the performance component of behavioral objectives have been identified and discussed in this section. Example 1 showed usage of a nonspecific verb and demonstrated that the entire objective had to be written in a more specific manner. Example 2 placed the focus on the clinician instead of the client. By not clearly stating the intention in the third example, distorted productions would have been acceptable. Example 4 conveyed the idea that the objective should be broken down into the smallest, most precise behavior and should clearly reflect what the client needs to do. Example 5 needed to state specifically what the client should do.