Problem 4: Condition Component

Problems encountered in the condition component stem from either not stating or not clearly stating the circumstances under or in which the performance is done. Problems concerning components other than the condition will be corrected in these revisions but will not be discussed in this section. The first example follows:

4.1(U) to determine the location of the /t/ phoneme with 90% accuracy.

Because the reader cannot readily determine the nature of this task, further description is necessary. An acceptable revision follows:

4.1(C) to determine (by pointing to train cars) the correct location of the /t/ phoneme when 3 phonemes are presented in isolation in 90% of his attempts.

This revised objective enables the reader to predetermine the task that will be presented. Objective 4.1(U) did not specify whether the /t/ phoneme would be presented in isolation, syllables, words, or sentences. In the revised objective, there is no guesswork involved as the environment (isolation) is clearly specified in the condition component of the objective.

This next example further illustrates how the condition in an objective adds clarification.

4.2(U) to discriminate auditorily between the /p/ and /b/ phonemes in 90% of his attempts.

To avoid misinterpretation, further clarification is necessary, which can be accomplished by including a condition in the objective. A revised objective follows:

4.2(C) to discriminate correctly and auditorily (by pointing to the corresponding picture) between the /p/ and /b/ phonemes presented in isolation in 90% of his
attempts. *(Note: A picture of a motor boat is associated with */p*/ and a picture of a ball is associated with */b*/ on this particular task.)*

The condition “presented in isolation” clarifies the task. The reader has been given enough information to develop a preconceived notion about the therapeutic task that the clinician and client will be performing to accomplish the objective. A well-defined objective is also likely to keep the clinician on task.

The next example gives an impression that the client is functioning on a higher level than he actually is.

4.3(U) **to produce the */s*/ phoneme correctly in sentences in 54 of 60 attempts.**

This objective seems to imply that the client can spontaneously produce sentences and maintain correct */s*/ production. Because the client is not performing at this level, a condition needs to be stated in the objective.

4.3(C) **to correctly produce the */s*/ words on his word list when incorporated into sentences in 90% of his attempts.**

The fact that the client’s production centered around incorporating a word containing the */s*/ phoneme into a sentence indicates that a reminder is necessary for correct production to be achieved. When the objective is worded in this manner, one gets a more realistic idea of the level at which the client is functioning.

Notice how much more specific the next objective becomes when a condition is added.

4.4(U) **to produce the */p*/, */t*/, */k*, and */v*/ phonemes correctly in syllables in 4 of 5 attempts.**

As written, the objective indicates that the client will be producing all syllable types. If one thinks of all the different possibilities, it makes sense to add a clarifying statement or condition, as reflected in the revision.

4.4(C) **to produce each of these phonemes */p*, */t*, */k*, and */v* correctly in consonant-vowel combinations in 4 of 5 attempts.**

The condition “in consonant-vowel combinations” limits the type of syllable in which the phonemes will be produced.
In the next example, the condition also needs clarification.

4.5(U) to receptively identify 13 of 15 objects correctly.

The impression obtained from reading this objective is that 15 objects will be placed in front of the client, who will be responsible for selecting the object named from the entire field of 15. Because this is not the intent of the objective, the goal needs to be revised.

4.5(C) to receptively identify (by pointing to) 13 of 15 objects correctly given a field of 2.

This revised objective indicates that two objects will be presented to the client at a time. Selecting one object from a field of 15 is much more difficult than selecting an object from a field of 2. When the objective is worded in this manner, it is less likely to be misinterpreted.

In summary, objectives containing problems in the condition component have been discussed in this section. In all examples, the revisions consist of adding additional information to describe the circumstances under or in which the performance is to be done.

**Problem 5: Criterion Component**

The criterion component specifies how well the client is expected to perform. Problems encountered with this component arise when the clinician does not state a criterion or does not state it accurately. The first example lacks a criterion.

5.1(U) to produce the /s/ phoneme correctly in isolation.

Because a criterion is not stated, it is not possible to know when the objective has been accomplished. A revision follows:

5.1(C) to produce the /s/ phoneme correctly in isolation in 90% of his attempts.

It is now possible to know when the objective is accomplished and to measure the client's progress.
Technically, there is nothing wrong with the manner in which the criterion is stated in the following objective. It is, however, needlessly binding.

5.2(U) to produce the /s/ phoneme correctly in sentences in 54 of 60 attempts.

Strictly speaking, there is no way the client can meet this criterion unless he is given 60 trials to produce /s/. Even if the child produces 40 sentences (each containing one /s/ phoneme) and correctly produces 36 of the /s/ phonemes, he cannot meet the criterion despite the high level of success (90%). Further, by stating the criterion in this manner, flexibility is stifled because it is not possible to move to another objective until the client has been given 60 opportunities to produce /s/. The following revision avoids the problem:

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

Stating the objective in this manner is conducive to flexibility. Moving to a higher level objective is contingent on the client’s performance alone and not on an arbitrary number of trials. More specifically, if the child correctly produces 9 of 10 /s/ phonemes, he has met criterion and can move to a higher level objective. Additional time does not have to be spent on 50 more trials. The percentage of success is 90% for both objectives, but the second objective is clearly less restrictive and permits more effective use of time and allows more efficient and flexible therapy.

The next example is more abstract. The term accuracy, here defined as “correctness,” leads to confusion in this objective.

5.3(U) to produce the /s/ phoneme in isolation with 90% accuracy in all attempts.

This objective can be paraphrased by saying that every time the client produces the /s/ phoneme, his production will be 90% accurate. This can be interpreted as meaning that the /s/ phoneme will not be totally correct because this would be indicated by “100% accuracy.” Because 90% accuracy implies that the production is not quite right, would a distorted /s/ production be acceptable? The following revised objective is not as prone to multiple interpretations:

5.3(C) to produce the /s/ phoneme correctly in isolation in 90% of his attempts.

This criterion clearly indicates that the client must produce the /s/ phoneme correctly in at least 90% of the total number of attempts. If
the total number of trials is 50, the client has to produce /s/ correctly in at least 45 of them to meet criterion.

The next objective is written in an imprecise manner so that the meaning is nearly beyond comprehension.

5.4(U) to produce the /s/ target phoneme in isolation 30 times in 100% of his attempts.

The reader might interpret this objective as meaning that the client will produce the /s/ phoneme 30 times and that it has to be correct each time to meet criterion. To change this objective to a less confusing statement, the writer needs to determine what is important: the number 30, or 100% of the attempts, or both. If both are important, the objective can be revised in either of these ways:

5.4(C.1) to produce the /s/ phoneme correctly in isolation in 30 of 30 attempts.

5.4(C.2) to produce the /s/ phoneme correctly in isolation in all 30 attempts.

This objective has another problem, however. Requiring 100% correct productions is excessive. A criterion of 90% is adequate because a client typically continues to improve after training stops. It is not efficient to work on a behavior that will continue to show some spontaneous improvement. Thus, the objective should be revised from 100% to 90% of his attempts to allow for spontaneous growth. The revised objective follows:

5.4(C.3) to produce the /s/ phoneme correctly in isolation in 90% of his attempts.

If the clinician decides that the number 30 is important, the objective can be written in a couple of ways, depending on whether the trials have to be consecutive:

5.4(C.4) to produce the /s/ phoneme correctly in isolation in 30 consecutive trials.

5.4(C.5) to produce the /s/ phoneme correctly in isolation a total of 30 times.

According to the wording in the latter objective, the number of trials is not important. The client can meet the criterion by producing /s/ in isolation correctly in 30 of 60 trials or in 30 of 70 trials. Stating the
criterion in this manner is not suggested as the client can meet it without having adequate success and without actual mastery of the phoneme. In the former example, the client’s percentage of correctness is 50%; in the latter example, it is 43%. Neither of these percentages warrants progressing to a higher level objective.

This next objective does not state the criterion clearly:

5.5(U) to produce the target /s/ phoneme in isolation in 90% of his attempts 25 times.

After reading the discussions of the previous four objectives in this section, you probably can revise this objective immediately. Two suggested revisions follow:

5.5(C.1) to produce the /s/ phoneme correctly in isolation in 90% of his attempts.

5.5(C.2) to produce the /s/ phoneme correctly in isolation in 23 of 25 attempts.

The first revision is more acceptable than the second as it enables more flexibility (as discussed in relation to the second objective in this section).

In summary, problems specific to the criterion component have been discussed. The discussion about each objective should be instrumental in helping you to write criterion components that reflect how the client is expected to perform. Many of the revisions show how the criterion can be stated more clearly to avoid misinterpretation.

QUICK CHECK

Make certain the criterion portion of a behavioral objective is stated accurately so it is possible to determine when the client accomplishes the objective.

**Problem 6: Lack of Support or Harmony**

Many of the previously discussed problems can be identified simply by reading the behavioral objective. A more serious problem involves lack of support or harmony between the objective and the procedures initiated to meet that objective. This problem is less easily identified because the objectives are well written on the surface. A problem of this type does not appear until the behavioral objective is read immediately
before or during the observation of the therapy session. Only then is it discovered that what is occurring in the therapy session does not support the objective. This problem frequently occurs if there is little or no direction in the client's therapy program or if no critical thought has gone into determining the objectives.

This lack of harmony between the objective and the procedure is usually observed first by your supervisor. When it is brought to your attention, you must decide if the objective is correct or if the procedure is correct. Based on this decision, appropriate changes must be made.

In the examples described in this section, assume that what was occurring in the session was appropriate. The problem in each case was that the goal was not written specifically enough, so it had to be revised. Although the revisions all required a more specific performance component, this problem warrants special discussion because it goes beyond merely rewriting the objective. For each of the following examples, (a) the behavioral objective is given as written by the beginning clinician, (b) behavior from the therapy session is described and discussed, and (c) the revised objective that supports the therapy session is provided.

The first objective follows:

6.1(U) to produce the /r/ phoneme correctly in sentences in 90% of his attempts.

During the session, the child said “scarf” in the sentence “I have a scarf” and was reinforced for this production. According to the original goal, production of the word scarf should not be reinforced because the word does not contain the consonantal /tr/ phoneme as found in the word read. Instead, the word scarf contains the centering diphthong /ar/.

After discussion with a supervisor, the beginning clinician determined that correct production of the centering diphthongs was the target behavior. The goal was then revised:

6.1(C) to produce centering diphthongs correctly in sentences in 90% of his attempts.

By making the performance portion of the objective more specific, harmony was obtained between the objective and the procedure.

The second objective follows:

6.2(U) to produce the /s/ phoneme correctly during conversation in 90% of his attempts.

During the session, the beginning clinician reinforced the client’s production of the words swim and state. However, the sw and st combinations are blends or consonant clusters and are not included in the original
objective. After reading the objective, the supervisor expected the client to be reinforced for the correct production of /s/ in words said during conversation such as sun, ice, and bicycle, but not swim. Based on observation of the session, the supervisor assumed that the objective should be revised as follows:

6.2(C.1) to produce /s/ blends correctly during conversation in 90% of his attempts.

Continued observation of the session, however, revealed that the beginning clinician also reinforced production of the /s/ phoneme in the words sit and nest. Discussion with the beginning clinician revealed that she viewed the goal as being correct production of the /s/ phoneme in all possible contexts. Therefore, it was necessary to revise the goal:

6.2(C.2) to produce /s/ correctly in all contexts during conversation in 90% of his attempts.

With the objective written in this manner, it is appropriate for the beginning clinician to reinforce correct productions of /s/ as singletons, blends, or sound combinations. Harmony between the objective and the procedure was accomplished by making the performance portion of the objective more specific.

The next objective to consider is as follows:

6.3(U) to produce the /s/ phoneme correctly during reading in 90% of his attempts.

The client's production of the words bees and was was reinforced during the reading activity. However, because both of these words end in the /z/ phoneme, they are not included in the original objective.

Through discussion, the supervisor learned that the beginning clinician was looking for correct production of both members of the cognate pair. This information should have been reflected in the objective. Therefore, the objective was revised:

6.3(C) to produce the /s/ and /z/ phonemes correctly during reading in 90% of his attempts.

The objective is now supported by the procedure. Once again, harmony was achieved by making the performance portion of the objective more specific.

In summary, the three examples cited in this section all involve what appear to be well-written behavioral objectives. The three com-
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Components (performance, condition, and criterion) are intact—at least at first glance. When the therapy session is observed concurrent with reading the objectives, however, a lack of harmony between the objective and the procedure becomes evident. In the examples cited, harmony was achieved by making the performance aspect of the objective more specific.

Quick Check

Always make certain that there is harmony between your objectives and procedures. Make certain that all of your procedures support your objectives.

Summary

This chapter has shown various problems that arise in writing behavioral objectives. The first problem—incorrect format following the lead-in—deals with lack of consistency between the lead-in and the actual objective. The remaining problems deal with either the performance, condition, or criterion component of the behavioral objective. The final problem—lack of support or harmony—deals with the lack of agreement between the objective and the procedure. I have identified these common problems in hopes that you will give more analytic and critical thought to your behavioral objectives before submitting them to your clinical supervisor.

Know it, Use it!

After reading this chapter, you should be able to:

1. state at least three problems affecting the performance component of behavioral objectives.
2. explain the main problem affecting the condition component of behavioral objectives.
3. state at least three problems affecting the criterion component of behavioral objectives.
4. write at least four problem-free behavioral objectives reflecting four different communication disorders.
5. detect and fix all problems evident in your behavioral objectives.

Reference