

Specifying Behavior

Shortly after the midterm grades came out, a teacher referred Robert to the school social worker, describing Robert as “inattentive in the classroom, poorly motivated, and having low self-esteem.” The social worker wondered what Robert did or said that led to this description.

Hayley told the therapist that she felt “nervous all the time.” Her nervousness increased as it came closer to the time her husband, Jason, came home from work each day.

Objectives

After completing this chapter, you should be able to do the following:

- Distinguish between vague and behaviorally specific statements.
- Describe events according to observable or measurable behaviors or responses.
- Rewrite vague statements into behaviorally specific ones.
- Specify measures of response strength using rate, duration, and intensity.

Overt and Covert Behaviors

This book presents a **behavior change approach** to assessing and changing human behavior. An essential skill in this approach is the ability to state problems and situations in clear, specific language. The practitioner strives for specificity in describing the movements and actions of individuals. These activities are called **behaviors** or **responses**, terms that we use interchangeably throughout this book. A behavior is defined as any observable or measurable movement or activity of an individual. Behavior can be verbal or nonverbal, overt or covert. **Overt responses** are observable

and measurable. Covert or private responses are measurable but are not observable. Examples of overt verbal responses are screaming, stuttering, saying “thank you,” lecturing to an audience, and laughing. Overt nonverbal responses include smiling, trembling, throwing a baseball, and raising an eyebrow.

Covert responses are private or unobservable events that can be cognitive, emotional, or physiological. Cognitive behaviors include thoughts, perceptions, attitudes, and beliefs. Much of this behavior is described as “self-talk” or **self-statements**, the things that people say to themselves (or “think”) in response to antecedent and consequent stimuli. “I’ll never pass this test,” “My mother always blames me,” and “If I speak up in class everyone will think I’m stupid” are examples of negative self-statements. “I’m as smart as anyone else in this class” and “If I study the material all week I’ll be able to pass the exam” are examples of positive self-statements.

Emotions are covert events that are labeled by individuals according to how they experience feelings. They influence, and are influenced by, cognitions. Emotions include anxiety, loneliness, fear, excitement, irritability, and anger. For example, if you believe that flying in an airplane is dangerous, you may feel anxious just reading an airline schedule. Alternatively, if you believe that flying is a safe and efficient way to travel, boarding an airplane to go on a vacation may evoke pleasant, relaxed feelings. Practitioners have access to these private events through an individual’s self-reports and through physiological measures. Measurement of a covert behavior consists of self-reports of its rate, intensity, and duration. Examples of physiological behaviors are heart rate, blood pressure, pulse rate, and brain waves and are measured by instruments such as heart rate monitors, stethoscopes, sphygmomanometers, and electroencephalographs (EEGs).

The approach that we take in this book is consistent with the position that covert behaviors are subject to the same principles of behavior change as overt behaviors (e.g., Homme, 1965; Thyer & Myers, 2014). Covert behaviors can be operantly conditioned or classically conditioned through association with individuals or other stimuli. Covert behaviors are treated as appropriate targets for assessment and intervention.

Human services practitioners frequently encounter problems that are presented in vague, nonspecific language. For example, Tina complained that her boyfriend was hard to get along with because of his “emotional insecurity.” The practitioner attempted to delineate the problem in words that clearly specified verbal and nonverbal behaviors. Thus the practitioner asked Tina to describe her boyfriend’s speech and nonverbal behaviors that were related to his “insecurity.” She specified his behaviors as follows: statements such as “You’d be better off without me” and “Everyone is getting ahead except me” and nonverbal behaviors such as walking slouched, with his head down, and writing 25 letters each week in response to job advertisements in the newspaper.

Mr. Madison remarked to a practitioner that his 14-year-old daughter was not acting feminine enough. The practitioner asked him to describe his daughter’s verbal and nonverbal behaviors related to her “not acting feminine enough.” Mr. Madison said that his daughter wore only pants, never skirts or dresses, and that she frequently wore jackets and ties. She also sometimes used profane language

and stayed out past her 11:00 p.m. curfew. Mr. Madison’s definition of “feminine behavior” and his desire to change his daughter’s behaviors are issues that might be appropriate for discussion with him in a counseling situation. The point here is that the practitioner can obtain a clear picture of the client’s concerns through behavioral specification of vague terms.

To clearly specify an event, the individual’s behavior is described in *positive, observable* terms. A negatively stated description such as “Robert does *not* turn in his class assignments” is insufficient because it fails to describe what Robert is doing in the problematic situation. An appropriate description of Robert’s problem behavior might be “Robert plays video games instead of writing his assignment.”

A description of an individual’s behavior in observable terms specifies what the person *says* or *does*. Unobservable constructs, such as “ego impairment,” “low self-esteem,” and “underlying hostility,” are insufficient descriptions of behavior. The use of such terms does not contribute essential information about the behavior, and the constructs are not measurable. If such terms are used, they should be accompanied by behaviorally specific descriptions of what the individual says or does.

For example, if 19-year-old Paul is described as exhibiting “underlying hostility” we still do not know exactly what he says or does, and his behavior is open to many interpretations. The label “underlying hostility” could be an interpretation or a conclusion drawn, for example, on the basis of Paul’s having set three fires. In a counseling situation, the treatment issue could be formulated in terms of whether to modify behaviors related to the fire setting or to explore the “underlying hostility.” Robert’s teacher described him as having “low self-esteem.” The following are some of the behaviors that might have led her to use this description: Robert says, “I’m not smart enough to do this math homework,” he buys drugs and gives them to his friends, or he turns in blank papers instead of completing his assignments.

Hayley complained of feeling “nervous” all the time. The behaviors that led her to describe herself this way included heart palpitations and a racing pulse. She also reported excessive worrying about her marriage; for example, she told herself, “I will never be able to please Jason, and he will wind up leaving me.”

The following are some common examples of vague language, along with a behaviorally specific measure of each example.

<i>Vague Statement</i>	<i>Behaviorally Specific Measure</i>
She has low self-esteem.	She says, “I’m not as smart as my sister.”
He exhibits hostility.	He throws dishes at his wife.
He doesn’t love me.	He plays video games during dinner.
She is intelligent.	She reads the <i>New York Times</i> every day.
He is really depressed.	He stays in bed 12 hours a day and says, “Life isn’t worth living.”

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<i>Vague Statement</i>	<i>Behaviorally Specific Measure</i>
He is not reliable.	He arrives late to work.
She is a cheapskate.	She buys gifts for friends at the dollar store although she has a high-paying job.
I try to give my mother lots of support.	I call my mother three times a week to ask if she needs anything.

In this book, we focus on the specification and analysis of an individual's behaviors and his or her controlling conditions so that intervention plans can be formulated on the basis of observable or measurable events. This approach avoids or minimizes the use of hypothetical, unobservable constructs and vague inferences. If labels are used, they are accompanied by behavioral descriptions. Covert behaviors are measured through self-report or instrumentation. The following case example illustrates the benefits of behavioral specification compared with the use of vague, nonspecific language.

CASE EXAMPLE 1

Behavioral Assessment of Drug Abuse

Robert is a 14-year-old junior high school student who started drinking beer 6 months ago at a party given by one of his friends. He liked the feeling of acceptance from the older kids at the party and continued his experimentation with other drugs, including marijuana. During the past 2 months, Robert has turned in incomplete class assignments, sometimes handing in blank sheets of paper. His midterm report card showed four Fs and one C in an art course. Robert's parents were concerned that he would drop out of school or not pass to the next level. Last week, his mother found marijuana and some of her diet pills in Robert's desk drawer. When confronted with this evidence, Robert admitted to taking drugs but argued that his drug use did not interfere with his functioning in school or at home.

Shortly after the midterm grades came out, a teacher referred Robert to the school social worker, describing him as "inattentive in the classroom, poorly motivated, and having low self-esteem." He was failing most of his classes.

Robert complained to the school social worker that his parents frequently grounded him, nagged him, withheld his allowance, and denied him privileges such as watching television and going out with his friends. Upon further questioning, Robert said that his parents disciplined him because of his poor grades. Robert admitted that he might flunk out of school but denied that his drug taking was interfering with his studying. When the social worker asked him to describe his use of drugs and alcohol, Robert stated that he drank beer every weekend with his friends and smoked pot once a

month. Robert said that when he started studying, his friends often invited him over to listen to music and drink beer and that this happened about three times a week. He also spent an average of three evenings per week at his girlfriend's home, and they usually began these evenings by drinking beer or wine. When he was home alone, Robert typically looked in his notebook for class assignments, took a drink or two before beginning them, and completed only parts of his assignments or none of them at all. The baseline rate of Robert's drug use, including alcohol, was 7 days per week. The baseline rate of Robert's drinking before beginning homework assignments was 4 days per week.

Note: All names used in the examples in this book are fictitious.

Clarifying Vague Terms and Fuzzy Language

In Case Example 1, the teacher complained that Robert was “inattentive and poorly motivated” in class. The social worker wanted to know in specific terms how Robert was inattentive and poorly motivated. Did he stare out the window? Did he walk around the room? Did he throw papers on the floor? Did he laugh at the teacher? Did he make faces? The social worker wanted a more specific description of Robert's behavior, such as “Robert stared at the ceiling in class and completed only 1 out of 10 math problems.” Thus, a stranger reading this description is provided with a concrete, observable, and measurable instance of Robert's inattentive and poorly motivated classroom behavior.

Similarly, statements such as “Greg refused to take his medicine as prescribed” or “Jane denied spreading the rumor about Carol's affair” fail to describe exactly what these individuals said or did in those situations. Refusing to take his medicine could mean that Greg said, “I refuse to take my medicine,” or that he emptied the bottle of pills into the trash. When Jane “denied” spreading the rumor, this could mean that Jane said, “You're a liar,” or that she walked away from the person who accused her of spreading the rumor.

Vague language referring to an individual's actions can be defined in behaviorally specific terms. This usually requires the reporting of actual observations of the individual's behavior in the given situation. An adequate description provides enough detail about the form or appearance of the response so that other individuals can accurately identify the response.

Target Behavior

The **target behavior** is the behavior to be observed and measured; it is the focus of change. Depending on the desired behavior change, a practitioner can specify one of four outcomes or directions in which a target behavior can be modified: Interventions can be applied so that a behavior is (a) newly developed, (b) increased

or strengthened, (c) maintained at a particular rate or pattern of occurrence, or (d) decreased, weakened, or suppressed. *Elimination* of a behavior is not included as an outcome because it is possible, in various circumstances, for a behavior that has been weakened or suppressed to recur.

Measuring Response Strength

A precise description of a response includes a measure of **response strength**. The strength of a response is measured by (a) how often the response occurs within a given time period (response rate or frequency per time unit), (b) how long the response lasts (duration), and (c) the severity of the response (intensity).

Response rate or frequency per time unit is the primary measure of response strength—for example, “Phil washed his hands eight times in the past hour,” or “Andre came home from school crying three times last week.” Examples of **duration** are “Tiffany held her breath for 20 seconds” and “Corrine remained in her house for 4 weeks without going outside.” **Intensity** can be measured electronically or mechanically, such as with an audiometer (which measures loudness) or through the use of a self-rating scale. A client might use a self-rating scale to describe the intensity of his or her anxiety on a scale ranging from 0 to 100. For example, Hayley rated her nervousness (anxiety) as 90 on a 100-point scale. Sometimes, two or more measures of response strength may be used to describe a particular response; for example, “Candace cried in her room for more than 30 minutes [duration] three times this week [rate].” We discuss measures of response strength further in later chapters (e.g., Chapter 13).

The Behavioral Assessment Approach

The behavioral assessment approach presented in this book can be applied to a wide variety of situations. The first step in behavioral assessment is to specify the target behavior in behaviorally specific terms. The second step is to collect **baseline data**—that is, specific measures of response strength prior to intervention. Practitioners use baseline data to set goals and formulate intervention plans. These data also provide measurable criteria for evaluating behavior change.

Obtaining Baseline Data

Response rate, or frequency of the response (per unit of time), is the most common baseline measure; for example, “Robert drank beer with his friends three times per week for the past 6 weeks,” or “Alice called her ex-boyfriend six times per day for the past 10 days.” These data are obtained during assessment; for Robert and Alice, the data indicate the baseline rate of Robert’s beer drinking and Alice’s calling her ex-boyfriend—that is, the rates at which these behaviors occurred prior to the implementation of any interventions.

A chart showing a week of baseline data for Robert’s beer drinking might appear as in Table 1.1.

Another way of charting Robert’s baseline rate of drinking beer might be on a weekly rather than a daily basis (see Table 1.2).

The behavioral assessment framework is elaborated in Chapter 13.

Table 1.1 Daily Chart of Baseline Data for Robert

Description of Response: Robert drinks beer with his friends

<i>Days</i>	<i>Response Strength^a (frequency per day)</i>
Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	
Saturday	
Sunday	
	Total: 3

^aSpecify the measure of response strength to be used, in this case, frequency per day. Place a vertical mark (|) in this column to indicate each occurrence of the target response.

Table 1.2 Weekly Chart of Baseline Data for Robert

Description of Response: Robert drinks beer with his friends

<i>Week</i>	<i>Response Strength (frequency per week)</i>
1	
2	
3	
4	
5	
6	
	Total: 19 Average: 3 times/week

Summary

1. A *response*, or *behavior*, is defined as any observable or measurable movement or activity of an individual, whether overt or covert, verbal or nonverbal.
2. Covert responses are private or unobservable events that can be either cognitive or physiological. Cognitive responses include thoughts, emotions, attitudes, and beliefs. Examples of physiological responses are heart rate, blood pressure, and pulse rate. A covert response can be measured using the individual's self-report of its rate, intensity, and duration. A physiological response can be measured through the use of an instrument such as a heart rate monitor.
3. An observable response specifies what the individual says or does in positive, observable terms.
4. If vague terms are used in labeling unobservable events, they should be accompanied by behaviorally specific measures.
5. The target behavior is the behavior to be observed or measured and is the focus of change. Interventions can be applied so that a target behavior is (a) newly developed, (b) increased or strengthened, (c) maintained at a particular rate or pattern of occurrence, or (d) decreased, weakened, or suppressed.
6. Three measures of response strength are rate (frequency/time unit), duration, and intensity. Response rate is the most common measure of response strength.
7. The first step in behavioral assessment is to specify the target response in behaviorally specific terms. The second step is to collect baseline data. Practitioners systematically record baseline data to analyze measures of response strength prior to intervening.

Suggested Activities

1. Listen for vague statements that you or your friends typically use to describe people and their behaviors. List three of these vague statements and identify at least one behaviorally specific measure for each.
2. Using your list from activity 1 above, identify each behavior as overt (specifying verbal or nonverbal) or covert (specifying cognitive, emotional, or physiological).
3. Pick a behavior of yours as a target behavior and describe it in behaviorally specific terms. Record the baseline data for that behavior, specifying the measure of response strength to be used.

4. Pair up with a classmate and decide which of you will play the role of client and which will play the role of therapist. Role-play an initial interview in which the therapist explains the rationale for the client to use behaviorally specific language and asks the client to specify vague terms.

Chapter Posttest Questions

- (10) 1. A. Indicate with a (+) which of the following statements are written in behaviorally specific terms and with a (–) the statements that are vague and require further specification.
 - B. After completing 1A, rewrite in specific terms only those statements in which the responses are not described behaviorally.
 1. Eddie took two cans of beer from the refrigerator.
 2. Johnny expressed his feelings of inadequacy at the ball game.
 3. Norman showed hostile feelings toward his probation officer this week.
 4. Mr. Smith asserted his authority over use of the car.
 5. He thinks of his girlfriend often.
 6. Mr. Foster said, “I can’t earn enough money to make you happy.”
- (1) 2. In Case Example 1 (p. 334), Robert is described as having “low self-esteem.” Specify a behavior that might have led the teacher to describe him in this way.
- (1) 3. Rewrite the following statement to include a measure of response strength: Dan drinks at the bar.

References and Resources

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