

CHAPTER 1 INTRODUCTION

Answers to [and Levels of] Questions for Learning

1. **Q:** What is behavior, generally and technically? [Level 1/K] Give three synonyms for behavior. [Level 1/K]
A: Generally, behavior is anything a person does or says. Technically, behavior is any muscular, glandular, or electrical activity of an organism. Synonyms include: activity, action, performance, responding, response, and reaction.
2. **Q:** Distinguish between behavior and products of behavior. [Level 4/An] Give an example of a behavior and a product of that behavior that are not in this chapter. [Level 3/App]
A: Behavior is anything that a person says or does. Products of behavior are the consequences produced by the behavior. For example, studying effectively and writing the correct answers to questions on an exam are behaviors. Getting an “A” is a product of those behaviors.
3. **Q:** Distinguish between overt and covert behaviors. [Level 4/An] Give two examples of each that are not in this chapter. [Level 3/App]
A: Overt behaviors are behaviors that could be observed and recorded by an individual other than the one performing the behavior. For example, walking and talking are overt behaviors. Covert behaviors are private or internal activities that cannot be readily observed by others. For example, thinking particular words to oneself or feeling nervous (increased heart rate, etc.) would be private behaviors.
4. **Q:** What are cognitive behaviors? [Level 1/K] Give two examples. [Level 2/C]
A: Thinking in words (private self-talk) and imagining are sometimes referred to as cognitive behaviors. For example, a hockey player may think before stepping on the ice at a game, “I am going to play my best game yet” (private self-talk), or a teacher may tell the class to close their eyes and picture a beach (imagining).
5. **Q:** Describe two dimensions of behavior. [Level 2/C] Give an example of each. [Level 2/C]
A: Any two dimensions can be described. *Duration* of a behavior is how long it lasts. For example, measuring how long an individual can tread water in a swimming pool. *Frequency* of a behavior is the number of instances that occur in a given period of time. For example, a figure skater counting the number of times that she or he lands a new jump in a practice session. The *intensity* or *force* of a behavior refers to the physical effort or energy involved in emitting the behavior. For example, the force of a person’s grip when shaking hands.
6. **Q:** From a behavioral point of view, what do terms like *intelligence* or *creativity* refer to? [Level 1/K] Give an example of each. [Level 2/C]
A: Although their meanings vary from speaker to speaker, they always refer to ways of behaving. An intelligent person, for example, solves problems quickly; a creative person frequently emits behaviors that are novel or unusual and have desirable effects.
7. **Q:** What are two positive reasons that summary terms for behavior patterns are used frequently in psychology and in everyday life? [Level 2/C]
A: First, summary labels may be useful for quickly providing general information about how an individual might perform. For example, a ten-year old child labeled as having a severe developmental disability would not be able to read at the first grade level. Second, the labels may imply that a particular treatment program will be helpful. For example, someone labeled as showing road rage might be encouraged to take an anger management program.
8. **Q:** What are two disadvantages of using summary labels to refer to individuals or their actions? [Level 1/K] Give an example of each. [Level 2/C]
A: (a) They may lead to pseudo explanations of behavior. For example, a child who inverts words while reading might be labeled as dyslexic. If we ask why the child inverts words, and we are given the answer, “Because he is dyslexic,” then the summary label for behavior has been used as a pseudo explanation for the behavior. (b) They can negatively affect the way a labeled individual might be treated. For example, suppose a teenager consistently fails to help his parents perform chores around the house. If the parents describe their son as “lazy”, that label may cause them to focus more on the problem behavior than to praise positive

behaviors. Any appropriate examples are acceptable.

9. **Q:** What is a behavioral deficit? [Level 1/K] Give two examples that are not in this chapter. [Level 3/App]
A: Too little behavior of a particular type. For example, a child might not pronounce words clearly, nor interact with other children. Any other two appropriate examples are acceptable.
10. **Q:** What is a behavioral excess? [Level 1/K] Give two examples that are not in this chapter. [Level 3/App]
A: Too much behavior of a particular type. For example, a child frequently plays with the dials on the television set, and throws food on the floor at mealtime. Any other two appropriate examples are acceptable.
11. **Q:** What are three reasons why the authors describe behavior problems in terms of specific behavioral deficits or excesses? [Level 2/C]
A: (a) To avoid the problems of using general labels to refer to individuals; (b) because it is behavior that causes concern and behavior that must be treated to alleviate the problems; and (c) specific procedures are available to overcome behavior problems.
12. **Q:** Define behavior modification. [Level 2/C]
A: Behavior modification involves the systematic application of learning principles and techniques to assess and improve individuals' covert and overt behaviors in order to enhance their daily functioning.
13. **Q:** What are stimuli? [Level 1/K] Describe two examples that are not in this chapter. [Level 3/App]
A: Stimuli are the people, objects, and events currently present in one's immediate surroundings that impinge on one's sense receptors and that can affect behavior. Any appropriate examples are acceptable.
14. **Q:** State seven defining characteristics of behavior modification. [Level 1/K]
A: First, it places strong emphasis on defining problems in terms of behavior that can be measured in some way and accepting changes in the behavioral measure of the problem as the best indicator of the extent to which the problem is being helped. Second, its treatment procedures and techniques are ways of altering an individual's environment to help that individual function more fully in society. Third, its methods and rationales can be described precisely. Fourth, the techniques of behavior modification are often applied by individuals in everyday life. Fifth, its techniques stem from basic and applied research in the psychology of learning in general, and in the principles of operant and Pavlovian conditioning in particular. Sixth, it emphasizes scientific demonstration that a particular intervention was responsible for a particular behavior change. Seventh, it places high value on accountability for everyone involved in behavior modification programs: client, staff, administrators, consultants, etc.
15. **Q:** What is meant by the term *target behavior*? [Level 1/K] Give an example of a target behavior of yours that you would like to improve. [Level 3/App] Is your target behavior a behavioral deficit to increase or a behavioral excess to decrease? [Level 2/C]
A: Target behavior is a behavior to be improved in a behavior modification program. A student might identify a target behavior of studying. This would be a behavioral deficit that needs to be increased. Other appropriate examples are acceptable.
16. **Q:** Define behavioral assessment. [Level 2/C]
A: Behavioral assessment involves the collection and analysis of information and data in order to:
(1) Identify and describe target behaviors;
(2) Identify possible causes of the behavior;
(3) Guide the selection of an appropriate behavioral treatment; and
(4) Evaluate treatment outcome.
17. **Q:** Briefly describe Joseph Wolpe's contribution to the early history of behavior therapy. [Level 2/C]
A: In the 1950s Joseph Wolpe, drawing heavily on Pavlovian conditioning, developed a behavioral treatment for specific phobias. In the early 1960s, when Wolpe moved to the United States, his behavior therapy approach for treating anxiety disorders gained in popularity.
18. **Q:** Briefly describe B. F. Skinner's early influence on behavior modification? [Level 2/C]
A: In 1953, in his book *Science and Human Behavior*, Skinner offered his interpretation of how basic learning principles could influence the behavior of people in all kinds of situations. In the 1950s and 60s, practitioners influenced by Skinner published papers that demonstrated applications of operant conditioning principles to

help people in a variety of ways, and these applications were given the name behavior modification.

19. **Q:** State the four dimensions of applied behavior analysis. [Level 2/C]

A: The dimensions of applied behavior analysis include: (a) a focus on measurable behavior that is socially significant; (b) a strong emphasis on the learning principles frequently referred to as operant conditioning, to develop treatment strategies; (c) an attempt to clearly demonstrate that the treatment that was applied was responsible for the improvement in the behavior that was measured; and (d) a demonstration of generalizable and long-lasting improvements in behavior.

20. **Q:** What was Aaron Beck referring to with respect to the term *cognitive therapy*? [Level 1/K]

A: By the term “cognitive therapy”, Beck was referring to strategies for recognizing maladaptive thinking and replacing it with adaptive thinking.

21. **Q:** How is the term *applied behavior analyst* used in this book? [Level 1/K]

A: The term “applied behavior analyst” is used to refer to individuals who specialize in applied behavior analysis or behavior modification.

22. **Q:** How is the term *behavior therapist* used in this book? [Level 1/K]

A: The term “behavior therapist” is used to refer to someone who has considerable formal training in the application of behavior therapy or cognitive behavior therapy for treating psychological disorders.

23. **Q:** List four myths or misconceptions about behavior modification. [Level 2/C]

A: Any four of the following myths or misconceptions:

- (a) Use of rewards by behavior modifiers to change behavior is bribery;
- (b) Behavior modification involves the use of drugs, psychosurgery, and electroconvulsive therapy;
- (c) Behavior modification only changes symptoms; it doesn’t get at the underlying problems;
- (d) Behavior modification is not applicable for changing complex problems such as low self-esteem or depression;
- (e) Behavior modifiers are cold and unfeeling and don’t develop empathy for their clients;
- (f) Behavior modifiers deal only with observable behavior; they don’t deal with thoughts and feelings of clients;
- (g) Behavior modification is outdated.

24. **Q:** List four subtopics that address ethical issues in behavior modification programs.

[Level 2/C]

A: (a) Qualifications of the behavior analyst/behavior therapist; (b) definition of the problem and selection of goals; (c) selection of treatment; and (d) record-keeping and ongoing evaluation.

25. **Q:** State two guidelines to ensure that target behaviors for behavior modification are the most important for the client and society. [Level 2/C]

A: (a) Ideally the client will be an active participant in the identification of target behaviors; and (b) where this is not possible, competent impartial third parties should be identified to act on behalf of the client.

26. **Q:** What is key to ensuring ethical and effective treatment programs by applied behavior analysts/behavior therapists? [Level 1/K]

A: The monitoring of data of target behaviors as well as possible side effects, by concerned parties and clients.

Answers to [and Levels of] Questions for Further Learning

1. **Q:** What is the full title of the *DSM-5*? [Level 1/K] Describe what it is in a sentence.

[Level 2/C]

A: *DSM-5* stands for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. It is a manual to help therapists to diagnosis or classify clients based on categories of problem behaviors observed.

2. **Q:** Give five reasons why many behavior modifiers use the *DSM-5*. [Level 2/C]

A: First, it is based primarily on research. Second, individual disorders are based on categories of problem behaviors. Third, it uses a multidimensional recording system that provides extra information for planning treatment, managing a case, and predicting outcomes. Fourth, often official *DSM-5* diagnoses

are required by clinics, hospitals, schools, and social service agencies before treatment can be offered. Fifth, health insurance companies reimburse practitioners on the basis of the diagnoses in the *DSM- 5*.

3. **Q:** What is a potential disadvantage of using the *DSM-5*? [Level 2/C]

A: A *DSM-5* diagnosis may lead to an individual being labeled (e.g., autistic), and labeling can lead to several disadvantages, such as the implication that all individuals with the same label are the same, even though they are not.

4. **Q:** What is meant by “people first language” when describing individuals with problems? [Level 1/K] Illustrate with an example. [Level 2/C]

A: People-first language uses terms that specify the diagnosis or label after specifying the person with that label. It therefore helps us to focus on the problem and to avoid labeling. Although the question does not ask for an example, an example would be identifying an individual as a child with autism rather than an autistic child.

CHAPTER 2

AREAS OF APPLICATION: AN OVERVIEW

Answers to [and Levels of] Questions for Learning

1. **Q:** List four children's behaviors that have been improved by parents' application of behavior modification. **[Level 1/K]**
A: Any four of the following: learning to walk, learning to talk, toilet training, doing household chores, decreasing nail-biting, decreasing temper tantrums, decreasing aggressive behaviors, following rules, complying with parents' requests, and decreasing arguing. Other behaviors might also be acceptable.
2. **Q:** List four elementary school students' behaviors that have been modified with behavior modification techniques. **[Level 1/K]**
A: Any four of the following: oral reading, reading comprehension, spelling, handwriting, mathematics, English composition, creativity, science concepts, out-of-seat behavior, tantruming, aggressive behavior, and excessive socializing. Other behaviors might also be acceptable.
3. **Q:** Describe three characteristics common to behavioral approaches in university teaching. **[Level 2/C]**
A: (a) The instructional goals for a course are stated in the form of study questions and application exercises; (b) students are given opportunities to demonstrate their mastery of the course content through frequent tests (based on the study questions) or some combination of tests and assignments; and (c) students are given detailed information at the beginning of a course about what is expected of them on the tests and assignments in order to achieve various letter grades.
4. **Q:** What is PSI, and who was its founder? **[Level 1/K]**
A: PSI stands for Personalized System of Instruction, which is a behavior modification approach to teaching. It was founded by Fred S. Keller.
5. **Q:** What is CAPSI? **[Level 1/K]**
A: CAPSI is Computer-Aided PSI, or Computer-Aided Personalized System of Instruction.
6. **Q:** What is currently the preferred term for the disability previously referred to as "mental retardation"? **[Level 1/K]**
A: Intellectual disability.
7. **Q:** List four behaviors of persons with intellectual disabilities that have been modified using behavior modification. **[Level 1/K]**
A: Any four of the following: toileting, feeding, dressing, personal hygiene, social skills, communication skills, vocational skills, leisure time activities, and community survival behaviors. Other behaviors listed might also be acceptable.
8. **Q:** List four behaviors of children with autism that have been modified using behavior modification. **[Level 1/K]**
A: Social behaviors, language skills, play behaviors, and (elimination of) self-stimulatory behaviors. Other behaviors listed might also be acceptable.
9. **Q:** List four behaviors of people with schizophrenia that have been modified using behavior modification. **[Level 1/K]**
A: Social skills, communication skills, assertiveness, and job finding skills. Other behaviors listed might also be acceptable.
10. **Q:** List four psychological problems that have been effectively treated with behavior therapy. **[Level 1/K]**
A: Any four of the following: anxiety disorders, obsessive-compulsive disorders, stress-related problems, depression, obesity, marital problems, sexual dysfunction, and habit disorders. Other problems might also be acceptable.

11. **Q:** List four behaviors in the area of self-management of personal problems that have been modified by behavior modification techniques. [Level 1/K]
A: Saving money, increasing exercise behavior, improving study habits, and controlling gambling. Other behaviors listed might also be acceptable.
12. **Q:** What is health psychology? [Level 1/K]
A: Health psychology is the study of how psychological factors can influence or cause illness, and how people can be encouraged to practice healthy behavior in order to prevent health problems.
13. **Q:** List five areas of application within health psychology. [Level 1/K]
A: Areas of application of health psychology include: (a) direct treatment of medical problems such as headaches; (b) establishing treatment compliance such as taking medications as prescribed; (c) promoting healthy living such as eating well-balanced meals and getting adequate exercise; (d) improving the management of caregivers, such as the behavior of nurses and other medical personnel who provide services; and (e) teaching use of behavioral strategies for coping with stress.
14. **Q:** List three behaviors of elderly persons that have been improved with behavior modification techniques. [Level 1/K]
A: Any three of the following: coping with loss of skills, functioning independently during old age, learning new routines because it's impossible to perform tasks in previously learned ways, overcoming anxiety or fear about possible failure to cope, learning new relationships with professional care staff, and decreasing disruptive behaviors in nursing homes. Other behaviors might also be acceptable.
15. **Q:** Define behavioral community psychology. [Level 2/C]
A: Behavioral community psychology refers to applications to socially significant problems in unstructured community settings where the behavior of individuals is not considered deviant in the traditional sense.
16. **Q:** List four behaviors in the area of behavioral community psychology that have been modified by behavior modification. [Level 1/K]
A: Any four of the following: littering, recycling, energy conservation, living in a cooperative housing project, and job skills training. Other behaviors listed might also be acceptable.
17. **Q:** Define organizational behavior management (OBM). [Level 2/C]
A: Organizational behavior management is the application of behavioral principles and methods to the study and control of individual or group behavior within organizational settings.
18. **Q:** List four behaviors in business, industry, or government that have been modified by behavior modification. [Level 1/K]
A: Any four of the following: improved productivity, decreased tardiness and absenteeism, increased sales volume, creation of new businesses, improved worker safety, reduced theft by employees, reduced shoplifting, and improved management-employee relations. Other behaviors listed might also be acceptable.
19. **Q:** Define behavioral sport psychology. [Level 2/C]
A: Behavioral sport psychology has been defined as the use of behavior analysis principles and techniques to enhance the performance and satisfaction of athletes and others associated with sports.
20. **Q:** List four areas of application of behavioral sport psychology related to athletes. [Level 1/K]
A: Any four of the following: motivating practice and fitness training, teaching new athletic skills, controlling emotions that interfere with athletic performance, helping athletes cope with pressure in major competitions, and helping coaches to function more effectively. Other behaviors listed might also be acceptable.
21. **Q:** Describe how knowledge of a cultural characteristic might be helpful for applied behavior analysts/behavior therapists working with individuals from different cultures. [Level 2/C] Give an example. [Level 2/C]
A: Cultural characteristics can influence the effectiveness of treatment. It is helpful, for example, for

therapists to know that many Asian-American clients prefer to be told specifically what to do by the therapist (as opposed to a more non-directive approach). On the other hand, with many Hispanic-American clients, compliance with goal-directed suggestions is likely to be more effective if they are preceded by a period of familiarizing small talk.

Answers to [and Levels of] Questions for Further Learning

1. **Q:** Describe the characteristics of discrete-trials teaching. [Level 2/C]

A: Discrete-trials teaching is made up of a series of individual teaching trials that typically last 5-20 seconds each, with each trial separated by a brief inter-trial interval. On each trial, a teacher provides an antecedent, such as an instruction, the child typically responds, and the teacher provides an immediate and appropriate consequence, such as a reward for correct behavior.

2. **Q:** What are two important research needs in EIBI programs for children with autism?

[Level 2/C]

A: Two important research needs in EIBI programs for children with autism are: (a) quality assessment systems to evaluate the effectiveness of specific components of EIBI interventions; and (b) the development of effective rapid training procedures for teaching parents and instructors to conduct discrete-trials teaching.