The Behavior Modification Experience: Application, Accountability and Coaching

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The behavior modification project consists of two phases. First year students are required to participate in Phase I as a component of the course "Nutrition, Health Promotion and Disease Prevention." A section of the lecture sequence in this course provides didactic information about healthy lifestyle issues including smoking cessation, alcohol use, and principles of nutrition. Each student chooses a personal habit that he or she considers unhealthy (sedentary lifestyle, high fat diet, smoking, excessive alcohol consumption, etc) and this becomes the focus of the semester long project. Twenty second and third year students participate in Phase II, an elective course entitled "Behavior Modification Coaching," concurrent with the first year project. Each student is assigned a group of five first year students to "coach" for the semester. The behavior modification project was initiated seven years ago as part of an ongoing first year required course. The instructors evaluate and modify the project each year to enhance student learning.

INTRODUCTION
Curriculum revision with a change to an entry-level PharmD program seven years ago permitted the creation of the "Nutrition, Health Promotion and Disease Prevention" course. The behavior modification project is a natural extension of the didactic portion of this course that contains topics including basic nutrition, eating disorders, proper diet and fad diets. The physiological effects of alcohol, alcohol abuse and addiction are discussed. Students also learn about the effects of smoking on health and smoking cessation techniques.

The philosophy of the current curriculum promotes active learning and group activities. In addition, one of the project instructors also teaches communication skills and wished to establish a link between the courses as an avenue for promoting communication skills development, particularly development of empathy and improved written communication skills. The authors have modeled this project on several of the outcomes suggested in the CAPE document(1). One such outcome is to "display the attitudes, habits and values required to render pharmaceutical care." As many schools have learned, this outcome is particularly difficult to address in the early years of the pharmacy curriculum. The student learning measures employed in this project indicate that this outcome is being met in both phases of the project.

GOALS AND OBJECTIVES OF THE PROJECT
In Phase I, first year students undertake a personal behavior modification project over the course of a full semester. The students apply knowledge learned in the didactic portion of the course to their projects. This includes healthy lifestyle topics and common tools used in behavior modification programs(2). The project is conducted in small groups under the direction of an upper-class student who has previously completed the project and serves as the "coach."

First-year students participating in Phase I of the behavior modification project:

• identify and apply common techniques or tools used in behavior modification programs;
• evaluate through personal experience the usefulness of various behavior modification techniques;
• develop an understanding, through personal experience and reflection, of the challenge of behavior modification to achieve a healthy lifestyle;
• develop empathy through personal experience for patients who attempt behavior modification as part of a therapeutic plan.

By the end of the semester, first-year students should:
• reflect on the process of behavior modification;
• express empathy for family, friends and patients engaged in the behavior modification process;
• apply the knowledge and skills learned in the project to new situations involving behavior modification.

In Phase II of the project, second and third year students enroll in an elective course, "Behavior Modification Coaching." The coaches learn advanced techniques in behavior modification and apply this information during weekly small group meetings with their groups of five Phase I students. Coaches are expected to plan and conduct these meetings and evaluate the group members at the end of the project.

Second- and third-year students participating in Phase II of the behavior modification coaching elective:

• review healthy lifestyle principles and common techniques of behavior modification learned in the first year


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DESCRIPTION OF PHASE II

Students complete a pre-project survey adapted from materials used by a national health management organization "kicks off the project with a one-hour seminar discussing the following concepts:

- Lifestyle of the "average" American - typical diet, exercise, extent of obesity, statistics related to "lifestyle" disease(3).
- Studies showing how modest changes in lifestyle produce significant improvements in health. Steps to successful behavior modification:
  - Make a decision - commit to lifestyle change. Set measurable and realistic goals.
  - Develop a plan of action that includes what you will do, when you will do it and how you will do it.
  - Process your plan by sharing it with another person or group.
  - Provide accountability measures.

Students complete a pre- and post-survey designed to help them assess their personal lifestyles, to choose a topic for the semester long project, and to assess the success of the project at the end of the semester. PY2 and PY3 students are surveyed one and two years following project completion to determine if the changes in knowledge, skills and attitudes in response to project participation are long lasting.

DESCRIPTION OF PHASE I

The behavior modification project is conducted over a sixteen-week semester according to the following schedule:

- Week 1-2 Project kickoff and behavior modification topic choice
- Week 3-15 Weekly meetings and journaling
- Week 7 Mid-semester evaluation of coaches
- Week 16 Final project summaries and evaluations due

Week 1

Phase I. A health educator from a national health management organization "kicks off the project with a one-hour seminar discussing the following concepts:

- Lifestyle of the "average" American - typical diet, exercise, extent of obesity, statistics related to "lifestyle" disease(3).
- Studies showing how modest changes in lifestyle produce significant improvements in health. Steps to successful behavior modification:
  - Make a decision - commit to lifestyle change. Set measurable and realistic goals.
  - Develop a plan of action that includes what you will do, when you will do it and how you will do it.
  - Process your plan by sharing it with another person or group.
  - Provide accountability measures.

Week 2

Phase I and II. Students choose the topic of their personal behavior modification project and turn in a goal statement to their coaches including objective measurable outcomes. Coaches provide final approval of student projects and set weekly meeting times in consultation with the instructors.

Week 3

Phase I and II. The first group meeting includes icebreaker exercises and a discussion of the process of journaling. Students begin daily journal writing including objective discussion of progress and reflection on the behavior modification process.
Phase I and II. Weekly group meetings of approximately 20-30 minutes continue. The meetings provide accountability for individual students. Each student must report to the group about his/her personal project including the progress made or obstacles encountered during the week. The coaches collect the journals, review them and return them to student mailboxes with constructive comments by the next morning.

Week 7
Phase I. Students complete a mid-semester coaching evaluation via Blackboard. The purpose of the evaluation is to provide feedback to upper-level students on their coaching effectiveness. Instructors also provide a mid-semester evaluation to the coaches.

Phase II. A group session is held with coaches and instructors to obtain feedback from the coaches and plan modifications for the remainder of the semester schedule.

Week 16
Phase I. Students' written project summaries are due to coaches. Students report on the outcome of the project and reflect on the process of behavior modification as they experienced it. Students are expected to reflect on the hows and whys they achieved or failed to achieve their goals. Students also complete a final project survey on Blackboard. This anonymous survey is designed to help students reflect on the knowledge, skills and attitude changes that have occurred. The instructors do not use these post-surveys for individual grading purposes due to the personal nature of the data. However, the data are used to assess overall student learning and evaluate the project. Students also complete a final assessment of their coaches. These assessments are provided to the coaches as part of their evaluation.

Phase II. Coaches review project summaries for their group and assign tentative grades. They also submit their personal journals and project summaries for grading by the instructors. Coaches' summaries are a reflection on the coaching experience. Coaches discuss the techniques that were successful and those that were failures and reflect on the reasons for the results. Coaches also reflect on their coaching skills and identify areas for improvement.

THE ROLE OF THE INSTRUCTORS
The instructors:
set the schedules and group assignments for both Phase I and II instructors;
• visit the coaches' weekly meetings;
• monitor the discussion board for coaches' weekly reports;
• provide a lesson plan to the coaches for the weekly meetings;
• conduct pre-project, mid-semester and post-project surveys to assess project effectiveness and student learning;
• serve as resources for coaches especially during difficult times in managing the groups;
• assign first year project grades with the input of the coaches and assign coaches' grades for the elective course.

EVIDENCE OF STUDENT LEARNING
Phase I:
• Reflection in student journal entries
• Final project summaries

• Post-surveys conducted at the end of the project as well as one and two years after completion of the project.

Examples of student journal entries:
• "This happens to be one of those weeks where something takes priority over exercising (and unfortunately health in general)."
• "It was about 75 degrees today (yes, in February). My roommate and I decided to go walking outside to enjoy the beautiful weather. We walked about 3.5 miles, and for about 1.5 hours...Hopefully, she will begin exercising with me to keep each other motivated!!"
• "Those damn Valentine cookies! I ate a ton of them w/o counting today. Probably 2-3 servings. They are low fat at least, but calories galore. Worked out hard today, at least."

The student journals show relatively little reflection throughout most of the semester. This is contrasted with the writing samples from final project summaries. These excerpts indicate that by the end of the semester, students were beginning to understand and practice the art of reflective writing.

EXCERPTS FROM PHASE I FINAL PROJECT SUMMARIES
Student A
"Both of the methods I used to achieve my goal really helped. The journal helped me keep track of exercise or sometimes lack of exercise but it also helped me track my food intake that was surprising at times. I learned a lot about my exercise and eating habits. I have really enjoyed keeping a journal and this is another thing I plan on continuing. This whole project has allowed me to see how difficult it is to change your behavior. I have gained a better understanding about how people have such a hard time changing life long behaviors. I am now even more proud of my father who stopped smoking after smoking for over 40 years."

Student B
"The overall goal of this project was to teach the students the difficulty that patients encounter when they attempt to change a particular aspect of their behavior. Since I have been in college, especially pharmacy school, I have not been getting the amount of exercise that I need. I decided to take up jogging in order to achieve my desired amount of exercise....I also used my roommate as a tool because he would sometimes run with me. I would say that a challenge such as this is always easier when you have support of a peer who is going through it with you. Finally, I used the journal as a way of staying on track to achieve the goal. At first, I thought the journal would be a waste, but as the weeks went on, I found myself continuing to jog for the simple fact that I knew I had to write in the journal. I also used my group to motivate me some, but I am sure my results would have been the same if the group hadn’t met and talked about their progress."

Phase II:
• Reflection in coaches journal entries
• Final project summaries
• Coaches post-project survey

Examples of coach's journal entries:
• "Being a coach is harder than you expect. That you feel responsible if they have a hard week. You want every meeting to be inspiring/exciting but that's not practical. It
is hard to get people to see the little accomplishments." • "I felt somewhat successful. I think I would have been more successful if I would have chosen a more reasonable goal for my life. I was successful in making exercise more of a focus in my life."

EXCERPT FROM A COACH’S FINAL PROJECT SUMMARY

The weekly accountability with my group helped me be more successful this time around, as opposed to last year when we were totally on our own. It also forced me to keep up in my journal because I knew someone was going to see it every week. I also found it easier to find accountability, whereas last year it was totally up to me to hold myself accountable. This really aided me in achieving my goal...nothing can truly prepare you for what you will encounter over the duration of the semester. You have to live it and understand it. Furthermore, the fact that we, as coaches, had to report weekly to the "bosses" really aided in the accountability area."

### Table I. Have you had the opportunity to apply the principles learned during the behavior modification project to other situations involving yourself, family members, friends, or patients?

<table>
<thead>
<tr>
<th></th>
<th>PY 1 (n = 168)</th>
<th>PY 2 (n = 118)</th>
<th>PY 3 (n = 100)</th>
<th>Coaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes n(%)</td>
<td>44(26)</td>
<td>37(29)</td>
<td>47(47)</td>
<td>7(35)</td>
</tr>
<tr>
<td>NO n(%)</td>
<td>124(74)</td>
<td>81(71)</td>
<td>53(53)</td>
<td>13(65)</td>
</tr>
</tbody>
</table>

Post-Surveys Conducted after Completion of Phase I and II

Students and coaches provide evidence of learning through a post-survey that is administered at the end of the project as well as one and two years after Phase I project completion. A copy of the Phase I survey is included as Appendix A. Only the results of sections of the survey relevant to students and coaches' learning are provided below. Due to extensive revisions in the survey instruments as part of continuous course improvement, the post-survey data only reflect the last two years.

Question 3 of the post-survey asks students and coaches to describe how their opinion of behavior modification has changed as a result of participation in the project. Results are provided in Figure 1.

Another measure of attitudinal change comes from Question 12 of the post-survey. Students and coaches are asked how their approach to working with patients attempting behavior modification has changed as a result of the student's participation in the project. Results are provided in Figure 2.

Question 13 of the post-survey assesses the ability of students and coaches to apply knowledge and skills acquired as a result of the project. Students and coaches are asked whether they have had the opportunity to apply the knowledge and skills learned during the project to situations involving themselves, family members, friends or patients. Results are provided in Table I.

The following written comments from the survey describe some of the situations in which students participating in Phase I applied what they had learned:

- "I applied it several times as I have a new understanding of the difficulty of a lifestyle change. For example my dad is a type II diabetic and struggles with diet/lifestyle changes. Before the project this easily frustrated me."
- "I tell everyone who should be monitoring something like BP, blood glucose they need to keep a journal for an accurate history, accountability to themselves and healthcare providers, and to note when changes occur."
- "Now I realize how difficult it is for my parents to lose weight and exercise."

My grandmother is diabetic and I have a better understanding of the difficulty of dietary modification. "My father's glucose monitoring became more successful after he started keeping a journal."

- "In helping a family member, I suggested setting modest goals, taking small steps and viewing each small "victory" as a stimulus to move forward."
- "Used the procedures in the process of attempting another behavioral modification using a journal and peer accountability."

The student journals and project summaries demonstrate the students’ abilities to reflect upon the behavior modification process and their personal experiences as participants in the
Fig. 3. Upon completion of the project and one or two years after completion, students and coaches were asked: As an educational experience, the behavior modification project was:

- Extremely valuable
- Very valuable
- Moderately valuable
- Somewhat valuable
- Not valuable

![Graph showing student and coach responses.]

Fig. 4. Upon completion of the project and one or two years after completion, students and coaches were asked: Should the behavior modification project be continued?

- Yes
- Yes, but with modification
- No

![Graph showing student and coach responses.]

The post-survey results, in addition to the student writings, indicate that the project produced changes in students' attitudes toward the behavior modification process and in their attitudes toward family, friends and patients attempting lifestyle change. In addition, many students were able to apply the knowledge gained in the project to new situations.

The coaches' journals and project summaries demonstrate their ability to reflect upon the coaching process and their personal experiences as coaches. The post-survey results, in addition to the student writings, indicate that the project produced changes in coaches' attitudes toward the behavior modification coaching process and in their attitudes toward family, friends and patients attempting lifestyle change. In addition, many students utilized the coaching tools and experience to apply to new situations involving family, friends or patients.

**PHASE I AND II PROJECT EVALUATION**

The post-survey asks students and coaches two questions to evaluate the behavior modification project. Students and coaches were surveyed at the end of the project and one and two years after Phase I project completion. Results are provided in Figures 3 and 4.

The majority of Phase I students found the project to be moderately to extremely valuable and thought the project should be continued. Phase II students overwhelmingly found the coaching course "very" or "extremely valuable" and felt that it should be continued.

Students were asked to provide written comments about the usefulness of Phase I of the project. Examples of those comments are included below:

- "It was useful to try to alter a lifestyle change to see how difficult it was."
- "It really started life-altering changes. I ended up losing 30+ pounds. At the same time, my self-esteem improved and I became a happier, more friendly person."
- "Loved the journaling exercise... fun to read later on. Good support."

Suggested changes to Phase I of the project included:

- "Having the instructor or other people more accountable. Meeting with someone you aren't really good friends with is a bad idea because you like to cheat. Maybe one person tries to modify the behavior and another person is the "coach"- so this way we can see how to train or help people."
- "More oversight on a weekly/biweekly basis. "Maybe also be accountable to a friend. Have a friend sign off what stated in journal is true. Can't exaggerate successful or failure."
- "No journal - waste of time."
- "Collect journals more often to make more accountable to instructor. Some made up entries day before collection. Random collections."
- "Ax the journal"
- "Don't use small groups for group accountability, let students use their friends."

Many of the above comments suggesting changes in the project were provided before the addition of Phase II in the spring of 2001. The student comments were influential in the development and implementation of the Phase II coaching course.

The end of semester evaluation of coaches' instrument is included as Appendix B. As part of this evaluation, Phase I students were asked whether having a coach contributed to their learning during the project. This is one measure of the success of adding Phase II to the project. The results are presented in Table II. Over half of the Phase I students reported that their project was more successful due to the coaching component of the project.

**DISCUSSION**

This project reflects a commitment to the use of contemporary methods in pharmacy education. The project provides opportunities for:

- active learning
- practical application of healthy lifestyle choices and behavior modification tools learned in the didactic portion of the course;
- development of caring health professionals;

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Table II Estimate the effect your coach had on the success of the project using the scale below (n = 86)

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>(percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My project was a great deal more successful</td>
<td>22</td>
<td>(26)</td>
</tr>
<tr>
<td>My project was somewhat more successful</td>
<td>34</td>
<td>(40)</td>
</tr>
<tr>
<td>My project was equally successful</td>
<td>28</td>
<td>(32)</td>
</tr>
<tr>
<td>My project was somewhat less successful</td>
<td>2</td>
<td>(2)</td>
</tr>
<tr>
<td>My project was much less successful</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

• improvement in student writing and reflecting skills;
• peer teaching and human resource management;
• group work to provide an accountability component to the project;
• linking this project with the communications skills training component of a concurrent course.

The behavior modification project allows students to experience the challenge of changing longstanding behaviors and the value of using established behavior modification tools as aids to achieve their goals. Personal experience is more meaningful to the students than a lecture on the value of keeping a journal and other accountability measures. It also provides variety in their learning and group learning experiences.

The instructors have been concerned about the quality of student writing and reflecting skills for several years. The Focus Group on Liberalization of the Professional Curriculum advocated general ability-based outcome goals in the area of student writing skills that have since been adopted. This project meets the suggested goal by providing a semester long activity in reflective writing through the journals. Many students complain about this requirement but the post-survey data indicate that students value its use at the end of the project.

A unique feature to the project is that students experience first-hand the challenge of behavior modification. Through this project, students have an outstanding opportunity to "walk a mile" in the shoes of a patient. The students are asked to enter the world of the patient and become familiar with their experience. This process stimulates empathy in students when working with patients who require behavior modification as part of a therapeutic plan. The project summaries and post-surveys demonstrate that students begin to understand, through their own experiences, the challenges that family members, friends and patients undergo when asked to make dietary, exercise or other lifestyle changes to improve or maintain health.

While success in changing a personal behavior is not required to be successful in this component of the course, students are offered a unique opportunity to improve their personal health habits and receive an academic reward for doing so. Anecdotal student reports indicate that the stress of the pharmacy school "experience" often leads to a deterioration of personal health habits due to lack of sleep, poor eating, increased alcohol intake and other risky behaviors. This project attempts to reverse that trend with an incentive to improve health habits. The post-survey data confirm that many students achieve a healthier lifestyle as a result of the project.

The coaching elective course, or Phase II, is the newest element of the project. During the spring semester of 2000, while evaluating the strengths and weaknesses of the Phase I project, the instructors realized that the major weakness in the project was the inability of two busy faculty to provide accountability to 100 individual student projects during the course of the semester. Thus, the concept of pairing this project with the Phase II elective course in behavior modification coaching was developed.

The Phase II component provides accountability for Phase I students through the weekly attendance and journaling requirements. Some students do not like the journal activity or the mandatory weekly meetings with a pre-assigned group. This is quite normal since these accountability measures are confronting techniques to help the students examine their behaviors. The activities can also be time consuming for the student. The post-survey data indicate that students appreciate the value of these tools at the end of the experience even when they report that they did not enjoy doing them.

The addition of the Phase II coaching component has greatly invigorated the experience for all participants—first year students, coaches, and especially the instructors. The coaches have suggested many activities to improve the experience. One coach suggested that each team choose a name for the group. This proved to be a great teambuilding exercise and resulted in many interesting group names. Another coach noted that the groups seemed to lose some energy following Spring Break and suggested a team competition to finish out the project. Each team nominated an outstanding group member at the end of the project. The groups presented their candidates and the Phase I students voted for the most outstanding behavior modification participant. Prizes were awarded to the top three vote getters. The energy and enthusiasm of new coaches in Phase II of the project each year should help the instructors in continuous improvement of the project.

The most unique feature of the Phase II project is the peer teaching element in which second or third year students are trained as coaches to work with groups of first year students participating in Phase I. The Phase II component also allows a longitudinal element to the outcomes of the project. Students can progress from Phase I as PY1s to coaches as PY2s or PY3s. Additionally, PY3s are trained to provide smoking cessation services for patients in a related course. This aspect to the behavior modification coaching project meets the ACPE accreditation standard for longitudinal learning that is often difficult to attain in pharmacy curricula.

An unexpected outcome of this component of the project is the experience in human resource management that coaches have reported during the semester. Coaches must schedule meetings, hold students accountable for attendance and completion of the journals and provide a tentative grade for the group members. Coaches who have difficult group members seek direction from the instructors in how to handle these situations. This presents an opportunity to enhance the learning experience of coaches in development of management skills. Most pharmacists, fresh out of school, are faced with the challenge of managing technicians, clerks and interns with very little prior experience in this area.

The primary area targeted for improvement next year is the Phase II coaching elective. Structure in the lesson plans for each weekly meeting need to be strengthened to improve the effectiveness of the meetings and to provide greater group-to-group consistency in the experience. Coaches often struggle with managing the students assigned to them when students do not attend scheduled meetings or turn in assignments on time. Coaches also have difficulty in assigning grades for Phase I students particularly when the Phase I student has failed to meet his or her obligations to the project. A module addressing issues in human resource management is planned to provide coaches with increased training and tools to carry out the difficult aspects of group management. Enhancements and improvements to the Blackboard site for the Phase II component will be implemented. A Blackboard site for the Phase I students will be established.

SUMMARY
The behavior modification project has been successful from the first semester it was implemented seven years ago. Addition of the coaching elective component in 2001 greatly enhanced learning for Phase I students and provided Phase II
students with the opportunity to refine their skills through the coaching experience.

From review of the students' project summaries and post surveys, students report that they achieve, in varying degrees, the outcomes established for the project—primarily:

- to understand through personal experience and reflection the challenge of undertaking behavior modification to achieve or maintain a healthy lifestyle; and
- to develop empathy through personal experience for patients who must attempt behavior modification as part of a therapeutic plan.

References
(2) Berg E., "Getting it right," Health, (Jan/Feb 2001), pp. 82-88.

APPENDIX A. BEHAVIOR MODIFICATION POST SURVEY

1. What was the primary topic of your behavior modification project in PHR 923?
   A. Dietary modification
   B. Smoking cessation
   C. Change in alcohol consumption
   D. Exercise program
   E. Weight management
   F. Other (specify)

2. Estimate your degree of success in modifying your chosen behavior according to your project goals during the semester of the PHR 923 project?
   A. Highly successful- achieved 75-100% of stated goal
   B. Moderately successful- achieved 50-75% of stated goal
   C. Somewhat successful - achieved 25-50% of stated goal
   D. Marginally successful - achieved up to 25% of stated goal
   E. Not at all successful- made no progress toward stated goal

3. What is your opinion of attempting behavior modification as a result of this project?
   A. behavior modification is a much more difficult process than I thought before the project
   B. behavior modification is a moderately more difficult process than I thought before the project
   C. behavior modification is an equally difficult process to what I thought before the project
   D. behavior modification is a moderately easier process than I thought before the project
   E. behavior modification process is a much easier process than I thought before the project

   To what extent was each of the tools listed below useful to you while attempting behavior modification during the project? Use the rating scale provided below:

   1 2  3 4 5
   never useful rarely useful somewhat useful often useful very useful

4. Use of journal.
5. Accountability to a group.
6. Accountability to a coach
7. Personal accountability
8. Reinforcement through successful behaviours
9. Other (specify)

10. Estimate the effect your coach had on the success of your project using the scale below:
   A. My project was much less successful
   B. My project was somewhat less successful
   C. My project was equally successful
   D. My project was somewhat more successful
   E. My project was a great deal more successful

11. Estimate the effect that weekly group meetings had on the success of your project using the scale below:
   A. My project was much less successful
   B. My project was somewhat less successful
   C. My project was equally successful
   D. My project was somewhat more successful
   E. My project was a great deal more successful

12. How has your approach to working with patients who are attempting behavior modification changed as a result of your participation in the behavior modification project? (Check all that apply)
   A. changed my approach a great deal due to a better understanding of the difficulty of lifestyle change
   B. changed my approach a great deal due to a better understanding of tools (journal, accountability, etc) available to help patients successfully modify their lifestyle
   C. changed my approach somewhat due to a better understanding of lifestyle change
   D. changed my approach somewhat due to a better understanding of tools (journal, accountability, etc) available to help patients successfully modify their lifestyle
   E. did not change my approach to working with patients on lifestyle modification

13. Have you had the opportunity to apply the principles learned during the behavior modification project to other situations involving yourself, family members, friends, or patients? A. Yes  B. No
   If yes, describe the situation

14. As an educational experience, the behavior modification project was:
   1 2  3 4 5 not of little somewhat very highly useful use useful useful useful

15. The behavior modification project should be continued A. Yes  B. Yes but with modification  C. No

Provide any additional comments about the behavior modification project or suggestions for improving the project for future semesters.

APPENDIX B. END OF SEMESTER EVALUATION OF COACH

Group
To assist us in providing feedback to the behavior modification coaches and improving the project for next year, we are asking you to critique the coaches' performance. Your group data will be pooled and your replies will be anonymous. We will edit this information before providing feedback to the coaches. Please be honest in your appraisal of your coach. Anything less will not help them improve their coaching skill.
Use the following scale for statements 1-12:

1  2  3  4  5
Never Occasionally Normally Most of the time Always

1. My coach scheduled adequate time for a weekly meeting with the group.
2. Our weekly meeting time was clearly communicated to the group members.
3. My coach collected and returned our journals in a timely fashion.
4. My coach reviewed my journal weekly and provided helpful comments.
5. My coach conducted an interesting and informative weekly meeting with the group.
6. The expectations my coach had for our group were made clear to group members.
7. My coach encouraged participation by all group members during our weekly meetings.
8. My coach provided suggestions to increase the probability of success in my behavior modification project.
9. My coach held group members accountable for meeting attendance and journal keeping.
10. My coach challenged me to meet my behavior modification goals.
11. My coach was a good role model for me in striving to achieve my behavior modification goals.
12. My coach was involved in the group's behavior modification projects.
13. Compared to other coaches, my coach did a good job for our behavior modification group.

For Question 14, use the following key:

1  2  3  4  5
Poor Adequate Good Very good Outstanding

14. Overall, I would classify the job that my coach did for my group as:

Provide comments about your coach in the following two areas: Things my coach did that improved the behavior modification experience for our group.