

Chapter #2

SOCIAL VALIDITY OF SPECIAL EDUCATION INTERVENTION PROGRAMS: A STEP TOWARDS SELF-DETERMINATION?

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ABSTRACT

The conceptualization of social validity emerged in the 1970s with seminal articles by Kazdin (1977), Wolf (1978) and Van Houten (1979). Since then its importance was accepted widely and is now considered a mandatory aspect of intervention research in special education (Horner et al. 2005 as cited in Leko, 2014). Pre and post intervention measures using qualitative and quantitative methods can be used in social validity research with benefits and limitations (Schwartz & Baer, 1991). Horner et al. (2005) asserted that social validity is enhanced when an intervention is implemented with fidelity in authentic contexts by typical intervention agents, so it seems preferable for interventions to be implemented in natural environment, the classroom, by typical agents, the teachers themselves. Self-determination, then, as a means of accomplishing specific goals established by the person itself and eventually improving quality of life, is highly related to quality-of-life matters and it may also serve as a valuable associated indicator of the social importance of intervention outcomes and overall social validity (Carter, 2010).

Keywords: social validity, intervention program, special education, behavior problems, self-determination.

1. INTRODUCTION

The concept of social validity was at first applied to behavioural interventions, even though it could pertain to any multi-component intervention targeting behavioural, educational, functional or psychological outcomes for people with disabilities (Carter, & Hughes, 2005). *Social validity* “generally refers to whether the focus of the intervention and the behavior changes that have been achieved meet the demands of the social community of which the individual is a part” (Kazdin, 1982 as cited in Turan & Meadan, 2011, pp. 13-14). Social validation, broadly defined, refers to assessing the social acceptability of intervention programs, that is mainly the behaviors selected as targets, intervention procedures and behavior change (Kazdin, 1977). Social validity measures, though, were rarely employed until 1970s, when Kazdin (1977) and Wolf (1978) published their seminal articles (as mentioned in Carr, Austin, Britton, Kellum, & Bailey (1999)), who in their research related social validation to treatment acceptability (e.g. Turan, & Erbas, 2010). Treatment acceptability refers to “the judgments by persons, clients and others of whether treatment procedures are appropriate, fair, and reasonable for the problem or client” (Kazdin, 1981, p.493 as cited in Elliott, Witt, Galvin, & Peterson, 1984). Wolf (1978), though, specifically, suggested that programs need to be acceptable on three levels: the social significance of goals, the social appropriateness of procedures and the social importance of outcomes.

A research concerning social validity measures reported in articles published from 1968 to 1998 of the JABA was published by Carr et al. (1999), whose results indicated that in that period after increases and declines in the reporting of measures of social validity the measures stabilized at approximately 25% of research articles. Someone would expect that things would have changed over time, but a recent research by Hurley (2012) on preschool education in U.S.A. revealed that only 27% of 90 behavioral intervention studies published social validity assessment results, on goals (n=7), on procedures (n=8) and on outcomes (n=9). According to Ferguson et al. (2018) the publications still remain low, in the range 12-25%. Therefore, there seems to be a methodological gap in intervention research, since such an important measurement is often not conducted or even not published, as many scientists avoid publishing the results if they are not supportive of the intervention's effectiveness. And, undoubtedly, a social validity measurement that is supportive of a program's effectiveness and acceptability should be published, but even a negative result is still a result and should be published as well (Schwartz & Baer, 1991). Indeed, a negative result might be even more imperative to be published, because it would help upcoming program developers to rethink some options and avoid some possible design mistakes.

In this particular chapter, there is going to be an overview of the main points of social validity assessment and its importance for the implementation of special education programs. Particularly, the connection of social validity and self-determination of people with disabilities is going to be outlined. This connection is thought to be of substantial value, as, already since Kazdin's and Wolf's seminal, social validity came up as an intriguing issue of respect of individuals' rights to the informed consent and related ethical matters when receiving support.

2. SOCIAL VALIDITY ASSESSMENT PROCESS AND METHODS

The behavior change deriving from an intervention program does not only affect direct recipients, e.g. primary recipients of a program, but also indirect recipients, e.g. direct-care staff, teachers, parents, members of the immediate community and members of the extended community (Schwartz & Baer, 1991), whose opinion on intervention issues is quite important. Therefore, based on Rademaker, de Boer, Kupers, and Minnaert (2021), it is important to search out an optimal balance in intervention design so that it still includes all essential intervention components, and it also meets the demands of teachers. Thus, social validity assessment can be that valuable tool to guide intervention design in finding this balance.

“Social validity assessment is ideally a two-part process: first an accurate and representative sample of the recipients' opinions is collected. Then, that information is used to sustain satisfactory practices or effect changes in the program to enhance its viability in the community” (Schwartz & Baer, 1991, p. 190). Thus, social validation must be conducted on 3 levels: Social validation of a) goals, b) processes and c) outcomes (e.g. Carter, & Wheeler, 2019; Turan & Meadan, 2011; Kennedy, 1992; Wolf, 1978; Kazdin, 1977). So, three questions should be posed (Wolf, 1978):

- a) *Social significance of goals*. Are the targeted behavioral goals what participants, caregivers, and society actually need?
- b) *Social appropriateness of procedures*. Do the ends justify the means? That is, do the participants, caregivers, and other recipients consider the program procedures acceptable?
- c) *Social importance of effects*. Are recipients of intervention satisfied with the results, including the unpredicted ones?

More specifically, research using social validity measures can be analyzed in terms of three distinct dimensions: 1. the type of information, 2. the focus of the collected information, and 3. the time between intervention and the assessment process (Kennedy, 1992). Various combinations can then be used as the basis for content analysis. Two basic strategies have been used for the collection of social validity information: (a) subjective evaluation and (b) normative comparison. *Subjective evaluation* is based upon individuals' (e.g. students, teachers, experts, relatives) ratings or statements regarding some aspects of the intervention (Kazdin, 1977; Wolf, 1978), so questionnaires, focus groups, interviews and rating scales serve this function. *Normative comparison* is based upon the comparability of a person's performance with a group of people whose behavior is considered to be typical or desirable (Van Houten, 1979), so e.g. rating scales with norms, performance criteria, case descriptions or evidence-based interventions can be used. The second dimension actually concerns the aforementioned three levels of social validation. The focus of the collected information can then be on the selection of goals, procedures or outcomes (e.g. Kennedy, 1992) As for the third dimension, the time between intervention and the assessment process, social validity assessment can be carried out before the intervention (pre-intervention), after the intervention (post-intervention) (e.g. Schwartz & Baer, 1991; Kazdin, 1977) and, equally importantly, "periodically throughout implementation" of intervention as suggested by Schwartz and Baer (1991, p. 197), because an initially acceptable program at a pre-intervention measure could possibly be unacceptable during the actual procedures risking the program's effectiveness. Therefore, changes could be made so that the program's goals or procedures would become acceptable by recipients. Of course, a combination of the aforementioned could be conducted e.g. both pre-intervention and post-intervention assessment of social validity.

Both qualitative and quantitative methods can be used in social validity research with accordingly benefits and limitations. As mentioned before, social validity can be assessed using a variety of methods including having recipients of a program (e.g. direct-care staff, parents, teachers) complete questionnaires (subjective evaluation) and/or by comparing treatment outcomes with established behavioral norms (normative comparison). Usually, it is examined using questionnaires, rating scales or direct observations, which are easy to administer and relatively inexpensive (e.g. Leko, 2014), generating quantitative data (Wolf, 1978). While the psychometric properties of many of the instruments may be questionable, measures of social validity nevertheless are thought to be important in ensuring recipient acceptance of behavioral programs (Kazdin, 1977).

As Leko (2014) mentions, in recent years many researchers increasingly use mixed-method designs in which social validity data are collected from interviews with teachers, students with disabilities, their family members or peers typically post-intervention. So, for instance, as shown in table 1 below, a researcher could carry out a pre-intervention assessment of social validity of goals and procedures using normative comparison (e.g. a rating scale), a subjective evaluation (e.g. questionnaire) during the intervention and a post-intervention assessment of social validity of outcomes using subjective evaluation methods (e.g. interview) and normative comparison (e.g. the same rating scale as in the beginning). Any type of combination could be made, even multiple instruments could be used, for example both questionnaires and interviews if conducting subjective evaluation. In general, it is upon the researcher who is going to apply the intervention to decide the social validity assessment schema.

Table 1. Example of a social validity assessment schema under the three levels and three dimensions.

	Pre-intervention		During intervention		the Post-intervention	
	Subjective evaluation	Normative comparison	Subjective evaluation	Normative comparison	Subjective evaluation	Normative comparison
Social validity of goals		√				
Social validity of procedures		√	√			
Social validity of intervention outcomes					√	√

In any case, it is imperative to implement systematic, accurate and objective procedures in order to access and validate information which will be relevant for the implementation of special education programs, as emphasized by Cook, Tankersley, Cook and Landrum (2008, as mentioned in Acle Tomasini, Martinez Basurto, Lozada García, & Ordaz Villegas, 2015). Also, as Carter (2010) stated, always assessing social validity according to the same plan or measures would not promote measuring actual importance of treatment effects for each recipient of a program, as it might lead to evaluating some variables irrelevant to their circumstances. Thus, research design of social validity measurement is of substantial value and should be unique for each intervention program, as the researcher must know who and when to ask and what methods and instruments are best to use each time. After all, “sound social validity assessment consists of asking the right questions, to the right people, in an appropriate manner” (Schwartz & Baer, 1991, p. 195).

2.1. Social validity assessment instruments

Storey and Horner (1991) pointed out the importance of social validity data, which is enhanced if the information is obtained through standardized instruments with established validity and reliability. Even though the psychometric properties of many of the instruments used to determine social importance and treatment acceptability may be questionable, measures of social validity nevertheless are thought to be imperative in ensuring recipients’ acceptance of behavioral programs. Therefore, a range of instruments can be used in various combinations to socially validate goals, procedures and outcomes in a pre, during and post intervention schema. Some of the most commonly used methods are briefly described below:

a) Rating scales

As cited in Carter (2010, 2007) some of the most used original formalized instruments (and their extensions, modifications or revisions) developed to measure treatment acceptability are the following:

- Treatment Evaluation Inventory (Kazdin, 1980)
- Intervention Rating Profile (Tarnowski & Simonian, 1992)
- Treatment Evaluation Inventory-Short form (Kelley, Heffer, Gresham, & Elliot, 1989)
- Treatment Acceptability Rating Form (Reimers & Wacker, 1988)
- Treatment Acceptability Rating Form Revised (Reimers et al., 1991)

- Intervention Rating Profile-15 (Martens, Witt, Elliott & Darveaux, 1985)
- Children's Intervention Rating Profile (Witt & Elliot, 1985)
- Behavior Intervention Rating Scale (Von Brock & Elliott, 1987)
- Intervention-Process Rating Scale (Kutsick, Gutkin, & Witt, 1991)
- Abbreviated Acceptability Rating Profile (Tarnowski & Simonian, 1992)

They are all easy to administer and simple to score, as total scores are obtained by summing all items with higher summed total scores indicating greater levels of treatment acceptability. The first two of them, though, were the most often used according to Carter's review (2007). Endeavours to create new social validity instruments, though, have not ceased, as, for instance, the Usage Rating Profile-Intervention (URP-I; Chafouleas, Briesch, Riley-Tillman, & McCoach, 2009, as cited in Briesch, Chafouleas, Neugebauer, & Riley-Tillman, 2013) which was recently developed. Certainly, improved construction of social validity assessments is an important goal, but basic rules of test construction and statistics should be taken into account by researchers when developing such instruments (Baer, 1987).

Concluding, rating scales and questionnaires can be either a subjective or a normative type of measuring social validity, depending on if norms are used or not to compare the individual's level in relation to peers' level of functioning evaluation. So, they are considered a subjective type if they are simply based on individuals' opinions about the behavior of the individual targeted or a normative measure if a standardized psychometric rating scale is used, as it is based on the comparison to same age, culture, socio-economic level peers. Rating scales and questionnaires could be used for social validation of goals, procedures and/or outcomes.

b) Interviews

Interviews from parents, teachers or generally personnel related to the targeted individual are another method of assessing social validity, that can provide substantial amount of information in a short period of time. Indeed, an unstructured interview may subdue to procedural inconsistency, according to Luiselli (2021), as it may lead to discussions not directly related to the social validity assessment if interviewers don't follow a script or if interviewees are affected by the face-to-face interaction. On the other hand, a semi-structured interview based on the three levels of social validity (e.g. Gresham & Lopez, 1996) uses questions relevant to the specific areas. Moreover, information collected within Functional Behavior Assessment (FBA) questionnaires and interviews can provide evidence of social validity and, as Carter (2010) proposes, it might be beneficial for future research to consider correlating FBA types of assessment with measures of social validity. It seems, though, that the information collected by the functional assessment process would be incomplete without the participation of the students themselves (Wehmeyer, Field, Doren, Jones, & Mason, 2004), so by including the student's preferences into the intervention program design it may be possible to increase the social validity of the program, from the student's viewpoint (Carter, 2010). In that case, the use of a student oriented functional assessment (e.g. O'Neill et al., 1997) could be more than useful. In conclusion, Interviews of any type (structured, semi-structured, student-assisted/parents/teachers interviews) seem to be a subjective type of measuring social validity, as evaluation is based upon individuals' opinions concerning the behavior of the individual targeted. Interviews are easy to use and could be used for social validation of goals, procedures and/or outcomes.

c) Direct observation

Ideally, as recommended by IDEA, observations could be held in the context of Functional Behavior Assessment, as it would be, then, possible to obtain a great amount of information about functional relations concerning problem behavior(s), even though a substantial amount of time and effort is required. Observations can be made regarding the targeted person's or/and others' functioning in the same environments and afterwards comparison can be made to conclude how close is the targeted individual's behavior to others' who are considered to be functioning well in the same type of environment (Carter, 2010; O'Neill et al., 1997). Data from direct observations are thought to be more likely to lead to more effective interventions relative to data from an interview (Shriver, Anderson, & Proctor, 2001), even though it is suggested that multiple forms of FBA be exploited so as to identify all important functional relations (O'Neill et al., 1997). Concluding, direct observation seems to be a normative type of measure of social validity, as there can be a comparison to a group of individuals whose behavior is considered to be typical or desirable. Also, it could be used to socially validate mainly goals and/or outcomes, and less intervention procedures.

d) Performance criteria

Prior to the implementation of an intervention performance criteria can be established and then intervention outcomes are compared to the pre-established criteria. Fawcett (1991) suggested using proficiency criteria at three levels for comparison of post-intervention effects: ideal performance levels (consistent behavior, highly efficient with no need for further improvement), normative performance levels (behavior efficient and comparable to others functioning in the same environment) and deficient performance levels (behavior that lacks efficiency and needs improvement for the individual to function effectively within the environment). This type of comparison to specific criteria is a highly structured method for determining the social importance of intervention outcomes (Carter, 2010) and consists of a normative type of measure. An example of this is the Interventions based on Functional Behavior Assessment for which, as a result of the assessment, specific goals are set and performance criteria can be established and that could serve as a normative measure of social validity of outcomes.

e) Case descriptions

As stated by another strategy that the vast majority of analogue investigations of treatment acceptability have used is a *case description methodology* (firstly developed by Kazdin in 1980) (e.g. Elliott, & Treuting, 1991; Elliott et al., 1984). Specifically, pencil and-paper descriptions of problem behaviors were usually used. Each participant is given a packet including instructions, demographics, one case description or more, which were typical of classroom problems, and an acceptability questionnaire. The case descriptions included problem behaviors, interventions and information concerning the effectiveness of the proposed interventions. This strategy could be used as a subjective measure of social validity of procedures (Elliott, & Treuting, 1991).

3. IMPORTANCE OF SOCIAL VALIDITY ASSESSMENT FOR INTERVENTION PROGRAMS

“Social validity is intrinsically an adjunctive measure; its function is not to evaluate program effectiveness, but program acceptability and viability. Similarly, its purpose is not to compare programs, but to safeguard programs against rejection or sabotage” (Schwartz & Baer, 1991, p. 197). Results from social validation assessment could very well serve as

evaluative feedback from recipients of a program to guide program design and evaluation (Schwartz & Baer, 1991). Furthermore, designing and implementing practices based on scientific evidence is one of the main challenges for special education worldwide (Cook, Tankersley, & Harjusola-Webb, 2008, as mentioned in Acle Tomasini et al., 2015) with the permanent purpose of not only benefiting students with special education needs, but also promoting school, family and social inclusion. In the same sense, they emphasize the importance of implementing accurate, systematic and objective procedures to help access and validate information which will be important for the implementation of special education programs. Furthermore, Lane, Beebe-Frankenberger, Lambros, and Pierson (2001) also list social validity, along with treatment integrity and generalization - maintenance, among an intervention program's evaluation factors, as it provides information about the social significance of the intervention's goals, the social acceptability of the intervention's procedures and the social importance of the effects resulting from the intervention. According to Anderson, Taylor, Taylor, and Virues-Ortega (2021), though, 'side effects' of the intervention should also be taken into consideration. For example, an intervention with the intention of increasing a child's self-feeding with utensils could also result in improving tooth brushing acceptance and verbalizations (i.e., *positive side effects*).

The social validity of program goals, methods and anticipated outcomes needs to be known prior to the beginning of the program and should be assessed periodically throughout implementation (Schwartz & Baer, 1991). Therefore, social validity is a process rather than a result (Fawcett, 1991), which can and should be assessed at different stages during intervention in order to evaluate a program's acceptability or viability (Barret, Shortt, Fox, & Wescombe, 2001). The results of research programs are not considered credible or replicable without assessing the reliability and validity of their measurement procedures. And specifically in the case of application programs, it is not only the credibility of their outcomes, but the programs themselves that are at risk when they proceed without a reliable assessment of social validity (Schwartz & Baer, 1991).

4. SOCIAL VALIDITY OF PROGRAMS AS A STEP TOWARDS SELF-DETERMINATION OF PEOPLE WITH DISABILITIES

Historically, many people with disabilities have been deprived of opportunities to explore the range of life experiences and interests available to their typical peers (Bannerman, Sheldon, Sherman, & Harchik, 1990). Indeed, Kleinert, Harrison, Mills, Dueppen, and Traylor (2014) suggest that even students with more significant disabilities may not be experiencing what those with milder disabilities enjoy, for instance hobbies, academics, and social interactions. Even in terms of Functional Behavioral Assessment, although substantial efforts have been made to obtain information from the person exhibiting the problem behavior, often such involvement is too passive and much of the FBA process still is adult-directed (Wehmeyer et al., 2004). Therefore, although students with most significant disabilities may need much more support to participate in self-determination activities, adults must carefully access other same age peers for socially valid goal selection when assisting these students. Most importantly, school personnel must work to ensure that students with disabilities really participate in selecting their own goals (Kleinert et al., 2014). Dunlap et al. (1994) pointed out the importance of choice-making by considering it a management strategy which can lead to more adaptive forms of responding, including improved social behavior and task performance, and can even help reduce behavior problems.

Active involvement in planning and decision-making by the person for whom supports are being designed is a critical feature (Wehmeyer et al., 2004), because “if the participants don’t like the treatment, then they may avoid it, or run away, or complain loudly. And thus, society will be less likely to use our technology, no matter how potentially effective and efficient it might be” (Wolf, 1978, p. 206). So a way of including participants in the program design is to do so within the context of Positive Behavior Support by promoting self-directed planning which results in self-regulated interventions (Wehmeyer et al., 2004). Of course, despite of possible obstacles to self-determination in schools, students with disabilities must have at a young age the necessary supports by their family and teachers to set realistic goals, additionally to tools to revise their goals as required (Kleinert et al., 2014), even though sometimes school personnel have to work on goals that are not always the foremost preferred by targeted individuals.

In any case, despite all the criticism, social validity measurement is of substantial value, even just because, already since Kazdin’s and Wolf’s seminal, social validity came up as an intriguing issue of respect of individuals’ rights to the informed consent and related ethical matters when receiving support. And it is important exactly because it is in accordance with self-determination’s definition as identified by the American Heritage Dictionary of the English Language (1992 as mentioned in Wehmeyer, 1998, p. 5): self-determination is defined as “1. determination of one’s own fate or course of action without compulsion. 2. freedom of the people of a given area to determine their own political status; independence”. Self-determination, then, as a means of accomplishing specific goals established by the person itself and eventually improving quality of life, is highly related to quality-of-life matters and it may also serve as a valuable associated indicator of the social importance of intervention outcomes and overall social validity (Carter, 2010). In that sense, taking interventions’ social validation into serious consideration might be a step towards self-determination of individuals!

5. DISCUSSION

Baer, Wolf, and Risley (1987) as cited in Kennedy (1992, p. 333) observed that “social validity is sometimes assessed at present in very rudimentary ways that may too often find social validity where it does not actually operate” (p. 333) and that is clearly a serious limitation that researchers should take into account. Indeed, the relation between subjective evaluations or normative comparisons and the way behavior change affects a social ecology is also too remote to reflect many changes of experimental interest (Kennedy, 1992). For instance, subjective data might not have any relationship to actual events. When we are posing for a statement concerning a personal event or experience, such as satisfaction with our program, we must be very cautious because we have no adequate way of checking the reliability of the statement in an independent way, since statements concerning a personal event are open to “fictional distortion” as Skinner (1959) pointed out in Wolf (1978). Moreover, as Kazdin (1977) had already noted, matters concerning the type of assessment (e.g. likert scale) and the interpretation of subjective evaluation results should be taken into deep consideration by the researchers.

But the reliability of objective measurement systems can also be manipulated, as the scoring behavior of observers can often be affected by a range of variables, such as experimental feedback. Also, a discrepancy might be caused if the participant of the program responds to changes that we are not recording with our particular measures or if the respondent to the social validity questionnaire (e.g. parent, teacher) may consider a

change important and be satisfied with it, while it is not measured by us (Wolf, 1978). Furthermore, inadequacies of normative standards and identifying the normative group are also posed as potential impediments by Kazdin (1977).

As for the focus of research, according to Kennedy (1992), during the period 1968 to 1990 the largest proportion of articles presenting social validity data used subjective evaluation. For instance, in 1983 91% of Journal of Applied Behavior Analysis (JABA) articles presenting social validity data used subjective evaluation, whereas only 9% of articles used normative comparison. Post-intervention assessments were slightly more frequent than pre-intervention assessments. In regard to pre-intervention normative comparisons, 86% concerned only the goals of the intervention and Post-intervention normative comparisons occurred only for the outcomes (Kennedy, 1992). Therefore, pre-intervention assessment of social validity of goals and procedures should be carried out and would surely generate useful results to be used in the design of the intervention program. In any case, most of the studies were decades ago and since then the way of thinking and the society itself has changed, so new studies are needed so as to extract results about which programs/methods/teaching techniques/behavior management techniques are acceptable or not.

Concerning the intervention program design, the primary goal of social validity assessments should be to gather accurate and useful information about possible obstacles rather than encourage false praise from recipients of a program. Actually, two are the basic points of social validity assessment. First of all, it is important to the advancement of research to know in advance which programs are liked and which are disliked, and thus publication of negative social validity assessments is certainly as valuable and important as publication of positive ones. It is equally important, then, to analyze why these certain programs are liked and others disliked, so that social validity assessment potentially becomes an evidence-based prediction rather than an empirically assessed warning. For that second goal to be achieved, publication of a rich sample of negative instances to compare with the positive ones is needed (Schwartz & Baer, 1991; Storey, & Horner, 1991).

In conclusion, Social validity measurement of intervention programs is imperative, because, as Kazdin (1980), as mentioned in Reimers, Wacker, and Cooper (2014) states, equally effective interventions are not necessarily equally accepted in terms of goals, procedures or outcomes, so even implementing an evidence-based intervention which has already proven effective is not certain that it will be an acceptable one by the participants of a program or the important Others. As Wolf (1978) remarkably described it, *social validity brings society into science*.

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