

Methods for Assessing Social Validity of Behavioral Intervention Plans for Children with Attention Deficit Hyperactivity Disorder¹

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Abstract

Although behavioral interventions are powerful tools for parents and teachers, they are unlikely to result in lasting change if the intervention agents find them unacceptable. After developing effective behavior intervention plans for classroom use, we compared social validity of those interventions using three measures: concurrent-chains selections from the intervention consumer (students), verbal report of the intervention agent (teachers), and maintenance of the intervention over time. All three measures of social validity identified an intervention that was acceptable to the intervention consumer and intervention delivery agent. These findings are discussed in terms of applied implications for assessing social validity.

Keywords: Attention Deficit Hyperactivity Disorder, Behavior Intervention Plans; Choice; Concurrent-Chains Procedure; Social Validity.

Métodos para Evaluar la Validez Social de Planes de Intervención Conductual con Niños con Desorden por Déficit de Atención e Hiperactividad

Resumen

A pesar de que las intervenciones conductuales son herramientas poderosas para padres y maestros, es posible que no representen un cambio duradero si los agentes de la intervención consideran que no son aceptables. Después de desarrollar planes de intervención efectivos para ser utilizados en el aula, se comparó la validez social de dichas intervenciones usando tres medidas: elección de cadenas concurrentes por el consumidor de la intervención (estudiantes), reportes verbales del agente de la intervención (maestros) y mantenimiento de la intervención a lo largo del tiempo. Las tres medidas de validación social identificaron una intervención que era aceptable tanto para el consumidor como para el agente de la intervención. Los resultados se discuten en términos de las implicaciones aplicadas para evaluar la validez social.

Palabras Clave: Desorden de Atención e Hiperactividad, Planes de Intervención Conductual, Elección, Procedimiento Encadenado Concurrente, Validez Social.

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Social validity, or the extent to which consumers of our science and practice believe that we are making valuable contributions, has been measured in behavior-analytic work since the 1970's (Kazdin, 1977; Wolf, 1978). Despite this long history, social validity remains an understudied area of behavior analysis, in part because of its relatively subjective measurement. Most systematic measures of social validity consist of rating scales (e.g., the Intervention Rating Profile; Witt & Elliot, 1985) and questionnaires (e.g., Gresham & Lopez, 1996). These scales directly measure consumers' verbal behavior only, which may be problematic if the consumers are not accurate reporters. Additionally, measuring social validity through verbal report alone may not predict the extent to which behavior-analytic procedures are acceptable solutions to addressing social problems.

To address these potential limitations, several authors have argued for the use of direct measurement of social validity (Hanley, 2010; Kennedy, 2002). This direct measurement can take at least two forms. One direct measure of social validity is the extent to which consumers maintain behavior-analytic interventions over time (Kennedy). Unlike measures of verbal report, examining maintenance as a direct measure of social validity may help us to identify common features of procedures that are likely to be adopted and persist in a specific environment.

Another direct measure of social validity is the extent to which consumers choose our interventions. Measurements of choice have been used to allow direct consumers (those personally experiencing the intervention), particularly consumers with limited or no verbal skills, to select which procedure they prefer (e.g., Hanley, Piazza, Fisher, Contrucci, & Maglieri, 1997). Consumer preference for interventions has typically been assessed using a modified concurrent-chains procedure. During the initial link of the procedure, consumers select between stimuli that were previously associated with each intervention option. The consumer then experiences the selected intervention during the terminal link of the chain. This kind of modified concurrent-chains procedure effectively evaluated consumer preference for different reinforcement schedules (e.g., Hanley et al., 1997), teaching procedures (e.g., Slocum & Tiger, 2011), and other intervention components.

There are several possible benefits to choice-based measures of social validity with direct consumers. First, it may allow consumers to select an option that best meets their momentary needs, even if those needs change over time. Choice procedures may allow consumers to select the intervention components that are most valuable to them in the moment, thus accounting for shifts in preference or motivating operations. Second, children may prefer situations in which they are permitted to choose over situations that are adult-directed (Fenerty & Tiger, 2010; Schmidt, Hanley, & Layer, 2009; Tiger, Hanley, & Hernandez, 2006; Tiger, Toussaint, & Roath, 2010). Allowing consumers to choose the interventions they experience may dignify the treatment process by allowing input from the client (Bannerman, Sheldon, Sherman, & Harchik, 1990).

There may be benefits to evaluating social validity of interventions with the behavior-change agents (indirect consumers) in addition to the direct consumers who experience the intervention. Allowing indirect consumers to participate in the social validity process provides those individuals with a way to select against

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