



Behavioral function effects on intervention acceptability and effectiveness for self-injurious behavior

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Abstract

A variety of variables have been found to augment perceived social validity of behavioral interventions. In the present study, potential effects of behavioral function were evaluated. Sixty students inexperienced in work with people with mental retardation, and 60 experienced staff watched one of two carefully matched acted videos depicting self-injury maintained by attention or escape from task demands. Participants were also told whether the self-injury depicted typically led to mild or severe consequences for the person filmed. Participants rated six interventions in terms of their acceptability and effectiveness for the behavior depicted. A hierarchy of acceptability was replicated: reinforcement-based procedures were rated as more acceptable and effective. There were also effects of behavior severity and rater experience. However, few effects of behavioral function were found. Potential implications of staff undifferentiated attitudes towards functional treatments are discussed.

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1. Introduction

Practitioners of behavioral interventions both within and outside of the field of developmental disabilities have long recognized that the ability to remediate

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behavior problems is not the only criterion for the selection of appropriate treatments. In terms of the treatment of challenging behaviors such as self-injury, aggression, and property destruction, a key additional criterion has been the use of least restrictive alternatives (e.g., Green, 1990; Johnston & Sherman, 1993). Furthermore, behavior analysts have espoused the principle that data on the acceptability of interventions (to staff, families, wider society, and people with developmental disabilities themselves) should also guide treatment selection. This second criterion has been given the general label of “social validity,” or the views of consumers on the importance, acceptability and effectiveness of interventions (Wolf, 1978). Probably the most extensively studied dimension of social validity is the social significance of behavior modification procedures themselves (Wolf, 1978): the appropriateness, fairness, and reasonableness of the procedures applied to ameliorate a behavioral problem (Kazdin, 1981). Researchers have generally targeted potential mediators of interventions, especially staff in developmental disabilities services, in order to gather data on social validity.

Existing studies have focused on a range of factors that may affect staff views on social validity, including: the type of intervention, problem severity, severity of the target person’s disability, and rater variables such as their knowledge of behavioral principles, age, and sex. However, the most reliable effects have proved to be the type of intervention, and the severity of the presenting problem (Elliott, 1988; Lennox & Miltenberger, 1990; Miltenberger, 1990; Reimers, Wacker, & Koeppl, 1987; Storey & Horner, 1991). Specifically, reinforcement-based interventions (e.g., differential reinforcement) and interventions that are relatively less intrusive are rated as more acceptable, and the acceptability of intrusive interventions increases as problem severity increases.

Quite apart from the general issue of social validity and decisions on the selection among alternative interventions, staff views on the acceptability and effectiveness of different treatments may have significant practical implications. An implicit assumption in much social validity research, and sometimes an explicit assertion (e.g., Cross-Calvert & Johnston, 1990; Foster & Mash, 1999; Hawkins, 1991), is that staff perceptions of intervention acceptability and effectiveness are related to treatment fidelity. Thus, staff who find an intervention unacceptable or believe that it is unlikely to affect the desired change may be less likely to implement an intervention or continue with it over time (cf. Hastings, 1997). Such a prediction is logical but is supported by relatively few data. Some researchers have found positive associations between acceptability or effectiveness ratings and compliance with interventions (e.g., Reimers, Wacker, Cooper, & DeRaad, 1992).

One determinant of social validity that has received very little attention in the literature to date is the function of the presenting problem. This factor may be becoming especially salient as a variable due to increased emphasis on the use of functional assessment information to guide intervention (Repp, Felce, & Barton, 1988), and the results of meta-analyses suggesting that prior functional analysis increases treatment efficacy (Didden, Duker, & Korzilius, 1997; Scotti, Evans,

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