Affordable ABA
MOCK EXAMS

The Acceptability of Treatment Interventions and Social Validity Measures

Introduction

The Acceptability of Treatment Interventions and Social Validity Measures

Applied behavior analysis (ABA)-based treatment interventions are designed to affect the lives of not only the individual that is receiving the treatment (i.e., service recipient), but also their family and community (i.e., stakeholders). While these treatment interventions are considered both technical and scientific in nature, the basis behind ABA-based interventions is that they are human-centered and socially embedded procedures. Social validity is considered to be a vital aspect of ABA-based treatment interventions.

The concept of social validity has progressed throughout the years. Within the early formation years of social validation, the process of evaluating one's acceptance of a treatment intervention was driven through the viewpoints and direction that the practitioner or researcher wanted to go in, not from the view or perspective of the individual for whom the treatment intervention was intended for (Wheeler & Carter, 2023). As time has progressed, this thought process has changed and now the level of satisfaction with a treatment intervention is evaluated from the perspective of the service recipient and their relative stakeholders.

In this course, participants will learn (1) different variables that influence treatment acceptability, (2) different social validity measures that can be integrated into treatment interventions, (3) various indicators of treatment feasibility, and (4) be provided with an overview of how to get various systems to accept treatment interventions.

Section 1: Overview of Social Validity

Social validity refers to the social importance as well as acceptability of treatment goals, procedures, and outcomes that are used when implementing ABA-based treatment interventions. The opinions and attitudes of service recipients including any relevant stakeholders are evaluated as they relate to the objectives, methods, and outcomes used in interventions (Luiselli, 2021). Through this process, it is the goal of the field of behavior analysis to not only enhance but also to improve an individual's life by choosing targeted behaviors that are suitable for change and are deemed socially significant. Although it may seem that social validity rests solely on the opinion of an individual, this is truly not the case. Instead, social validity is often considered a subjective measure that is evaluated by researchers, families, and experts.

There are three main components to consider when discussing social validity: the social significance of the goals that have been selected for treatment or intervention, the social acceptability of the procedures that are being used for treatment or intervention, and the social importance of the effects that occur as a result of the treatment or intervention that was selected for implementation. Through the use of social validity measures, ABA-based interventions are evaluated to determine if an impact has actually been made that is considered to have helped others in ways that are evident in their everyday life.

Social validity can be measured through the use of questionnaires, surveys, and various rating scales which then quantify measures of acceptance and approval for the intervention methods that have been employed. Direct observation and the use of measurement of preferences regarding interventions used have also been integrated into assessment methods. Results that are gained from the assessment of social validity are meant to be used to improve the design of the treatment services that are implemented (Luiselli, 2021).

However, it is important to evaluate the results of social validity measures carefully. For example, interventions that are preferred or rated as being highly acceptable may not actually be the procedure that is the most effective intervention for the skill in acquisition or the behavior that is targeted for change. The most effective intervention may contain multiple components or require more effort on the part of the interventionist and may appear to be more complex and procedurally draining than another intervention. This may result in a lower preference rating as it is less preferred to implement due to the demands of the procedures involved within the intervention. Preference and effectiveness are two distinct characteristics that can be addressed through the use of social validity measures so that well-informed decisions can be made regarding the selection of interventions to be used with service recipients (Luiselli, 2021).

The field of behavior analysis is guided by ensuring that its service recipients see value in the interventions selected for implementation and that they are asked about what they either like or dislike in reference to the services that are proposed and delivered to them. Additionally, it is vital to ensure that the effects that occur as a result of the services that are delivered have a meaningful impact on the life of the individual.

Although social validity measures provide significant value to practitioners and service recipients, this value was not always viewed as favorably decades ago as it is today. Many professionals did not receive the inclusion of social validity measures in a positive manner. Instead, it was argued that this subjective data may be highly inaccurate, unrelatable to observed behavior, and that it also included hypothetical variables (i.e., private events) that most behavior analysts did not recognize at the time of the proposal (Luiselli, 2021). However, Wolf (1978) was determined to argue the other side and believed that individuals could learn to become more reliable as reporters through training. Wolf (1978) also believed that the opinions and attitudes of an individual could be considered a

reasonable outcome measure for evaluating various interventions. For example, people could relay that the intervention was difficult to implement in the specified environment or that the outcomes of the intervention did not maintain after the intervention ended. Furthermore, asking an individual about the procedures and results surrounding an intervention can aid with rapport building and encourage positive relationships between service recipients and care providers. Conclusively, Wolf (1978) was able to persuade professionals within the field of behavior analysis that the measurement of the effects of an intervention that are data-based combined with the viewpoints of individuals that receive and implement the different interventions would be the most comprehensive approach that could be used to evaluate various programs used with individuals, groups, and systems.

Throughout the years, the acceptability of social validity measures increased within the field of behavior analysis. In 1991, Schwartz and Baer developed a few key dimensions that would be used in a multitude of social validity assessments.

Scope and Direction

Within this dimension, the main focus is to determine if the goals that are selected for intervention are both important and relevant to the desired changes for the individual. The goals that are selected should be reasonable, able to be achieved by the individual, and norm referenced. Additionally, the procedures that are to be used during implementation should be practical, time-efficient, able to be implemented easily, non-stigmatizing, and able to be generalized to other environments and people. The objectives for social validity assessment in this area are concerned with the satisfaction of the outcomes that occur as a result of the intervention, the absence of any negative side effects that could occur from the implementation of the intervention, and if the effects of the intervention are able to be maintained for a long period of time.

Consumer Populations

When determining the populations that are to be used with social validity assessments, it is important to understand that both service recipients and care providers should be the targeted populations for consideration. Although these audiences are considered to be the main focus of social validity assessments, it is vital that passive consumers of the implemented treatment interventions are thought of as well. Passive consumers are those individuals that are key members of program operations (i.e., center directors, school principals), individuals within the community (i.e., neighbors, staff in restaurants), and individuals that may not know or interact with consumers but live within the same community (Schwartz & Baer, 1991). Through information gathering from all of these sources, a social validity assessment can provide information that can be used to aid in the development of appropriate and meaningful procedures for individuals, groups, and systems.

Accuracy

Social validity assessments that are accurate ensure that they are not assessing the viewpoints of the wrong community, incorrectly evaluating the viewpoints of the correct community, or correctly evaluating the viewpoints of the correct community but not considering their feedback to guide change. Social invalidity is a term that is used to reference the behaviors of individuals receiving services that are closely involved with the individual receiving services who disapprove of a certain aspect of an ongoing program and will do something in regard to their disapproval (Schwartz & Baer, 1991). Furthermore, in order for a social validity assessment to be accurate, it must elicit reporting from individuals that is truthful, encourages actions that are valued, does not persuade others from noting complaints or their dissatisfaction, and helps to improve various procedures and policies that are guiding the intervention in place.

Prior to an intervention being implemented as well as throughout the implementation of the intervention, the objectives, methods, and expected outcomes should be delineated. Social validity questionnaires and surveys should be developed with consideration of the variation of responses that could be provided by the consumers, allow for respondents to respond in different ways, provide the specified time period that is being evaluated, and address all of the variables that are important to the acceptability and viability of a program that is being implemented. Furthermore, it is ideal that ratings from social validity assessments, whether in favor of or exhibiting disapproval of an intervention, will be correlated with the different intervention measures and effects being implemented.

Social validity measures should consist of socially important dependent measurement systems, and the interventions that are implemented should be practical and produce effects that are socially relevant to the individual and their community. The procedures that are selected for implementation should be able to be used in typical everyday settings and throughout various lengths of time. The point behind these aspects is that practices should be able to be implemented with accuracy within settings that are conventional and used to treat service recipients.

When evaluating the research that has been conducted concerning social validity measures, it is important to understand that certain conclusions have been able to be drawn regarding treatment acceptability (Luiselli, 2021):

- Interventions that are reinforcement-based are typically rated as being more acceptable for implementation in the decrease of challenging behaviors than the use of punishment-based procedures. Interventions that include pleasurable consequences as a mechanism for increasing

appropriate behaviors are more acceptable to respondents than those interventions that utilize negative consequences.

- Interventions that are simple, time-efficient, and non-stigmatizing are considered to be more acceptable than interventions that contain several different components and behavior intervention plans that take considerable effort to implement. These types of interventions often take less time to train others how to implement and are often viewed as being a good fit for implementation in a service setting.

- Ratings of acceptability that are elicited on social validity measures are often influenced by the intensity and severity of the challenging behavior that requires the intervention. Interventions that are viewed as invasive and restrictive are often seen as acceptable if the implementation of the intervention is directed toward the reduction of a behavior that is dangerous or harmful.

- Ratings of acceptability are often influenced by the impact and effect that the intervention has on the challenging behavior. The effectiveness and success of the treatment is viewed independently of the types of interventions that are implemented.

- The acceptability ratings regarding treatment that are elicited from care providers prior to an intervention being implemented may not be correlated to or predict the preference that one has for the intervention procedures that are selected for implementation during and following implementation.

- Less favorable ratings of treatment acceptability are associated with the occurrence of an adverse side effect that occurs as a direct result of a treatment intervention.

Assessment Methodologies

Over the years, different subjective measures of social validity have been at the forefront of behavior analytic practice. Interviews are easy to arrange and can consist of single individuals or more than one person that is part of a group. However, interviews also bring to light the procedural inconsistencies that can exist between different individuals that interview. This can particularly occur if the interviewers do not follow a standardized script or if they engage in conversations with interviewees that are dissimilar. Another source of variability rests in whether or not the interview is able to be conducted face to face. This format often can lead to bias or affect the objectivity of the respondents. Respondents may also be hesitant to discuss their opinions and viewpoints during both individual and group interviews.

Other methods that have been used to assess social validity include the use of rating scales and various forms. These options typically contain different behavior-specific indicators and ratings that are numerical. Some of these options include the Treatment Evaluation Inventory (TEI: Kazdin, 1980), Intervention Rating Profile-20 (IRP-20: Witt et al., 1984), and Treatment Acceptability Rating Form-Revised (TARF-R: Reimers et al., 1991). These instruments as well as others are designed to ascertain the acceptability ratings of teachers and parents concerning child-focused interventions. These protocols have strong psychometric properties and are fairly easy to administer and score. Through use of these forms and inventories, global ratings can be established.

Social validity can be measured directly through observation of the behavior of normative populations. This method can then be used to determine an intervention that is reasonable as well as outcomes and objectives that can be delineated for service recipients. Additionally, direct measurement can be used to determine a service recipient's preference for the intervention that is being

implemented. By utilizing this method, the intervention preference/treatment acceptance can be evaluated and compared to the change in behavior that is exhibited as a result of the treatment intervention that was implemented.

Recommendations for Practice

There are several guidelines that can be integrated when preparing social validity assessment materials (Luiselli, 2021):

- Social validity assessments should be conducted before, during, and after the implementation of an intervention. Each of these times will allow for feedback to be elicited. This feedback will guide intervention planning, implementation of the selected intervention, and the outcomes that are desired.
- In consideration of the design of a social validity assessment questionnaire, this form should be a single page and double-spaced. If the format of the questionnaire is too long, respondents may become overwhelmed with the format and not respond accurately to the questions being asked.
- The questionnaire should contain between six and eight statements or questions that are written in behavior-specific language. This language should be able to be understood easily and written in the format of a single sentence. For example, a statement could read “I approve the delivery of tokens included in the behavior intervention plan.”
- The respondents should be able to respond with a numerical rating for each statement or question that is being asked on the questionnaire. There should be four to seven points on the Likert-type scale to allow for differential responding to occur for the respondents. For example, 1: strongly disagree, 2: disagree, 3: neither disagree or agree, 4: agree, and 5: strongly agree.

- Respondents should be asked why they provided a rating that is unfavorable. A comments section should be added to any questionnaire to allow respondents the opportunity to provide additional feedback that may discuss social validity.
- Respondents should be provided the opportunity to either include their name on the questionnaire or be allowed to complete the questionnaire anonymously.
- The time period that is being covered by the questionnaire should be explicitly stated. For example, "Please complete the rating scale for the last three months of services provided in the school setting."
- An explanation regarding the social validity process should be delineated for the respondents completing the questionnaire. Within this explanation, the desire for their feedback and recommendations concerning the planning process surrounding the intervention, implementation of the intervention, and the outcomes that are exhibited should be expressed. It should also be explained that the respondents have the right to know that their participation is voluntary and is not related to any performance appraisal that may be associated with their employment.
- There are several options that are associated with distribution of a questionnaire. These options are dependent on the number of respondents, the resources that are available and needed to distribute the questionnaire, and the practical constraints that may be in place:
    - An in-person group meeting would allow for a supervisor or clinician to hand out a questionnaire, ensure that independent responding occurs, and that there is 100% return rate for the questionnaires that are distributed. A disadvantage of this approach, though, is that

there may be a response bias or reactivity that occurs among the respondents that can be attributed to the presence of the leader or person that distributed the questionnaire.

- The individuals that are asked to complete a questionnaire may be asked to return their questionnaire on their own and to a specified location either on or prior to a due date. This particular method allows for the effects of social influences by group meetings to be avoided; however, it does not control for respondents that may discuss the questionnaire with other respondents. An additional limitation may be that respondents will avoid completing the questionnaire and refrain from submitting the questionnaire by the deadline date.
- Questionnaires may also be distributed through email and ask respondents to submit the questionnaire by a specified date. This approach, though, does not guarantee that the responses from the respondents will be anonymous or that the questionnaire will be completed in a timely manner. A free web-based survey could be utilized that could allow for anonymity, but this still does not guarantee that the questionnaires will be returned by the deadline date.

- Through quantification of questionnaire ratings as well as categorization of respondent explanations, components of an intervention are either able to be supported through the social validity assessments or direct the revisions that are necessary for further implementation. Reviews that are completed after a respondent has completed the assessment are important as this allows the respondents to further explain and elaborate on the ratings and feedback they provided within the questionnaire. If these interactions are

not able to be completed, then the professionals that are responsible for the intervention must analyze the information provided in the completed questionnaires. This information should be consolidated, analyzed, and the areas of practice rank-ordered that need to improve. This approach helps facilitate problem-solving methods that are conducive to resolution. The results of questionnaires may lead professionals to make changes within the training sessions that are delivered to the care providers, the guidelines that are used to direct the implementation of the intervention, the procedures that are used to supervise the treatment methods being employed, and facilitate other evaluation methodologies that may be implemented.

Section 1 Personal Reflection

Have you ever been a respondent on a social validity questionnaire or distributed a social validity questionnaire? Which option for distribution did the social validity questionnaire follow and were there any ways that the social validity questionnaire could have been improved?

Section 1 Key Words

Passive consumers - those individuals that are key members of program operations (i.e., center directors, school principals), individuals within the community (i.e., neighbors, staff in restaurants), and individuals that may not know or interact with consumers but live within the same community

Social invalidity - the behaviors of individuals receiving services that are closely involved with the individual receiving services who disapprove of a certain aspect of an ongoing program and will do something in regard to their disapproval

Social validity - the social importance as well as acceptability of treatment goals, procedures, and outcomes that are used when implementing ABA-based treatment interventions

Section 2: Quality of Life and Generalization

When a clinician is selecting a treatment intervention for implementation, they often find that several evidence-based treatments options may be appropriate. In situations like these, the evidence-based treatment option with the higher social validity should be selected. Even when there is only one appropriate treatment option available, the social validity of the treatment intervention should be considered.

Quality of Life

Socially important goals and socially meaningful outcomes may seem as though they intertwine at times. Meaningful changes in the service recipient's life cannot occur unless the goals of the treatment intervention are socially important. Each treatment intervention that is under consideration for implementation should be compared to this standard. Treatment interventions should be selected based on the anticipated outcomes that could be produced that would change the service recipient's quality of life. Quality of life can be measured and enhanced in four different ways (Wilczynski, 2017):

- The service recipients are able to have the life experiences that they desire or prefer
- The service recipient is able to live a life that is fuller (i.e., life is intertwined with people that are important to them and with their community)

- The physical and social well-being of the service recipient is able to improve in the cultural environments that are relevant to them
- The experiences that the service recipient encounters are common to other individuals and are able to be individually valued by the service recipient

Quality of life has not only been a focus for the service recipient but also for the stakeholder clients. Family quality of life for individuals that are ages 18-21 years is viewed at a higher level when challenging behaviors are exhibited at a low frequency or not at all, when fewer supports are needed to assist the service recipient, and when the parents of the service recipient are able to report a greater strength of faith (Wilczynski, 2017). This information is useful for practitioners as they can help facilitate discussion surrounding family quality of life when prioritizing behaviors and skills that are desired as being targeted for intervention so that progress can be made on behalf of the service recipient. Family quality of life can also be discussed when evaluating client variables that are relevant to stakeholders (i.e., feasibility, acceptability). In other words, this means that the anticipated outcomes and goals can be prioritized so that they produce outcomes that are meaningful not only for the service recipient but that will also impact the entire family. Although research is still being conducted to determine how specific treatment interventions impact family quality of life, it is important for practitioners to not wait on the outcomes of this research to incorporate evaluative measures of family quality of life into the selection of their treatment intervention.

Generalization

Socially meaningful change can also be elicited by ensuring that skills and behavior that are targeted for change are able to be generalized across different situations that are relevant to the service recipient. The quality of life for the

service recipient is unable to be changed in a socially meaningful manner if the service recipient is unable to use the skills or behaviors in other situations that are relevant to them. Despite the intervention that is recommended for implementation, a practitioner can program and plan for generalization of a targeted skill or behavior. When the practitioner is able to ensure that the skill being taught or the behavior that is being reduced are able to be generalized across settings and situations, then this change has a higher probability of producing a socially significant change. If relevance is not able to be demonstrated across a multitude of relevant settings, then the target selected for intervention may not be as socially meaningful as anticipated.

There are several ways that generalization can be worked on when developing an intervention to be implemented with a service recipient. One method of increasing the likelihood that a behavior or skill will be generalized across relevant situations and settings is to use materials that are typically utilized across the different environments. These materials do not need to be exactly the same. However, similar materials across the different settings will enhance the potential for generalization for the service recipient.

When planning for generalization, treatment interventions can be selected (Wilczynski, 2017):

- Based on the treatment intervention's ability to be transported across the different relevant settings and environments as this will increase the probability that generalization will occur
- As generalization is able to be a natural product of the intervention that is implemented or occur automatically as an effect of the treatment intervention

These points can be taken into consideration and are exemplified when evaluating the generalization of a script fading intervention. For example, script fading is often used to regulate social-communicative interactions. These written scripts are then faded and nonscripted statements that are appropriate for the situation are reinforced. Script fading is an intervention that can easily be transported from one setting to another as the scripts are relevant for the service recipient. As the communications skills that are needed in one environment are able to be applicable in another setting, then the skills that are learned through script fading are able to be generalized to these other situations. In another treatment intervention example, Pivotal Response Treatment has been used to teach generalization of newly learned skills across different situations and environments. Pivotal Response Treatment is an intervention that teaches service recipients to respond to various cues that occur within an environment and to also utilize different self-management strategies. In an effort to increase the probability that a skill will be able to be used across various situations that are relevant to the service recipient, stakeholders use naturally occurring reinforcers and teach pivotal skills that are associated with positive outcomes.

It is important to note that generalization does not only occur for the service recipient but may also occur for the stakeholders as well. Through the implementation of various interventions, stakeholders may be able to generalize the strategies that they learn to different environments and situations that are different from the environment or situation in which they learned to implement the strategy. When looking at this further, a parent and child interaction that occurs in a real-world situation can be demonstrated as a result of a training situation that has occurred in another environment. Generalization can be associated with a multitude of effects such as an increase in parental happiness and communication styles. As a stakeholder is able to implement various interventions across different environments and situations, the service recipient

will also be more likely to generalize their skills to these other environments. This is important for practitioners to understand. This way, treatment interventions can be selected that affect not only the service recipient by the stakeholder as well.

Section 2 Personal Reflection

What are some methods that you have been able to use to help promote generalization of a skill or behavior? Are there ways that you can help to better promote generalization of intervention implementation for stakeholders?

Section 2 Key Words

Generalization - the use of skills or behaviors in other situations that are relevant to the service recipient

Pivotal Response Treatment - an intervention that teaches service recipients to respond to various cues that occur within an environment and to also utilize different self-management strategies

Quality of life - the standard of health, comfort, and happiness experienced by an individual or group

Script fading - used to regulate social-communicative interactions through written scripts that are then faded and nonscripted statements that are appropriate for the situation are reinforced

Section 3: Treatment Acceptability

Treatment acceptability is a form of social validity that is important for service recipients and their stakeholders through understanding of the treatment

intervention selected. Treatment acceptability is centered around five different questions (Wilczynski, 2017):

- Is the treatment intervention that has been selected for implementation fair?
- Is the treatment intervention that has been selected for implementation reasonable?
- Is the treatment intervention that has been selected for implementation appropriate?
- Is the treatment intervention that has been selected for implementation unintrusive?
- Would you recommend the treatment intervention that has been selected for implementation?

There have been several tools that have been developed to assess and evaluate treatment acceptability. These tools have been developed for use with parents, teachers, and children alike. However, prior to the evaluation of treatment acceptability, the service recipient or stakeholder should understand the treatment intervention that is being discussed. Treatment acceptability forms should not be completed until all of the service recipients and stakeholders involved understand the treatment intervention. In the information provided below, several commonly used treatment acceptability instruments are listed (Wilczynski, 2017):

Instruments Used to Evaluate Treatment Acceptability

Instruments	***Description***	***Target Audience***
Treatment Evaluation	-Designed for children with	-Parents

Inventory (TEI) Kazdin, 1980	behavior disorders -Questionnaire with 15 items -Brief to administer -7-point Likert scale -Concerns regarding treatment procedures	 -Research studies
Treatment Acceptability Rating Form (TARF) Reimers & Wacker, 1988	-Based on TEI but for clinical settings -Questionnaire with 15 items -Brief to administer -7-point Likert scale -Concerns regarding treatment procedures, costs, perceived effectiveness	-Parents -Clinical settings
Intervention Rating Profile Tarnowski & Simonian, 1992	-Designed for educational settings -Questionnaire with 20 items -Brief to administer -6-point Likert scale -Concerns regarding acceptability, risk to the client, amount of time treatment requires, effects on other	-Teachers -Educational settings

	students, and teach skill	
Intervention Rating Profile 15 (IRP-15) Martens, Witt, Elliott & Darveaux, 1985	-Brief version of IRP -Questionnaire with 15 items -Brief to administer -6-point Likert scale -Concerns about acceptability, feasibility, and perceived effectiveness	-Teachers -Educational settings
The Children's Intervention Rating Profile (CIRP) Witt & Elliott, 1985	-Modification of IRP -5th grade level readability -Questionnaire with 7 items -7-point Likert scale -Concerns fairness and expected effectiveness of treatment	-Child -Students
The Behavior Intervention Rating Scale (BIRS) Elliott & Von Brock Treuting, 1991	-Modification of the IRP-15 -Questionnaire with 24 items -6-point Likert scale	-Parent -Teachers
Abbreviated Acceptability	-Modification of the IRP-15	-Parents

Rating Profile (AARP)	
Tarnowski & Simonian, 1992	-Questionnaire with 8 items -6-point Likert scale

There are several variables that can affect whether or not a treatment intervention will be viewed as being acceptable or not. Treatment interventions that utilize reinforcement-based procedures (i.e., token economies, praise) are viewed as being more acceptable than treatment interventions that utilize punishment procedures (i.e., response cost). Treatment interventions that are seen as being more complex to implement are viewed as less acceptable unless these interventions are being used to address behaviors that are more severe or intense. Additionally, treatment interventions that are more time consuming to implement are viewed as being less acceptable by stakeholders. Although this may be the case, it does not mean that stakeholders will be unwilling or unable to implement interventions that require more time. Instead, it would just mean that a practitioner should be able to provide a sufficient justification as to why a more time-intensive treatment intervention should be utilized or recommended as well as listen to the concerns from stakeholders even after the justification has been provided. Additionally, treatment interventions that are less restrictive for the service recipient are viewed more favorably and are associated with a higher quality of life.

Membership in various cultural groups can be influential into one's views of treatment acceptability. Mothers tend to rate treatment interventions used as behavioral interventions that are designed for reducing severe challenging behaviors as more acceptable, but fathers tend to rate medical interventions as being more acceptable than mothers (Wilczynski, 2017). Despite this comparison, it has been noted that one's marital status, age, and income are not viewed as

being related to the acceptability of different treatment options (Dahl, Tervo, & Symons, 2007). Additionally, the perception that a parent has on whether or not an intervention would be supported by immediate and extended family members has been reported as being associated with higher treatment acceptability.

The behavior that is exhibited and associated with a practitioner that is recommending a specific treatment intervention influences the level of treatment acceptability. When a practitioner utilizes pragmatic language in place of jargon or field specific language, the treatment intervention that is being proposed is viewed as being more acceptable. Although jargon allows practitioners to be able to communicate effectively with one another regarding interventions, procedures, and principles, it creates walls and barriers between a professional and service recipient or stakeholder. This can occur without the practitioner realizing it. Some of the wording that practitioners utilize may be off-putting to others or have unintended effects on one's viewpoints. For example, a practitioner might say that "an individual is exhibiting aggressive behavior." This can be potentially unsettling for a parent to hear. Instead, the practitioner may choose to use language such as "the individual hit his peer." This option may communicate the situation in a more effective manner. Although a practitioner should ensure that the language they use produces the intended outcome, it is vital that they also use language that is accessible to the service recipient and stakeholders.

When a service recipient is able to participate in an evaluation of treatment acceptability, the practitioner should include the service recipient's perspective on the treatment intervention. It is important to note, though, that children are more likely to rate all treatment interventions as being less acceptable than adults (Wilczynski, 2017). Despite these ratings, different groups of children rate treatment interventions differently. For example, girls rate the usage of group contingencies as less acceptable than boys and even more so when the severity of the problem behavior is greater.

Data regarding treatment acceptability can be collected either before or during the implementation of the treatment intervention. There are several reasons associated with why practitioners and researchers should collect treatment acceptability data. First, if a large number of participants drop out of a study or the treatment, it is likely that they are not happy with the treatment intervention for one reason or another. This could also have the same impact if a practitioner were to implement the same intervention. Therefore, it is important to understand the impact that a treatment intervention may have on a service recipient or stakeholder. This could also help to minimize the immediate economic impact that a practitioner may be exposed to if they were to lose a large portion of their clients. Secondly, practitioners are responsible for including service recipients and stakeholders in the planning process for selecting and implementing a treatment intervention. Ethically, they are obligated by the Behavior Analyst Certification Board (BACB) to involve the service recipient and any relevant stakeholders throughout the process of determining a treatment intervention to implement. An ethical violation would exist if the practitioner were to ignore that either the service recipient or a stakeholder found or viewed the selected treatment intervention as being unacceptable or less acceptable than a reasonable and equally effective alternative treatment intervention. Thirdly, once the selected treatment intervention has been implemented, the practitioner has an ethical obligation to continuously include the service recipient and relevant stakeholders on any discussions prior to a significant change being made to the treatment intervention. By assessing the acceptability of the selected treatment intervention, this ethical obligation can be met. Additionally, many individuals reason that the acceptability of a treatment intervention is strongly related to the fidelity of the treatment (Wilczynski, 2017). However, this has not been conclusively demonstrated. Either way, though, it is still important to assess treatment acceptability as it could improve treatment fidelity.

Treatment acceptability should be evaluated through more than just the use of a questionnaire. A practitioner that is seeking to access treatment acceptability information from a service recipient or stakeholder should work to portray that they truly care and are invested in making decisions surrounding treatment interventions that are based on the information that is shared with them. It is important to understand the reactivity that may occur when opinions on treatment acceptability are elicited. Stakeholders may feel inclined to only share positive aspects of an intervention as they may be fearful that their relationship with the practitioner could be compromised if negative viewpoints are delineated. Furthermore, service recipients may only be willing to share their viewpoints concerning treatment acceptability if they are truly convinced that there will not be any negative effects associated with sharing these opinions. Lastly, treatment acceptability can be evaluated through the continuation of services for the service recipient. A service recipient and stakeholder have the right to refuse to participate in any treatment intervention as well as to discontinue the implementation of services. Although the continuation of treatment services is a simplistic way to evaluate the acceptability of a treatment intervention, it should be used with caution. A service recipient and stakeholder may have a need for services that outweighs their happiness with the treatment intervention. Other practitioners may not be able to provide services and as a result the service recipient and stakeholder continue to receive services even though they do not find the treatment intervention acceptable. Therefore, it is important that the evaluation of treatment acceptability through this means is only used as a gross indicator of treatment acceptability (Wilczynski, 2017).

Section 3 Personal Reflection

What are some methods that you have used to evaluate treatment acceptability of an intervention before? Do you feel that you should have done more to fully assess the treatment acceptability of an intervention that you have used?

Section 3 Key Words

Jargon - special words or expressions that are used by a particular profession or group and are difficult for others to understand

Treatment acceptability - the satisfaction and acceptability of the interventions and procedures that are used to effect change on a behavior, based on the opinions of the individuals who receive services and implement them

Treatment fidelity - the extent to which an intervention is accurately implemented

Section 4: Treatment Feasibility as it Relates to Social Validity

In order for a treatment intervention to be considered socially valid, the treatment intervention has to actually be able to be implemented within the service recipient's environment. Socially meaningful changes are only able to be integrated into a service recipient's life when a treatment intervention is able to be accurately and feasibly implemented. A treatment intervention may be viewed as preferred and evidence-based, but if the treatment intervention is not feasible, then the service recipient will never have the ability to be able to access the treatment intervention. Treatment feasibility reflects the ability for an individual to accurately implement a treatment intervention in everyday and real-life contexts. If a treatment intervention is not able to be implemented in these situations, meaningful changes will not be able to be produced or impact the life

of the service recipient. Therefore, treatment interventions that are not able to be feasible are also considered to not be socially valid. Some indicators that are associated with treatment feasibility include treatment acceptability, the demand for the services being offered, the fidelity of the treatment intervention, practicality of the treatment intervention, adaptability, and integration (Wilczynski, 2017).

Prior to selecting a treatment intervention for implementation, a practitioner evaluates all possible barriers that may be present that could potentially interfere with implementation of the proposed intervention. For example, cost is usually a main barrier that is considered when developing an intervention. However, there are other barriers that could be present that are not related to cost. Some questions that practitioners consider prior to implementing a treatment intervention are listed below (Wilczynski, 2017):

- Are there any additional expectations required of the staff involved in the implementation of the treatment intervention?
- What changes need to be made within the environment and how will these changes affect the stakeholders?
- Are there any skill sets that would be required of the stakeholders (i.e., data collection) and have you trained and simplified the process for them?

Resource Constraint

There may be several resources that are required in order to implement a treatment intervention successfully. The practitioner should be able to determine the specific resources that are needed for each treatment intervention that is under consideration. Material costs may be a resource that is needed immediately. On the other hand, staff that are required in order to implement the treatment intervention are a budgetary restraint that will need to be heavily

considered. The person that is responsible for paying for the treatment that the service recipient is exposed to may be more aware of this budgetary cost than the practitioner themselves. However, the budgetary costs associated with the treatment intervention may be more aware to someone or become more relevant when intensive resources are required to ensure that the treatment intervention is able to be maintained over a period of time. As practitioners become more experienced, they realize and understand that the costs that are associated with different treatment interventions may necessitate a contribution from various funding sources. These different funding sources may be confined by various red tape, approvals, time, or other reasons as to why the treatment intervention may not be justified for implementation at that moment in time. As a result, the treatment intervention may not be effective, ideal, or the best solution at that particular time for the service recipient or stakeholders. If the implementation of the treatment intervention requires resources that are too costly or intensive or if there are other treatment options that are just as effective but are less resource intensive, then the selected treatment intervention may be dismissed at that time. A desired treatment intervention may only be able to be feasible in the long term and an alternative option that is less resource intensive may be a better option in the moment.

Environmental Supports

Treatment interventions often become less effective when they are moved from a research setting that is highly controlled into a more natural environment or real-world setting. Unfortunately, this can potentially be because the service recipients that participate in research are often viewed as being less complex than those service recipients that are receiving treatment in real-world settings. Researchers are typically looking for individuals that fit the mold or their selected parameters. This often excludes individuals with comorbid diagnoses or those

that exhibit more complex and intense behaviors. This is due to researchers trying to show that a selected treatment intervention is effective for a specified population. Also, real-world settings tend to be more dynamic which means these situations are more complex, and a practitioner has less control in these environments than in a research setting. In real-world settings, practitioners, teachers, educators, and stakeholders must determine how to select a treatment intervention that will be effective in situations that are more complex with service recipients that exhibit behaviors that are more complicated.

Environmental supports are considered to be any variables that are either used to enhance or undermine the ability for a treatment intervention to be implemented in a real-world setting without costs being a factor. These environmental supports can be varied across different settings, people, and the context that the treatment intervention will be implemented in. A practitioner should keep in mind that treatment interventions are not implemented alone. Instead, they occur and are implemented within a culture. This culture could be referenced as a service recipient's family, the school that they attend, the group home in which they live, or any other community setting that is relevant to the service recipient. Each of these cultures are known to have their own set of features that make each culture unique as well as influence the feasibility of the selected treatment intervention. Due to these reasons, the supports that are needed or more likely to have an effect on families, educators, and other professionals should be addressed and taken into consideration separately. Even though they should be addressed separately, each of these variables may still have an impact and be relevant in all settings.

Families

The family of the service recipient typically completes their own cost/benefit analysis of a treatment intervention prior to consenting or implementing a

proposed treatment intervention. While the consideration of cost comes into the discussion, most parents first look to determine if the proposed treatment intervention is one that is practical for not only their child but also for the whole family as well. When a parent has to make the determination if a treatment intervention is right for their child, they take into consideration the burden that this treatment intervention may have on all of the family members involved. This component of feasibility is correlated to the family's quality of life (Wilczynski, 2017). Variables, such as time commitments, are evaluated by parents especially if the proposed treatment intervention will require a high level of parental involvement. Parents may not choose to participate or allow for the proposed treatment intervention to be implemented if they are required to produce a high response effort in exchange for outcomes that are delayed or with a relatively low guarantee for socially significant change for the service recipient.

One way that treatment feasibility can be assessed is by how engaged the parent(s) is throughout the treatment process. Some questions that can be asked to help determine the degree of participation are listed below (Wilczynski, 2017):

- Is the parent able to complete therapy or therapy related tasks with their child?
- Is the parent able to attend trainings as they relate to the treatment intervention in an effort to maintain or achieve treatment fidelity?

If problems are presented that are associated with attendance or engagement, the practitioner should take the time to reassess the feasibility of the treatment intervention. This can be completed by having a discussion on the barriers that exist that are related to the implementation of the treatment intervention and the treatment acceptability that is evident within the family. A family may truly wish or desire to participate in a treatment intervention, but the treatment intervention might not really be an option that is viable when put up against their

other obligations, budgetary constraints, and time that can be allotted to the implementation of the treatment intervention. A practitioner should, at this point, make the determination about whether or not the treatment intervention is appropriate and work towards either adapting or dismissing treatment interventions so that the goals of the service recipient can be achieved, and significant stress is not added to the family unit (Wilczynski, 2017).

Parents have been able to share their concerns as they relate to treatment feasibility. They are able to delineate the environmental supports that they value and require to facilitate effective treatment intervention implementation. For example, parents that are working have voiced concerns regarding childcare and how that affects their ability to be able to fully participate in implementation of a treatment intervention. Parents also want to be fully informed about the commitments that they will be required to make prior to treatment being initiated. Additionally, parents have noted that the value of training can be increased by having a practitioner provide resources that are appropriate for parents, meaning brief and free from jargon, as well as spending enough time focusing on issues that are important to them. A practitioner should take the time to ask parents about environmental supports that are needed as this is likely to increase participation in the process of selecting a treatment intervention as well as the implementation of the treatment intervention.

Educators

In a school environment, interactions that occur between a student and an adult are typically led by the adult. In these situations, teachers, paraprofessionals, and other adults within the school environment tell students what to do. In return, the students are expected to fulfill these demands and comply with requests. Despite this dynamic, some treatment interventions that are effective are not consistent with this culture that exists in the school environment. Treatment

interventions are often viewed more favorably and have higher levels of treatment acceptability when similarity exists with the treatment interventions that are already in place. Therefore, a treatment intervention that is led by the child may not be evaluated as being feasible since it varies significantly from the cultural norms that are present within the school environment.

When evaluating treatment interventions for use within the school environment, a practitioner should begin the process by asking the following questions (Wilczynski, 2017):

- Is the treatment intervention that is being proposed one that is acceptable within the school environment?
- What are the previous experiences that stakeholders have that are associated with treatment interventions?
- Do the stakeholders have views that are favorable about the treatment intervention being proposed?
- Are the stakeholders excited about the treatment intervention that is being proposed?
- What is the level of resistance that is being portrayed by the stakeholders in regard to the proposed treatment intervention?

Teachers often do not elect to use evidence-based treatment interventions due to their lack of feasibility. Teachers are not provided with adequate instruction throughout their course completion during their own education to allow them to implement these empirically supported interventions. Additionally, a majority of teachers do not receive behavioral skills training that would help to guide them in successful and accurate implementation of various complex interventions. A practitioner should not assume that a teacher within an educational environment

has received adequate training or any training at all that would lead to any amount of treatment fidelity.

When a practitioner is considering the use of a treatment intervention that is complex and requires extensive training to implement it, the practitioner should also consider developing both an immediate and a long-term plan for successful implementation. An immediate plan should consider the implementation of a treatment intervention that could be implemented both immediately and accurately. While on the other hand, a long-term plan should consider the training efforts that are needed so that educators can develop the required skills that will produce high levels of treatment fidelity (Wilczynski, 2017). The practitioner should work toward building a strategy that is comprehensive in an effort to build long-term capacity as well as a monitoring system to evaluate progress toward this goal. Building capacity is something that can be done and applied across all groups including service recipients and stakeholders.

Health Care Providers and Direct Care Staff

Although advances may be able to be made in well-controlled research settings, these same advances may not be able to be made or may not be feasible for services recipients that exhibit severe behaviors or for practitioners that provide services for individuals with complicated cases. Challenges may need to be evaluated and overcome in order to produce interventions that can be feasible in environments outside of a research setting (i.e., centers, community-based agencies, mental health facilities). The following strategies can be implemented to help with overcoming challenges that may be exhibited that are related to feasibility (Wilczynski, 2017):

- The training that will be required to allow implementers of a treatment intervention to implement the treatment intervention with fidelity should

be evaluated. Training that is more extensive may be needed in order to develop and maintain high levels of treatment fidelity.

- Barriers to successful implementation of an intervention should be identified. Then, problem-solving methods should be explored that can provide avenues around these potential barriers. Every situation that a practitioner encounters will be unique and individualized to the service recipient and stakeholders they are working with.
- Potential barriers that are related to sustainability should be identified. Then, problem-solving methods should be explored that can provide alternative solutions to these potential barriers. If an intervention is to be generalized and sustained across different environments, then additional training may be needed to create successful treatment intervention implementation opportunities.

How to Address Resource Constraints and Environmental Supports

Barriers to treatment feasibility should continually be explored. Several variables exist that could be potential barriers to accurate implementation of a treatment intervention; therefore, treatment feasibility is not able to be determined through a unidirectional discussion. Instead, a conversation should be had regarding any variable that could act as a potential barrier to implementation of a treatment intervention and the strategies that are able to be used to overcome or provide an alternative solution to these barriers. The goals delineated through this discussion do not necessarily convey persuasion to stakeholders for a specified treatment intervention but instead help them to determine solutions that are practical for overcoming barriers that they would encounter if a specified treatment intervention were selected. Throughout this discussion, the practitioner should take the opportunity to understand any factor that is

associated with motivating stakeholders selecting a treatment intervention for implementation. Furthermore, the practitioner should also work to reduce the response effort required on behalf of the stakeholders for successful implementation of an intervention. Practitioners should also realize that people tend to avoid things that they are not aware of, are uncertain of, or do not know anything about. Understanding this component should help a practitioner facilitate discussion around what it means to implement the treatment intervention through the eyes of the stakeholders and in a realistic situation. A practitioner should work to show stakeholders that they appreciate the challenges that they may be facing and help them to alleviate some of the stressors that they are encountering or will come face to face with. The stakeholders should be asked if the solutions that are being proposed are viewed as being realistic and manageable to implement or integrate into their daily lives. The main focus and goal of a practitioner during these discussions is to identify a treatment intervention that is ideal for the service recipient and their stakeholders based on their situation, environment, and real-world settings that they encounter. By allowing ample time to facilitate these discussions, the likelihood of identifying the best treatment intervention that will be ideal for the service recipient and their stakeholders will increase (Wilczynski, 2017).

The concern surrounding the accurate implementation of any treatment intervention should be included in any conversation that is had between a practitioner and relevant stakeholders. If a stakeholder shows concern that they will not be able to implement a proposed treatment intervention with a high degree of accuracy, a practitioner has an obligation to continue to problem solve for other avenues, solutions, or interventions that could produce the same or very similar outcomes. If a solution, avenue, or other intervention is not able to be found, then it may be best to determine that treatment for the service recipient is not the best option at this specific time. It is important to realize that barriers to

treatment feasibility can be removed as time progresses, so a treatment intervention does not have to be placed on hold indefinitely or viewed as being unfeasible forever. Practitioners should also work to identify barriers that exist to sustaining the treatment intervention for the length of time that is required to produce the anticipated benefits. If it has been identified that a stakeholder has the ability to implement the treatment intervention but the supports that are needed in order to successfully implement the treatment intervention are not readily available, then the practitioner should continue to problem solve to identify ways to remove these barriers or readily gain access to these supports. Decisions regarding the treatment intervention may need to be made especially if the need for different conditions are identified for successful treatment intervention implementation.

The treatment intervention that is deemed right for the service recipient might need to include a short-term intervention that is able to be implemented immediately as well as a long-term intervention that is agreed upon by the practitioner and stakeholders as an intervention that will be worked toward until a high degree of treatment fidelity can be reached. Furthermore, the convenience of training of stakeholders might be a barrier to the feasibility of the treatment intervention. Therefore, the practitioner should evaluate various training avenues that are both cost-effective and time-efficient for the stakeholders. Often, practitioners are able to locate an individual that is an advocate for a selected treatment intervention that proves to be able to provide local supports or training options that can improve the cost effectiveness of the selected treatment intervention.

Treatment Fidelity

Treatment fidelity refers to the accuracy in which a treatment intervention is accurately implemented. Treatment fidelity, however, includes many components

such as the need for the treatment to be implemented (Wilczynski, 2017): correctly, consistently for each service recipient involved, and consistently the entire time that the treatment intervention is being implemented or needed. The quality and dosage of the implementation of the intervention can also be included in the discussion on treatment fidelity. There are several phrases that are used interchangeably to discuss treatment fidelity such as treatment integrity, implementation accuracy, and procedural accuracy. It is important for a practitioner to assess treatment fidelity throughout the course of a treatment intervention because without treatment fidelity, the practitioner will not know how to continue if the treatment intervention does not work for the service recipient if the treatment intervention was not implemented accurately.

Data that are collected from the assessment of treatment fidelity can be utilized to determine if a treatment intervention is feasible in a real-world situation or setting. In some situations, educators may not be able to implement a selected treatment intervention with fidelity because they do not have enough supports in their classroom environment. Furthermore, educators are often faced with not having adequate training to implement more complex behavioral interventions. It has typically been found that educators are committed to their students and not the issue; however, access to the supports that are needed or sufficient resources can be. Treatment fidelity is often viewed as being lower at times because (Wilczynski, 2017):

- Tangible resources and not adequately available (i.e., resource constraint)
- The response effort is too high for the individual implementing the treatment intervention (i.e., environmental support)
- Insufficient training has been delivered to the stakeholders that are to be implementing the treatment intervention (i.e., environmental support)

- Systematic level supports are not available throughout the treatment intervention process (i.e., resource constraint, environmental support)
- A stakeholder may agree to implement a selected treatment intervention even though they truly do not find the treatment intervention an acceptable avenue to pursue and do not implement the treatment intervention with any accuracy (i.e., treatment acceptability)
- The service recipient does not come in contact with the treatment intervention very often because it does not match the needs of the service recipient (i.e., best treatment option was not selected)

When evaluating treatment fidelity in real-world environments, this can be much harder than assessing treatment fidelity in well-controlled research environments. The service recipients in the real-world are often more complex, and the stakeholders have not received the training to implement a treatment intervention with fidelity like they have in a research setting. Therefore, it is important for a practitioner to understand that more complex treatment interventions that are to be implemented with more complex service recipients may require more response effort on behalf of the stakeholder to produce high levels of treatment fidelity.

Procedural drift is another common challenge that is associated with sustained treatment fidelity. Procedural drift is known as a difference that occurs from the high level of treatment accuracy that is initially exhibited at the beginning of the implementation of a treatment intervention or when the treatment fidelity decreases despite adequate resources that are available. This is a consistent problem that occurs across a wide array of professionals in the field and among various interventions that are implemented. In other words, stakeholders can demonstrate relatively high levels of treatment fidelity immediately after they have been trained on how to implement a treatment intervention but then show a

significant drop or decline in this treatment fidelity after a few short weeks of intervention implementation. In an effort to maintain high levels of treatment fidelity, it may be beneficial to integrate continual training with stakeholders.

Several methods are available for practitioner use to increase levels of treatment fidelity. Oftentimes, more than one method is used sequentially in order to reach the desired effects. Some of these strategies that have been developed to improve treatment fidelity levels include (Wilczynski, 2017):

- Pairing operational definitions with the utilization of task analyses
- Carefully assessing the necessary competencies that are required to be able to implement the treatment interventions accurately
- Building rapport with stakeholders of service recipients

Practitioners will come to realize that some stakeholders will have previously received training on a particular intervention. However, not all training methods are the same or produce the same results. While didactic training is able to improve an individual's knowledge base about a particular treatment, it is not always necessarily the most effective level of instruction for developing one's procedural acquisition of a skill set. This is not to say that didactic instruction is not important as a training component. Quite the opposite is true. Didactic instruction is important because it helps one to understand the technique that may be involved with a particular intervention. Without this understanding, it may be particularly hard for an individual to accurately perform a complex treatment intervention. However, this didactic instruction should also be supplemented with feedback on one's performance as well as behavioral skills training.

Performance feedback is a collaborative process that occurs between the practitioner and the relevant stakeholders. Throughout this process, the

practitioner is able to acknowledge accurate implementation of the treatment intervention or its components through the delivery of feedback and praise. This particular combination of feedback and praise can help to explain why the treatment fidelity can improve significantly of a selected treatment intervention through performance feedback. If a stakeholder deviates from their implementation of a treatment intervention, constructive feedback can be provided from a practitioner while each component of the treatment intervention is evaluated in order. When a specific component of the treatment intervention has been implemented in error, this particular component is rehearsed, and feedback is provided by the practitioner immediately until the stakeholder is able to deliver the treatment intervention with confidence and accuracy. Additionally, the treatment fidelity data are to be graphed, so that a visual analysis of the progress can be provided to the stakeholder. This allows the stakeholder to see their improvements and to be provided with support continually throughout the process as they are able to develop more complex skills. Behavioral skills training is similar to the processes involved in performance feedback. One difference that exists between the two is the addition of a modeling component that is in addition to and combined with the components of performance feedback. This addition helps to increase skill acquisition and treatment fidelity. Relevant stakeholders should be allowed the opportunity to practice the components of a treatment intervention to a predetermined criterion. Therefore, a practitioner should ensure that modeling, opportunities to practice various components, and feedback are interspersed throughout the process of learning the implementation of a new treatment intervention.

Treatment Acceptability

As a reminder to practitioners, data regarding treatment acceptability should be collected from all relevant stakeholders in reference to the views that they have

on the treatment acceptability of the treatment intervention that was proposed. The views regarding treatment acceptability from the relevant stakeholders should be integrated into the decision that is made about the treatment intervention that is selected. Although a treatment may be viewed as having the potential to be effective, it still should be reconsidered if the treatment intervention is not viewed favorably by the relevant stakeholders. This decision should occur once a conversation has been had between the practitioner and stakeholders to discuss their concerns regarding the treatment intervention.

Sustainability

A practitioner should consider and determine the likelihood that a proposed treatment intervention can be sustained for the time that is required to produce the outcomes that are necessary. When evaluating this, relevant stakeholders may choose to integrate early intensive behavioral intervention as a treatment option for their child, but they are not able to implement this treatment intervention at the duration and frequency that is recommended in order to produce desired changes or socially significant outcomes. Therefore, this treatment intervention may not be deemed the most appropriate treatment intervention for the service recipient. If the stakeholders do believe that a proposed treatment intervention is going to result in recovery, or the remediation of various deficits across a multitude of developmental domains, but it is practically impossible because the proposed treatment intervention cannot be maintained at the required dosage or frequency, the practitioner will face an ethical dilemma and be required to pursue alternative treatment interventions (Wilczynski, 2017).

Section 4 Personal Reflection

How would you approach a conversation with a stakeholder if you, as the practitioner, realized that an alternative treatment intervention should be proposed because the stakeholders are not able to sustain the proposed treatment intervention?

Section 4 Key Words

Environmental supports - any variables that are either used to enhance or undermine the ability for a treatment intervention to be implemented in a real-world setting without costs being a factor

Performance feedback - a collaborative process that occurs between the practitioner and the relevant stakeholders where the practitioner is able to acknowledge accurate implementation of the treatment intervention or its components through the delivery of feedback and praise

Procedural drift - a difference that occurs from the high level of treatment accuracy that is initially exhibited at the beginning of the implementation of a treatment intervention or when the treatment fidelity decreases despite adequate resources that are available

Recovery - the remediation of various deficits across a multitude of developmental domains

Sustainability - the likelihood that a proposed treatment intervention can be maintained for the time that is required to produce the outcomes that are necessary

Treatment feasibility - reflects the ability for an individual to accurately implement a treatment intervention in everyday and real-life contexts

Section 5: Encouraging Systems to Adopt Treatment Interventions

Oftentimes, a treatment intervention has to be decided upon by a multitude of individuals and not just the stakeholder that will be implementing the treatment intervention. For example, superintendents, teachers, school principals, and center directors are the parties that typically decide whether or not their staff are able to be provided with training that would allow them to implement a proposed treatment intervention. A practitioner should understand that these leaders within an organization are part of the service recipient's group. These leaders usually determine whether or not a proposed treatment intervention is feasible and able to be sustained on a systematic level.

One of the biggest challenges that comes to the forefront of the implementation of any treatment intervention in a real-world environment is the complexity of the treatment intervention. When a treatment intervention is viewed as being complex or requires experts to make clinical decisions in order to be implemented effectively, then these leaders may not accept the proposed treatment intervention despite the research evidence that can be provided to demonstrate the intervention's effectiveness. A practitioner should ensure that they ask a variety of questions related to treatment feasibility to these leaders as this information may be necessary to have in order to develop an immediate as well as a long-term plan for treatment of the service recipient. Additionally, a practitioner should help these leaders to understand that staff turnover may be able to be reduced if adequate training is able to be provided to these individuals.

It is important to note that new treatment interventions may have a substantial impact on a larger organizational system. Autism centers and community mental health agencies are unique due to their organizational structure and the climate that is established by their leaders. Organizational leaders may be involved in the

decision-making process when determining whether or not they should agree to a proposed treatment intervention for a service recipient as well as the impact the treatment intervention can have on the organization as a whole. A practitioner should consider the impact on feasibility that the acceptance of a treatment intervention may have on the service recipient when a systematic decision is made. Leaders at the organizational level determine if resources may be available on a service recipient level by conducting a cost-benefit analysis. This can include them asking any of the following questions (Wilczynski, 2017):

- Are there any new collaborative partnerships that will be needed for implementation of the treatment intervention?
- Are there any new demands that will be made for existing leaders?
- Will the relationships with service recipients be impacted in any way?
- Will it be feasible to implement the treatment intervention in the requested setting?
- What resources are going to be needed to implement the treatment intervention successfully?
- What are the staffing resources that will be required to implement the treatment intervention?
- Will the treatment intervention be able to be generalized to other service recipients?
- Will the proposed treatment intervention be compatible with the cultural norms that already exist?

An organizational leader will determine if a proposed treatment intervention is worth adopting based on the intervention's expected value, how the treatment intervention is perceived as it relates to social norms, and the organization's

capacity to which it can implement the treatment intervention. Implementing a treatment intervention in a real-world environment requires the practitioner to pay close attention to the attitudes of the leaders within an organization. These attitudes may be swayed by their peers through discussion on the value, effectiveness, or utility of a proposed treatment intervention (Wilczynski, 2017). Mass media can also provide an influence on one's acceptability of a treatment intervention. The media can portray some interventions as being dangerous or harmful without taking into consideration the details or situation in which the intervention was implemented. Furthermore, the communication style of the individual that is advocating for the use of the treatment intervention may play a factor in the decision of whether or not a treatment intervention will be accepted. It is important that practitioners avoid the following items (Wilczynski, 2017):

- The use of technical jargon
- Stating only one treatment option is available
- Not paying attention to the costs, staff needs, or other barriers to feasibility
- Communication style that increases disagreement between stakeholders and leaders
- Not discussing the amount of time and ongoing training that is needed
- Being ignorant about organizational challenge, rules/regulations, and the culture

A practitioner should be savvy enough to understand that concerns of all leaders are interconnected, pure acceptance of a treatment intervention may not happen, and clarity should be provided regarding the scope of work that is required to create change. A collaborative approach will go a long way in helping create supports and meeting goals and objectives of the service recipient, stakeholders, and organizational leaders.

Section 5 Personal Reflection

As a practitioner, how have you encouraged others to adopt a proposed treatment intervention?

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