

In Response

Social Validity and the Report of the ABA Task Force on Right to Effective Treatment

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The report of the ABA Task Force on Right to Effective Treatment is an important document. It clearly sets standards that define the basis for good professional practice, and the members of the task force are to be congratulated for the results of their efforts. It is, however, noteworthy that the report does not directly address certain social validity concerns which provide the focus for much current national debate. I refer, of course, to the controversy over the use of aversive/intrusive procedures. Behavior analysts need to continue to engage in dialogue, both amongst ourselves and with the larger society, over social validity issues.

One useful way of conceptualizing social validity issues may be to combine Wolf's (1978) definition of social validity with Strupp and Hadley's (1977) tripartite model of therapeutic outcome. Wolf defined social validity as having three components: the goals of behavioral treatment are socially acceptable (i.e., what society really wants), the treatment procedures used are socially acceptable (i.e., consumers of treatment and others agree the end justifies the means), and the effects of treatment, regardless of whether intended, are also socially acceptable (i.e., satisfactory to consumers).

Strupp and Hadley (1977) point out that treatment is judged from three perspectives: the consumer's, the therapist's, and that of society at large. If we combine these two approaches, the result is a matrix which reminds us to consider acceptability and thus social validity for

each of the nine cells in the matrix shown below.

QUESTION	PERSPECTIVE		
	Con- sumer	Therapist	Society
Goals acceptable?			
Procedures acceptable?			
Effects acceptable?			

I offer this matrix to suggest that it is possible to be engaged in providing treatment which meets all of the standards of the report of the ABA Task Force on Right to Effective Treatment and yet is still not socially valid from the perspective of at least some consumers of our services and their advocates.

Discussion by members of society of the social validity of our professional activities is inevitable, and inevitably results in public policies which affect our professional behavior. If we do not participate in that discussion, we relinquish the opportunity to help shape its outcomes. Behavior analysts must continue to discuss the social validity of our work with individual consumers of our services, policy makers, and policy implementers. It is a dialogue we need in order to be able to provide interventions that are both effective and socially acceptable.

REFERENCES

- Strupp, H. H., & Hadley, S. W. (1977). A tripartite model of mental health and therapeutic outcome. *American Psychologist, 32*, 187-196.
- Wolf, M. M. (1978). Social validity: The case for subjective measurement, or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis, 11*, 203-214.

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