

The Origins of Social Validity

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The term and constructs related to social validity, as an important aspect of research on human behavior, were developed by Montrose M. Wolf. Mont Wolf was a co-developer of Applied Behavior Analysis (Baer, Wolf, & Risley, 1968; Risley, 2001) and a key architect of the Teaching-Family Model (Phillips, Phillips, Fixsen, & Wolf, 1971; Wolf, 1968) that exemplified the use of Applied Behavior Analysis in practice. The Teaching-Family Model is an enduring testament to the genius of Mont Wolf (Fixsen & Blase, 2018) and his influence in government (Voit, 1995) and on thinking about social change (Wolf, Kirigin, Fixsen, Blase, & Braukmann, 1995).

The seminal article describing social validity was published in 1978 (Wolf, 1978). The research leading up to that article began in 1967 when Achievement Place (a group home) opened its doors and six teenagers referred from the juvenile justice system moved in with Lonnie and Elaine Phillips. Lonnie and Elaine were the first “Teaching-Parents,” a married couple who lived in the group home and provided treatment for the youths in the context of daily living. From the beginning, research was a part of how treatment was provided (I wonder if this will help to ...?). The use of the within subject designs advocated by Applied Behavior Analysis permitted rapid learning (Phillips, 1968). The research done at Achievement Place was the beginning of what became the Teaching-Family Model of treatment (Fixsen, Blase, Timbers, & Wolf, 2007; Phillips, Phillips, Fixsen, & Wolf, 1972).

The engine that powered the research and development work was the weekly Friday morning research meeting. This was the forum where Mont Wolf taught all of us how to do applied research to help solve important problems and how to contribute to a science of human behavior in the process. One of Mont Wolf’s favorite books was *How to Win Friends and Influence People* by Dale Carnegie (for a quick summary see <https://fs.blog/2012/07/how-to-win-friends-and-influence-people/>) and the Carnegie way was reflected in Mont Wolf’s gentle, all-positive-all-the-time, focus-on-the-goal teaching style. Mont Wolf rarely told us what to do. He would pose interesting questions and encourage discussion and debate and let the small group of us decide what to do and how to do it. Sometimes a decision would be reached after an hour or two. Sometimes debate would go on for several months. In these discussions Mont Wolf patiently asked what problem are we trying to solve, how do we plan to solve it, how will we know if we did what we intended to do, and how will we measure the independent and dependent variables.

Broader issues always arose in these discussions and they often centered on the ethics of intervening in the lives of others and collecting data in the process. In 1967 and the early 1970s, informed consent and Institutional Review Boards were still in the future as requirements for researchers (Appelbaum, Lidz, & Meisel, 1987). Nevertheless, Mont Wolf’s position as a leader in the field and as the first editor of the *Journal of Applied Behavior Analysis* gave him a front row seat on the latest developments in the field. At the time, some research being done involved punishment such as contingent electric shock or the introduction of noxious fumes to decrease the incidence of self-injurious behavior. These examples were part of the discussions at the weekly research meetings and were a cause for great concern. We were doing research with “children” in a restrictive residential setting (a group home in a community

neighborhood) and we wanted the treatment to be humane as well as effective, individualized, replicable, and cost effective (the goals of the Teaching-Family Model).

One early response to the ethical concerns was to develop methods that achieved treatment goals while also providing consistent and routine opportunities for youth to be “in charge” and make decisions about their own lives and the lives of their peers – the elected manager system (Phillips, Phillips, Wolf, & Fixsen, 1973) and self-government methods (Fixsen, Phillips, & Wolf, 1973) resulted.

A second response was to include the youths’ opinions and ratings (the Teaching-Parents care for me; are helpful; etc.) as part of the assessment of the performance of the Teaching-Parents providing treatment in a Teaching-Family group home (Braukmann et al., 1975). In addition to the youth interviews, the Teaching-Parent assessment included systematically soliciting the opinions of “consumers” who were closely associated with one or more of the youths in the group home (e.g. parents, referring court workers, teachers and other school staff, Board members). These youth and consumer evaluation scores counted as much as the “objective” assessments done by trained observers of Teaching-Parent interactions with youths during a two-to-three-hour visit to a group home.

Finally, there was a series of studies where we incorporated the opinions of youths, police officers, and others as part of the “validation” of treatment goals, methods, and outcomes (Dancer et al., 1978; Eitzen, 1976; Minkin et al., 1976; Werner et al., 1975; Willner et al., 1977). In these studies the concept of social validity was named and clarified and various methods were used to produce relevant data.

The overall view was that the opinions of youths, parents, referral agents, and others were important and valid and it was up to researchers to routinely solicit their views and take them seriously. If a youth felt mistreated for some reason then steps were taken to rectify the problem to the youth’s satisfaction. And if consistent themes or concerns emerged across youths, or among other consumer groups, then the program components were analyzed and adjustments were made. If the program supported dramatically changed behavior but others interacting with the youth said it would make no difference in how they would respond to the youth, then the job was not done.

Who decides what is “a problem?” Who decides what is an “acceptable intervention?” Who decides when a “problem is solved?” Montrose Wolf developed the concept of social validity, provided examples to answer these questions, and established ways to provide and assess ethically valid treatment in human populations.

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