



# Collaboration and Assent at Tier 3: Asking Participants, “How Can I Help You with That?”

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*May Institute*



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## AGENDA

- Review the past and current status of social validity in ABA
- Present a “traditional” versus a “progressive” conceptualization we call *Social Validity Forward*
- Introduce the Social Validity Forward model with case exemplars
- Show you how you can implement Social Validity Forward in your work
- We would like you to leave with this:  
Social Validity Forward aims to improve engagement and support dignity. Social validity can be a clinical-therapeutic process, not mere measurement.





**C** COLLABORATION

**A** ASSENT

**R** RESPECT

# WHY SOCIAL VALIDITY MATTERS



## Social validity (SV)

- When goals, procedures, and outcomes are acceptable and valued by key stakeholders (Carter & Wheeler, 2019)

Original concept comes from Wolf (1978) who framed it:

- Social *significance* of goals
- Social *acceptance* of procedures
- Social *importance* of effects

Wolf's interest was ensuring that ABA remains relevant to consumers (society, and recipients of services):

*“By giving the same status to social validity that we now give to objective measurement...we will bring the consumer, that is society, into our science, soften our image, and make more sure our pursuit of social relevance.”*

# WHY SOCIAL VALIDITY MATTERS

## **Deep dive: “Softer image and relevant” is especially important right now**

- As we have seen, the image of ABA has been under attack, and its relevance is being questioned even within the neurodiverse community it is supposed to benefit

### **Some of the concerns raised recently:**

- **Focus on suppressing ASD traits.** Stimming, rocking, insignificant repetitiveness, social mannerisms.
- **Ignoring the emotional context.** Seemingly uncaring about what a person is “feeling” or how the intervention “makes them feel”.
- **Lack of involvement in goal-setting.** Goals are selected and imposed, not agreed to before interventions begin
- **Suppression of individuality.** Almost “cookie cutter” thinking; limited individualization.

Yet, for each of these issues, making room for subjective evaluation (social validity) would resolve the concerns and align ABA with consumer preferences.

# WHY SOCIAL VALIDITY MATTERS

## There is a solid practice basis for incorporating social validity (SV)

- SV gives critical insight into the experiences and preferences of individuals most affected by treatment.
- Informs and enhances clinical practice (Schwartz & Baer, 1991; Wolf, 1978).
- Consistent SV assessment strengthens collaboration, assent, and sustainability of ABA practice (Huntington et al., 2023).

## Social validity reports are evidence, even if they are subjective (Wolf, 1978)

- *So... we say we are evidence-based... then why are we not seeking this form of evidence?*

# CURRENT PRACTICES

## We need to do better:

- Low utilization of SV measurement in ABA research, has been a persistent problem
- Our most recent research: Eight behavior analytic publications 2010-2020 (JABA, BMod, BAP, BIN, Perspectives, Psych Record, AVB, BARP) (Huntington et al., 2023; 2024).
  - Overall, only **47%** of studies conducted a SV assessment.
  - If SV was measured, when was it measured? (\*Timing not reported in 27%)
    - At a single point in time (once): 65%
      - After the intervention: 95%
      - During the intervention: 4%
      - Before the intervention: 1%
    - At multiple points in time: 8%
      - Before, during, and after intervention: 6 of 312 studies or 0.02%

# CURRENT PRACTICES

## Quick summary of the state of the art:

- Social validity assessment is underutilized
- If SV measure is obtained, it almost always after the intervention has been completed
- Wolf's vision for sustaining relevance by obtaining consumer input has not been actualized

# CURRENT PRACTICES

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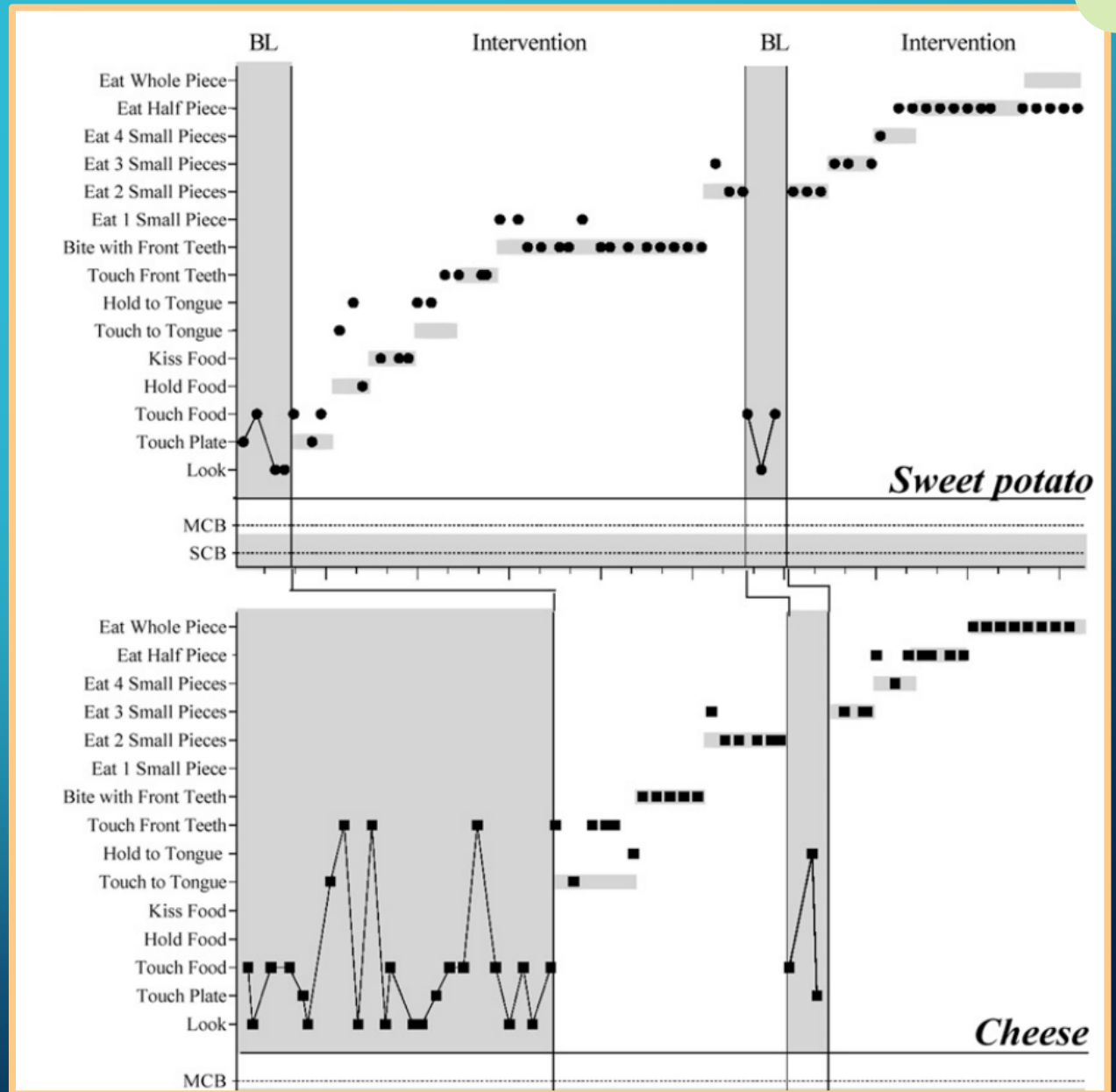
Traditional Social Validity Practice	Progressive Social Validity Practice
<p><b>SV measurement after the intervention completed:</b></p> <p>After the intervention is completed:</p> <ul style="list-style-type: none"><li>• Were these goals important for you?</li><li>• Were the procedures OK for you?</li><li>• Were the outcomes what you were hoping for?</li></ul>	

# CURRENT PRACTICES

## An exemplar of the Traditional SV Practice:

- Adding two novel foods to a teen (Skylar) with severe food selectivity
- The intervention included trauma informed components:
  - Emphasizing trust and rapport
  - Choice and skills building
- The clinical outcome was positive

Gover et al. (2024). Incorporating trauma-informed care strategies into the assessment of and intervention for food selectivity: A pilot investigation. *Clinical Case Studies*, 23(4), 302-320.



# CURRENT PRACTICES

**Table 3.** Social Validity From Skyler.

Question	Rating
How do you feel like you were treated during our food program?	7
Did you feel comfortable and safe during the food program?	7
How important was it for you to have choice and input in the program (e.g., ranking and selecting the foods, choosing the schedule)?	7
How willing would you be to try new foods if you could do it like we did?	1
How proud/happy are you of what you accomplished thus far (i.e., trying and eating these foods)?	5
How do you feel about trying new foods?	2

Note. 1 = Not at all, 4 = not sure, 7 = very much so.

What might have happened if the experience of the intervention was checked on through the course of the intervention?

*“How’s it going so far, Skyler? Are you still OK with this?”*

## The goals are important to me

Probably—There was consent to participate

## The methods are acceptable to me

- 1) I like the way I was treated
- 2) But I would not want to do it again

## The outcome was significant for me

I am proud of what I accomplished

# WHY ADVANCE A NEW MODEL OF SOCIAL VALIDITY?

**The progressive model emphasizes ongoing collaboration. This fits other critical expectations as well.**

## **IDEIA (2006)**

- School teams and families are required to collaborate to provide students with the highest quality education
- Positive outcomes for students when there is positive relationship between school and home
  - Better attendance
  - Higher academic achievement
  - Positive social-emotional outcomes

## **Teacher-student collaboration leads to\*:**

- Increased exchange of ideas
- Increased engagement across settings
- Increased support for interventions
- Increased job satisfaction for teachers

\*See: Cornelius-White, 2007; Hamre & Pianta, 2001; Ladd, 1997; Meyers et al., 2011; Roorda et al, 2011; Tiedeman, 1942; Griffin et al., 2021

# WHY ADVANCE A NEW MODEL OF SOCIAL VALIDITY?

**The progressive model emphasizes ongoing collaboration. This fits other critical expectations as well.**

## **CURRENT ABA TRENDS: What SV-Forward offers in these critical areas**

- **Trauma informed care**

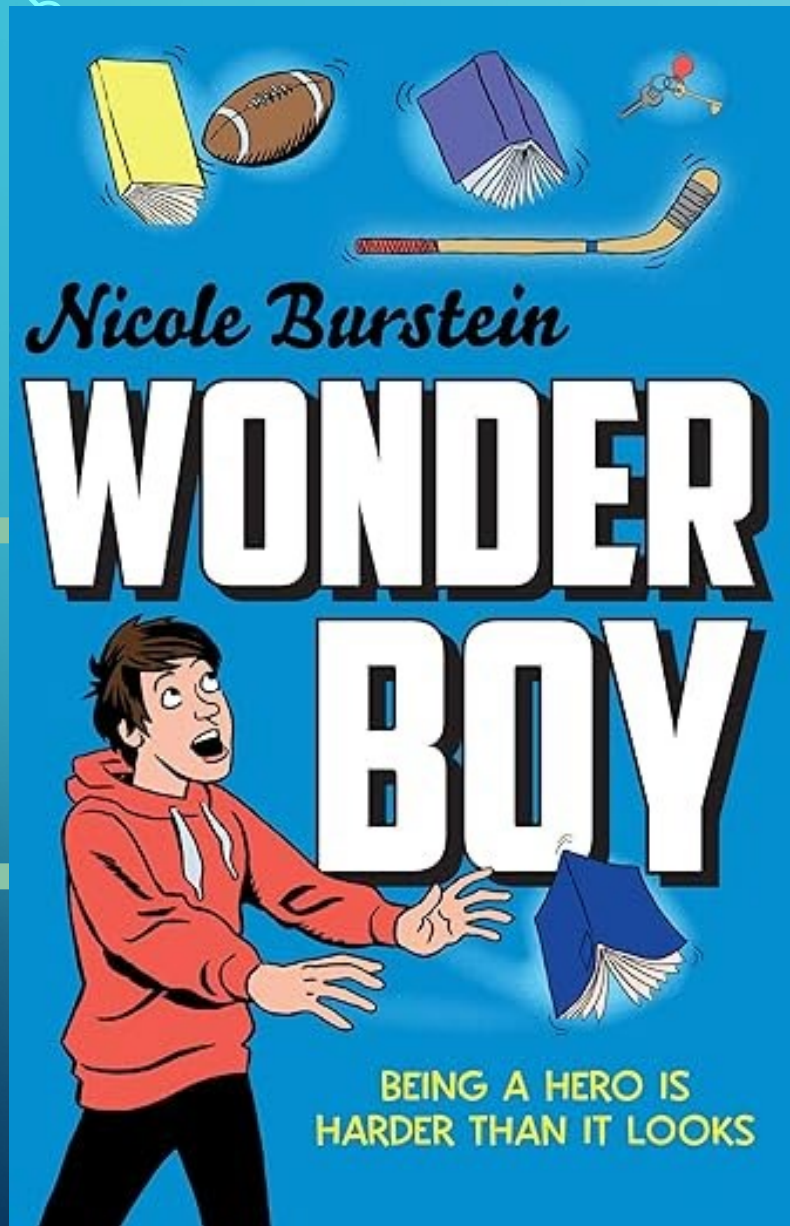
- Promotes safety, trust, choice, and shared governance (Rajaraman et al., 2022)

- **Compassionate care**

- Emphasizes rapport, responsive listening, relationship building, mutual respect, partnerships (Taylor et al., 2019)

- **Responds to concerns raised by neurodivergent individuals**

- Partnership, values compatible, “do not erase ASD”, assessing and honoring assent (Allen et al., 2024)



# CASE EXAMPLE

- Using SV forward in a complex clinical case
- Making the unique person the center of their own intervention
- “Come up with a cool name”

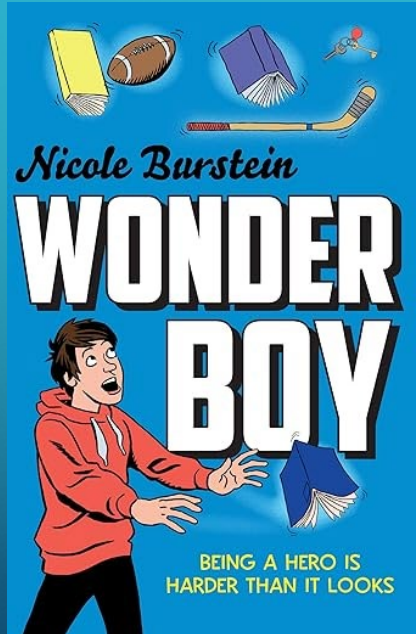
# WONDER BOY

Age: 12-year-old male with diagnoses of autism and oppositional defiant disorder

Interests: specific language, movies, tv shows, production of entertainment, books, music

Social: Sometimes his verbal behaviors appear abrasive and rude to others. Limited interaction with peers. He will engage in long extensive conversation with preferred staff about his favorite topics.

History: Mother reported potentially traumatic experiences: repeated use of physical restraint in prior settings. During episodes of challenging behaviors, he says things that confirmed traumatic experiences.



# BEHAVIORS OF CONCERN

## Aggression

Hitting (open or closed hand), grabbing, pinching, kicking, hair-pulling, biting, spitting, or throwing objects at others.

## Property Destruction

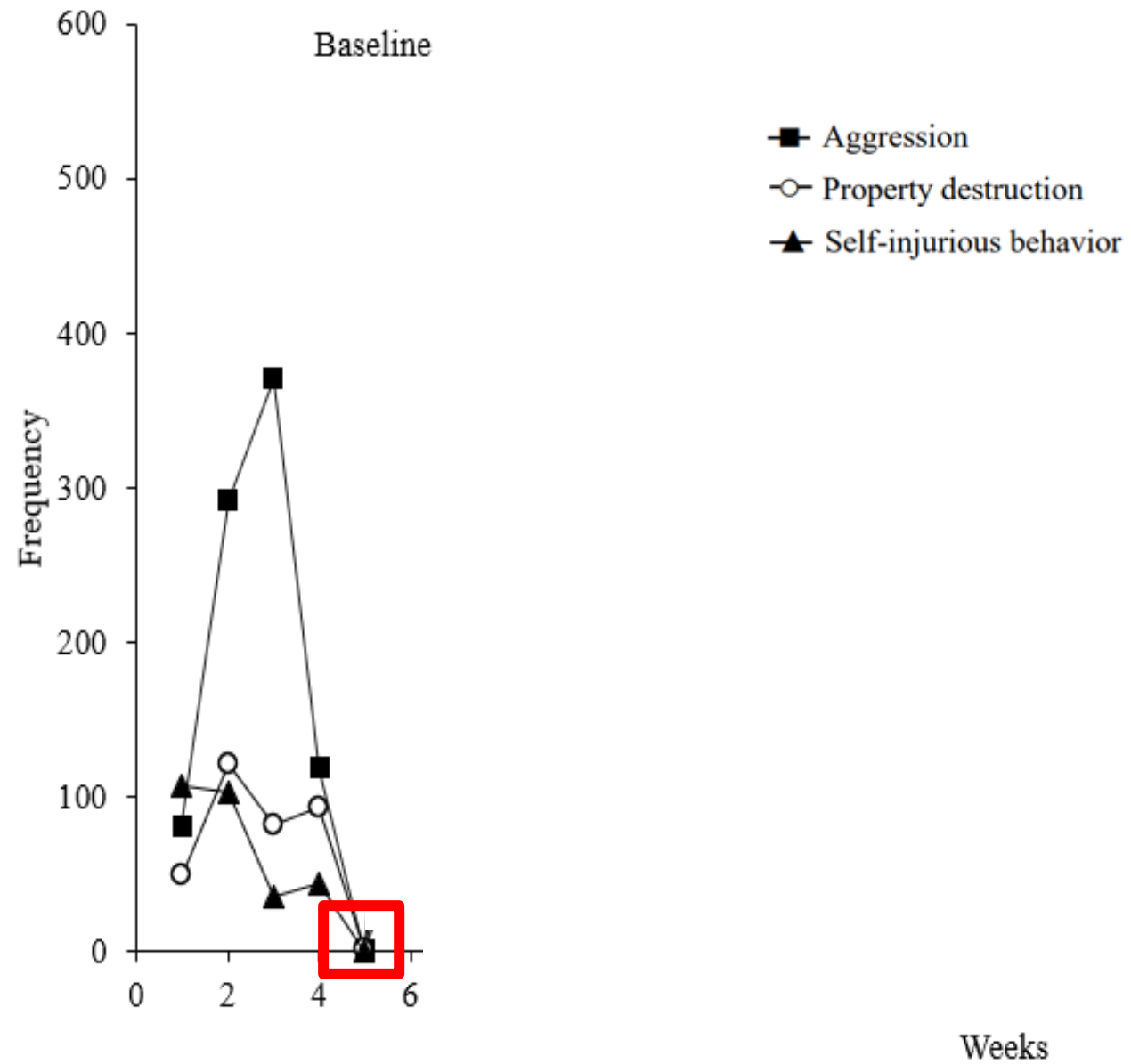
Breaking things: either kicking, ripping, swiping, flipping, or throwing items. Sometimes targeting windows or glass panels.

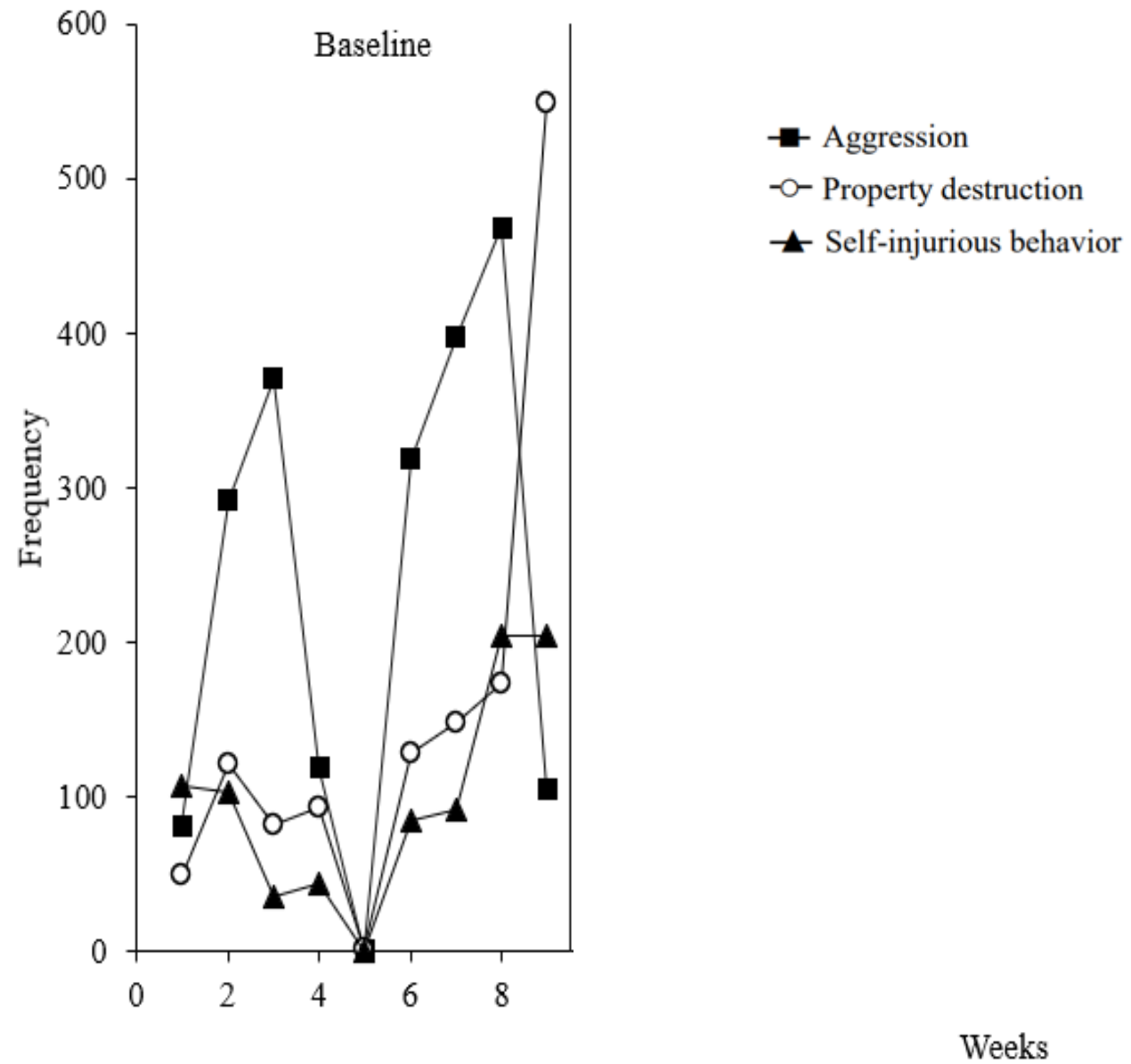
## Self-Injury

Hitting his head with his hand or another object. Sometimes hard banging his head and a hard surface (such as the wall, floor, or furniture).

## Episodes

Combinations of these lasting 30-sec or more. (We tracked these in total minutes)





# COMPONENTS OF COLLABORATION

Build a Positive Relationship with the Student  
Facilitate the Student's Engagement with the Process  
Seek and Honor Assent

Build a Positive Relationship with the Student	
Components of collaboration	How clinicians applied this
<b>Establish Recurrent Communication</b>	<ul style="list-style-type: none"> <li>Established an ongoing dialogue about goals, methods, and outcomes (repeated social validity checks)</li> <li>Scheduled opportunities to discuss the plan before and throughout implementation</li> <li>Arranged some meetings in private settings to respect confidentiality and reduce stress</li> </ul>
<b>Develop Rapport and Trust</b>	<ul style="list-style-type: none"> <li>Enhanced awareness and engagement of student preferences (e.g., communication patterns, activities, edibles etc.)</li> <li>Ensured direct assent before implementation</li> <li>Provided nonjudgmental attitude and nonpunitive responses to challenging behaviors</li> </ul>
<b>Validate Concerns</b>	<ul style="list-style-type: none"> <li>Acknowledged ("tacted") the student's frustration during private meetings and classroom activities</li> <li>Shared examples of personal frustrations and modeled verbal behaviors as solutions (tacting)</li> <li>Adjusted the plan or negotiated compromises when the student raised concerns</li> </ul>
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- Ensure a common understanding
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## Seek and Honor Assent

- Secure authentic assent
- Honor assent withdrawal

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## RELATIONSHIP

- Establish recurrent communication
- Develop rapport and trust
- Validate concerns

## ENGAGEMENT

- Identify shared goals
- Ensure a common understanding
- Support choice making

## ASSENT

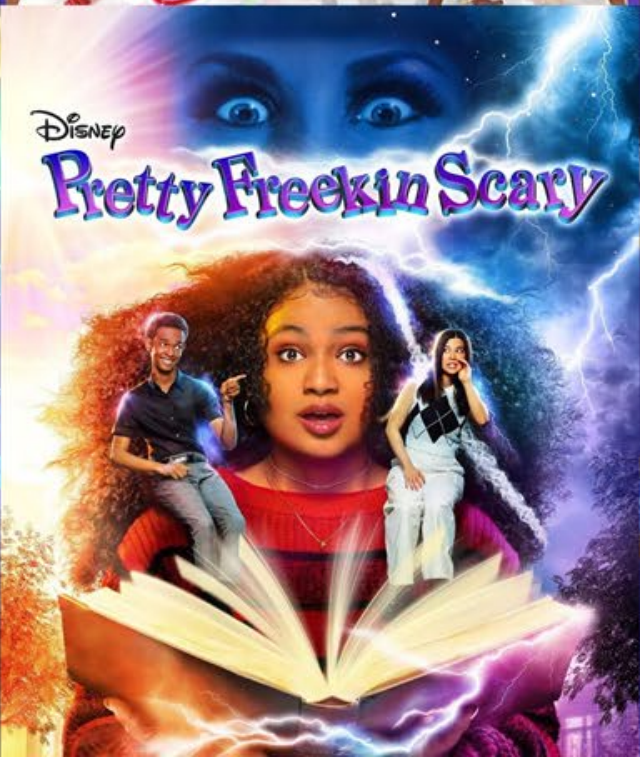
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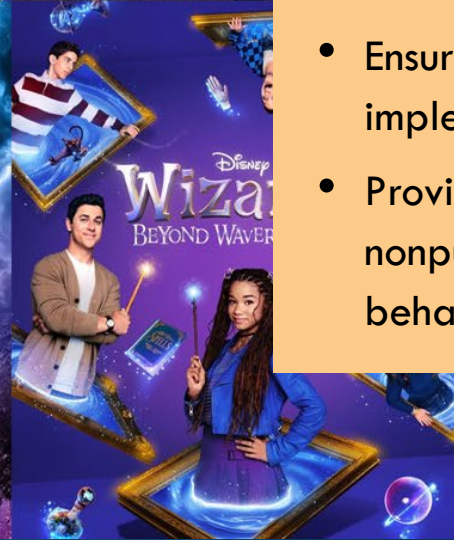
# RELATIONSHIP BUILDING

## Establish Recurrent Communication

- Establish an ongoing dialogue about goals, methods, and outcomes (repeat social validity checks)
- Schedule opportunities to discuss the plan before and throughout implementation
- Arrange some meetings in private settings to reduce stress and respect confidentiality



# RELATIONSHIP BUILDING



## Develop Rapport and Trust

- Enhance awareness and engagement of student preferences (e.g., communication patterns, activities, edibles etc.)
- Ensure direct assent before implementation
- Provide nonjudgmental attitude and nonpunitive responses to challenging behaviors or communication

# RELATIONSHIP BUILDING

## Validate Concerns

- Acknowledge (“tact”) the student’s frustration during private meetings and classroom activities
- Share examples of personal frustrations and model verbal behaviors as solutions (tact)
- Adjust the plan or negotiate compromises when the student raises concerns



# FACILITATE THE STUDENT'S ENGAGEMENT (INTERVENTION PLANNING)

## Identify Shared Goal

- Explain the purpose of meetings and check ins to the student (e.g., “We have a questionnaire we would like you to fill out, to let us know how the plan is working”)
- Incorporate the student's goals with the clinician's goals; both sets of goals acknowledge

## Ensure a Common Understanding

- Share functional hypotheses with the student
- Explain alternative behaviors (functional communication) and consequences (e.g., present explanations and reasoning for consequences)
- Describe plan components and reinforcement contingencies until the student showed full understanding

## Support Choice Making

- Invite the student to co-author the rules and contingencies
- Incorporate preferences
- Facilitate selected reinforcers and create open dialogue for changes of density and selection

# FACILITATE THE STUDENT'S ENGAGEMENT (INTERVENTION PLANNING)

## **Secure Authentic Assent**

- Ask for assent before meetings (visually, verbally)
- Ask for assent before implementation
- Evaluate continued assent during recurrent social validity checks

## **Honor Assent Withdrawal**

- Ask for assent to share progress with others (disseminate the project)
- Invite student to choose a pseudonym ("Wonder Boy") for dissemination purposes

# TRAINING AND SUSTAINING IMPLEMENTATION

Discussion

Model

Q&A

Sectioned

Repeat

# TRAINING AND SUSTAINING IMPLEMENTATION

## BST and PI Checks

- We used a competency-based checklist with all intervention components
  - BST: Initial trainings
  - PI Checks: Periodically and as needed
- *Too much?* To collaborate on a plan with his components and NOT implement it would erode trust

Component	Obs 1	Obs 2	Obs 3	Component %
<b>Schedule set up</b>				
1. After Student has arrived and settled in, present his schedule board to him. "Student, let's set up your schedule for the day, each time you finish something on your schedule, you get a token that you can cash in during quiet time"				
2. Show him the list of tasks on the back of the schedule. "Student, which one do you want to do first?"				
3. Staff write down the tasks as he names them, until the schedule is filled out.				
4. Provide a token for completing the first item on the to do list "Create schedule" and praise him, "Awesome job getting the schedule made". Check off the first item.				
<b>Completing the tasks on his schedule</b>				
5. Ask Student to pick the one he wants to do next (he can choose any item, in any order).				
6. Provide assistance with the task to start and then fade your involvement: "Here, let me get it started with you. Now you try..."				
7. Continue to provide assistance as needed (e.g., Student is confused, struggling with the activity, etc.).				
8. When he has finished the task, praise him, check off the box on the schedule, and award 1 token: "Awesome job, Student! Let's check it off. Here is one token!"				
9. Have Student put the token on his token board.				
10. Continue with next task until three tasks have been completed.				
<b>Taking a break</b>				
11. After three tasks have been completed, offer Student a break: "Student, you can take a 10-minute break now."				
12. Let Student know what he can do on a break: "You can draw, listen to music, listen to an audio book, go to the sensory room, hotel suite games, I can read a book to you."				
13. Ask him if he needs a timer (but staff should hold timer and show him when asked; do not let him hold the timer)				
14. During breaks, staff should engage with Student as he wants. <ul style="list-style-type: none"> <li>• He may ask you to play or talk to him—spend time with him.</li> <li>• If he asked to be alone or states "I don't want to talk about that", then allow him to play alone and stay within 3 to 5 feet of him.</li> </ul>				
15. When the break is over, return to the schedule and begin completing tasks again.				
<b>Cashing in tokens</b>				
16. During quiet time, Student may cash in tokens. Tell Student, "It's time to trade in your tokens for a prize from the prize box. <ul style="list-style-type: none"> <li>• Even if he has engaged in unsafe behaviors prior to Quiet time, he can still cash in tokens if he is being safe at the start of quiet time.</li> </ul>				
17. Show Student the prize box list and say "Let's see how many tokens you have, then we can see what prize you can get for completing some of your work"				
18. If Student wants an item, he does not have tokens for, say "These are the ones you can get today, you can try to get more tokens tomorrow"				
19. Once he picks out the item he wants, show him the token bank and tell him "Lets fill out the Token bank, so we know how many we have tomorrow" then fill out the columns with the tokens he earned and how many he has total,				
20. Tell Student "Awesome job for earning tokens, here's your prize" Allow Student to have quiet time with the item from the prize box and the other allowed classroom activities such as break time activities, snack, and tech time.				

# TRAINING AND SUSTAINING IMPLEMENTATION

## BST and PI Checks

- We used a competency-based checklist with all intervention components
  - BST: Initial trainings
  - PI Checks: Periodically and as needed
- *Too much?* To collaborate on a plan with his components and NOT implement it would erode trusts
- **In Total: 32 specific components—but is can be done!**

Component	Obs 1	Obs 2	Obs 3	Component %
<b>General Interactions</b>				
1. <b>Tone of Voice</b> should be calm and inviting. <i>Stern or neutral tone can escalate behaviors</i>				
2. <b>Provide choice-</b> Choices should be given frequently Everything can be a choice. - Prior to starting tech or breaks, ask him if he needs the time to get off tech or a timer				
3. <b>Allow Craig 10 to 15 seconds to process information.</b> - May include pacing, request for information to be repeated				
4. When Criag states <b>he wanted to say something first</b> , respond by apologizing and saying “ <i>oh I’m sorry, I didn’t know. Thank you for telling me.</i> ”				
<b>Reinforcement</b>				
5. <b>Self-Advocacy-</b> Any time Craig says what he wants, say “thank you. Its so helpful when you let me know what you need”				
6. <b>Repeating phrases</b> - if craig repeats a phrase more than twice -say it back to him.				
7. <b>Praise should include the words he prefers-</b> absolutely awesome “Absolutely awesome job helping print these”				
8. <b>Ask for clarification-</b> Any time Craig ask you to explain more say “Oh thank you for telling me I need to explain that better”				
9. <b>Asking for help-</b> Any time Craig ask for help with a task say, “Thanks for asking, sure I can help you” and begin helping with small steps of the task - If he asks you to stop or say “I got it”, stop helping.				
<b>Academic</b>				
10. <b>Provide Choices-</b> Be creative in allowing him to choose parts of the task such as color of markers, using words, points, or writing to answer the questions.				
11. Signs of frustration <b>Ask him if he wants to change environments</b> (Hotel suite or sensory room) <i>Signs include: (Grimace facial expression, increase in fidgeting, statements around the environment “Its loud”)</i>				
12. <b>Acknowledge difficulty-</b> When Craig shows signs of frustration, acknowledge them by saying, “Yeah, this is kind of hard”				

# SOCIAL VALIDITY RATING

Likert Scale (1 = Strongly Disagree/4 = Strongly Agree)

## SV Domains

Valued Goals/Outcomes

Acceptable Methods





Experience of Intervention

Social Validity Questions and Domains	Time 1	Time 2	Time 3
1. My plan helps me get my schoolwork done	4	4	4
2. My plan helps me learn to let people know what I need like saying things first, open doors, or assistance.	4	4	4
3. My plan helps me to like my teachers	3	4	4
4. I would recommend a plan like this for other students who want one	3	4	4
5. I like my plan because people tell me I'm doing <u>a</u> absolutely awesome job	4	3	4
6. My plan helps me like to come to school	3	4	4
7. I like my plan because I earn prize	4	4	4
8. I think my plan is awesome	4	4	4
9. I would rather not be on a plan some day	1	2	1
10. My plan makes me feel bad about myself	1	2	1

# SOCIAL VALIDITY RATING

## My Behavior Plan Survey

You have a behavior plan where you earn checkmarks for following positive behavior rules, and getting schoolwork done. When you get enough checkmarks, you can choose a reward, like ordering out for lunch. Please take this survey so we can understand what you think about your plan.

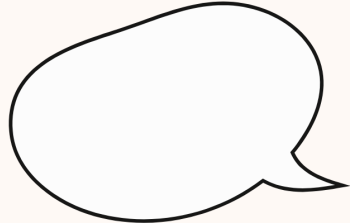
				
1. My plan helps me improve my behavior	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
2. My plan helps me learn to not say something that might hurt someone's feelings	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
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4. I would recommend a plan like this for other students who want one	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
5. I like my plan because people tell me I'm doing a good job with it	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
6. My plan makes me feel proud of myself	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
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8. I think my plan will help me be a good friend to others	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
9. I would rather not be on this plan someday	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
10. My plan makes me feel bad about myself	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree

# SOCIAL VALIDITY RATING

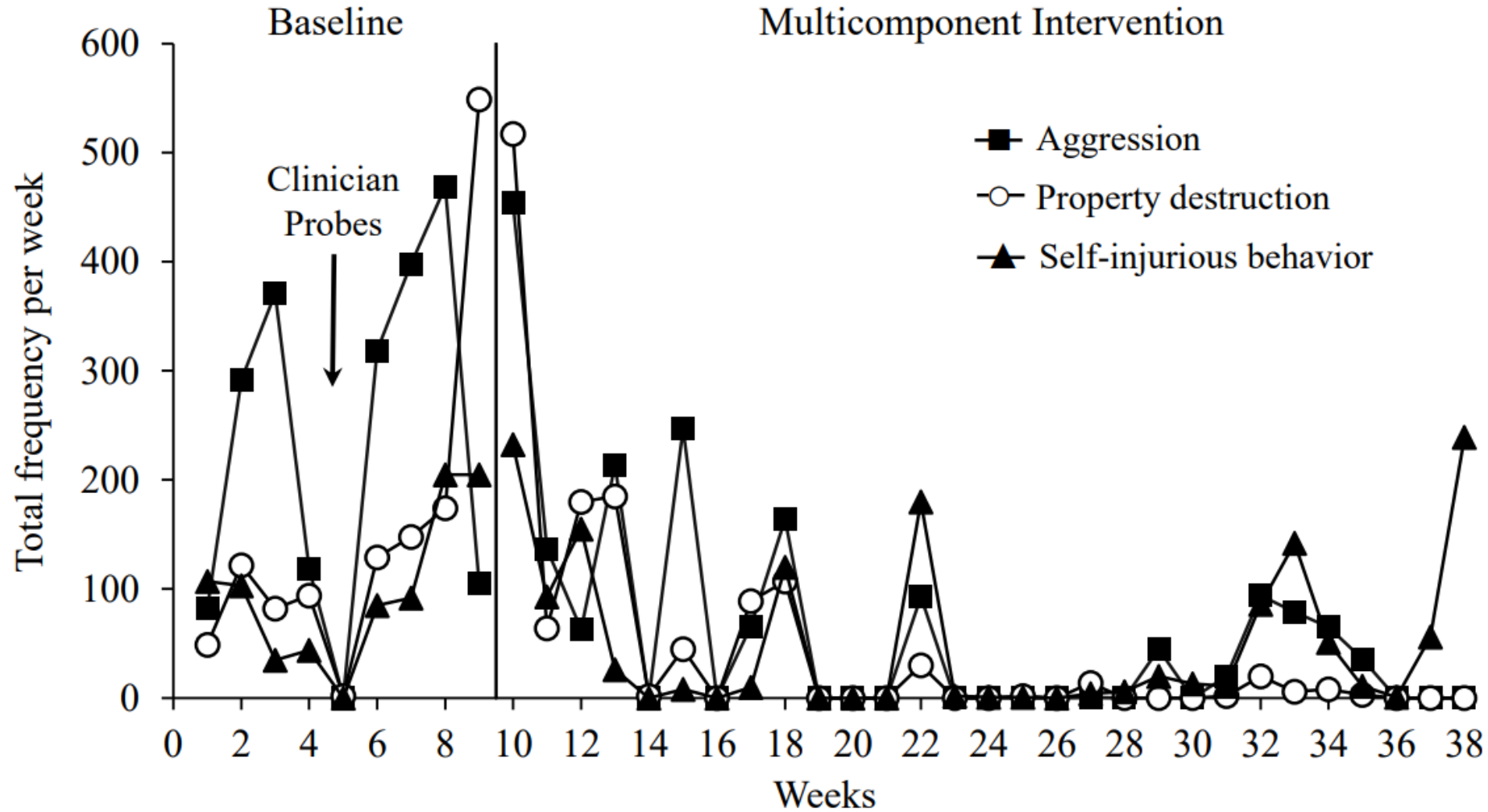
## WORDS OF THE DAY

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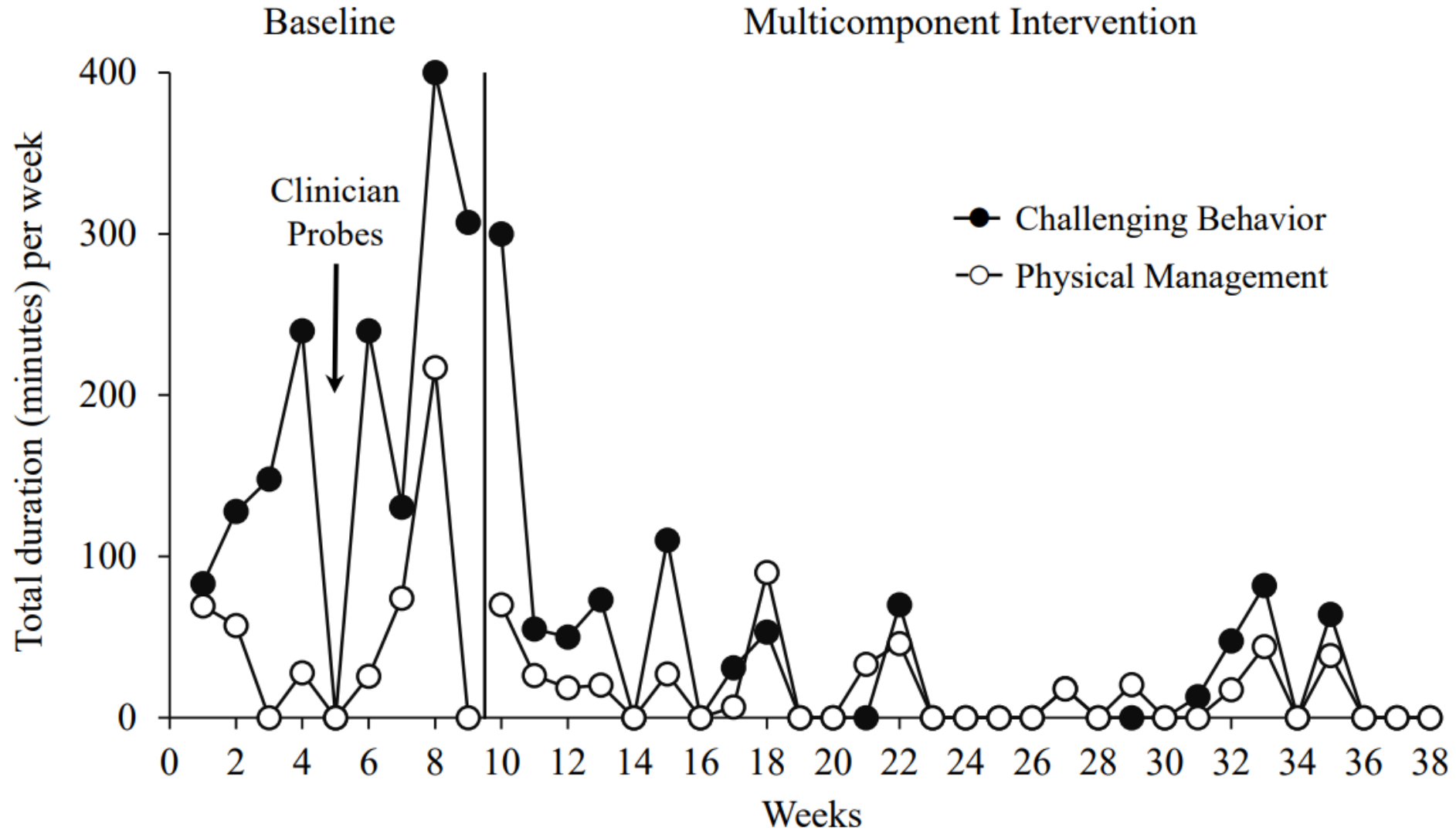
When people use the wrong words I can



Total frequency of aggression, property destruction, and self-injury. Five school days is equal to a week.



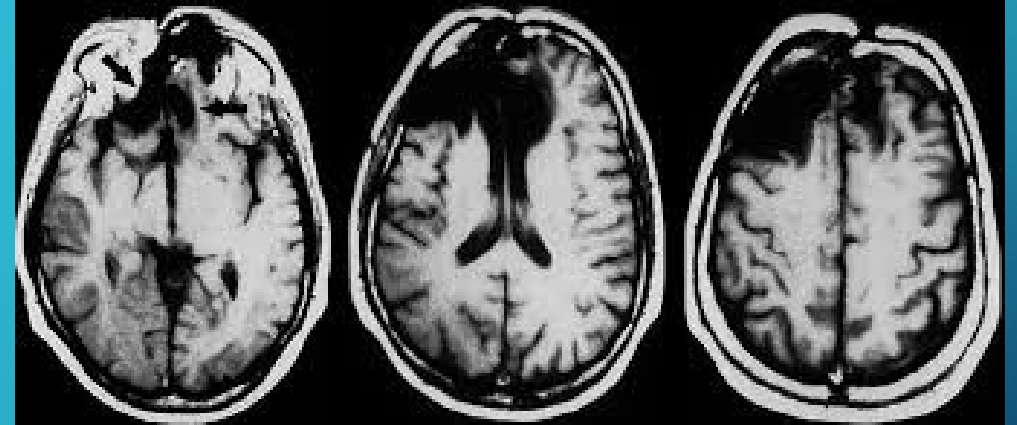
Total duration of episodes of challenging behavior and physical management, minutes per week.



# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## Tommy

- 58 y.o. man post-TBI, 7 years
  - Severe, left, temporal, orbitofrontal injury
  - Extended PTA, recurrent hydrocephalus, repeated neurosurgeries
- 3 nursing homes, 3 psychiatric admissions, 1 locked behavioral unit, and 4 group homes
  - All community placements terminated due to behaviors
- Poor planning, judgement, and self-control. Labile mood, and behavioral disinhibition
  - Lack of motivation



## Behaviors of concern

- **Activity refusal:** Declines to participate in daily chores, cooking, some self-care
- **Verbal outbursts:** Yelling, obscenities, racist language, threats, banging/kicking walls
- **Severe/intense aggression:** Punching, kicking, biting

# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## Antecedent

# A

Prompted to engage in activities  
Prompted to follow a rule  
Denied access to something (van use, Dunkin Donuts)

## Behavior

# B

Yelling, obscenities, threatening language and gestures  
Banging on walls and furniture, tipping over furniture

## Consequence

# C

Cessation of demand or prompt (Escape)  
Negotiating access, "eventual" access (Tangible)

*What else should Tommy be doing?*

# EXEMPLAR: TOMMY, AND ADULT DDS CASE

**I'm Tommy R.**

**I have important goals in life.**

If I stay focused on my goals, I will do well in the community. These are my main goals:

**Goal 1: Live as independently as possible.**

1. Do my own cleaning, cooking, shopping, and chores.
2. Learn to plan and remember my weekly activities: my doctor appointments, banking appointments, my shopping, and my chores.

**Goal 2: Have positive relationships in my life.**

1. Get together with brothers and my sister in-law.
2. Get along with my housemate and staff.
3. Learn self-control.
4. Be careful to not "wear out" my important relationships.

**Goal 3: Be healthy and well in body and mind.**

1. Attend my medical appointments and taking medicines as prescribed.
2. Stay sober: no drinking or drugs.
3. Keep myself safe in the community.

**I'm Tommy R.**

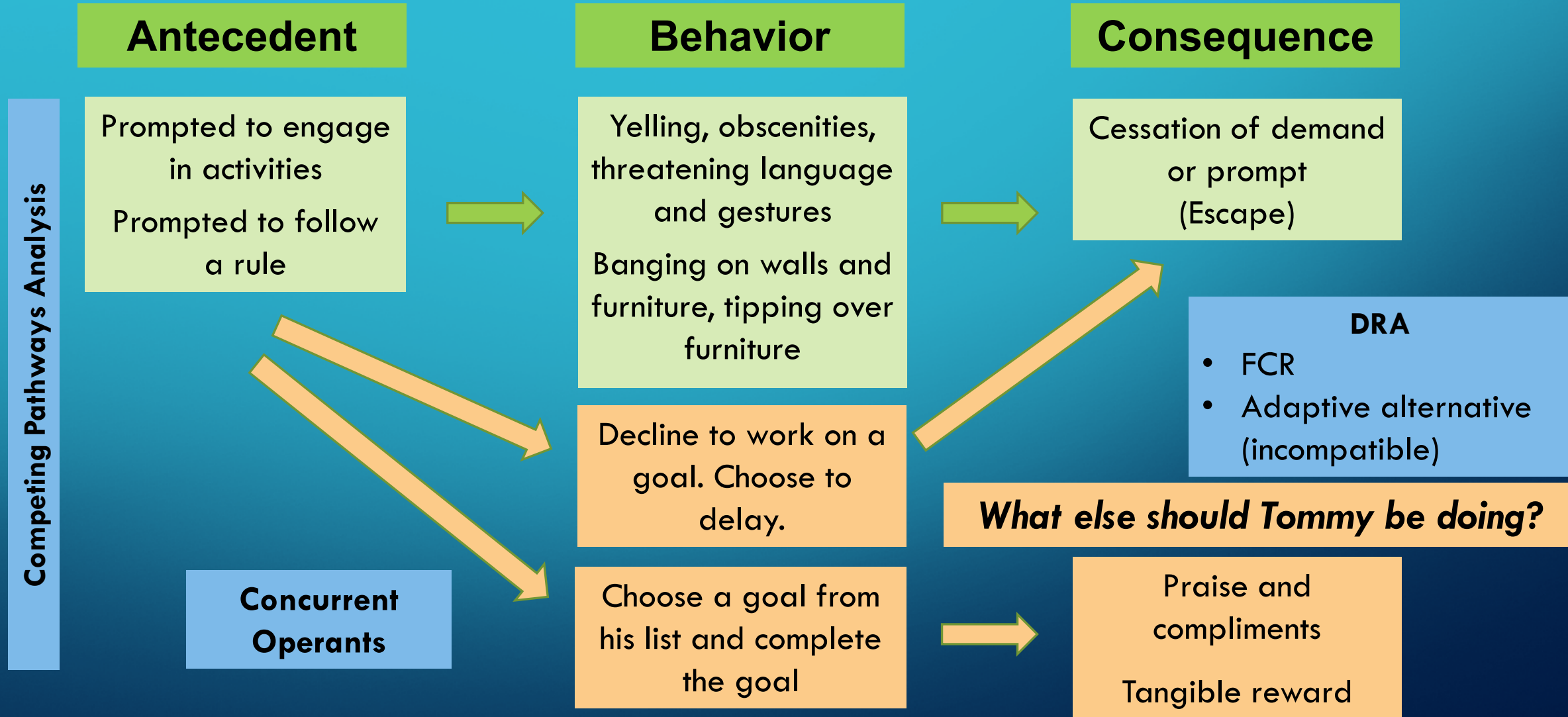
**My goal is a life of freedom and happiness, like everyone else.**



## Collaborative and Trauma Informed

- Tommy's clinician met with him at a nursing home pre-admission to build rapport, trust, and identify personally meaningful goals
  - **Rapport building:** Clinical interviews, life story, errands in the community, lunches. (\*Support staff, too)
  - **Goals identification:** Clinical interviews, list of examples of goals of other clients, reframing his goals to common language.
  - **Verbal behavior tactics:** Tacting aversive events (validation), tacting goals and revising

# EXEMPLAR: TOMMY, AND ADULT DDS CASE



# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## SV Forward Process: Collaboration on goals and procedures

- “My Goals Plan”
- Tommy negotiated goals each week with his clinician
- Clinicians and Tommy decided which staff and how the goal would be done
- Support staff instructed in how to support Tommy’s acquisition

## Examples of Tommy’s Early Goals

1. Complete the Attitude of Gratitude Worksheet with staff
2. Read your Important Life Goals to staff
3. Visit 3 coffee shops in the community, and pick your favorite (we’ll pay)
4. Learn to use the washing machine
5. Fold your laundry
6. Have staff read your handout “What is PTSD” with you

**I’m Tommy R.**

**I have important goals in life.**

If I stay focused on my goals, I will do well in the community. These are my main goals:



**Goal 1: Live as independently as possible.**

1. Do my own cleaning, cooking, shopping, and chores.
2. Learn to plan and remember my weekly activities: my doctor appointments, banking appointments, my shopping, and my chores.

**Goal 2: Have positive relationships in my life.**

1. Get together with brothers and my sister-in-law.
2. Get along with my housemate and staff.
3. Learn self-control.
4. Be careful to not “wear out” my important relationships.

**Goal 3: Be healthy and well in body and mind.**

1. Attend my medical appointments and taking medicines as prescribed.
2. Stay sober: no drinking or drugs.
3. Keep myself safe in the community.

**I’m Tommy R.**

**My goal is a life of freedom and happiness, like everyone else.**

# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## MY WEEKLY GOALS: 2-15-18

These are my goals for the week. I am going to work on goals every day, just a few at a time with staff help. When I have completed a goal, staff will check off and sign my sheet. Then, I will meet with staff to review my goals. When I have done all my goals, I get a gift card. After I have four goals sheets done, I will go out for a special meal to celebrate my success.

Date this starts:		Date I am meeting to review:	
-------------------	--	------------------------------	--

### MY GOALS

Goal				Staff initials	All done ✓
<b>1. Read my goals with staff, every day.</b>					
Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
<b>2. Attend Sunday House Meeting.</b> Pick my van days. Pick my chores. My choice—I can pick the same one each day. I'm going for three days this week: Monday, Wednesday, Thursday.					
<b>3. Monday. Chore:</b> _____					
<b>4. Wednesday. Chore:</b> _____					
<b>5. Thursday. Chore:</b> _____					
<b>6. Clip nails and file with staff help.</b>					
<b>7. Wash the nicotine from my fingers.</b> For the nicotine stains, you will need to soak them for 10-15 minutes in warm water. Then scrub the stains with toothbrush and toothpaste for a few minutes then rinse. You may need to do this every day for a few days until they are clean.					
<b>8. Read your Notes from The Meeting With Pat.</b> Read these with staff so you can remember them.					
<b>9. Read your "Mindful Walking" handout with staff. Then go and try it.</b> Practice mindful walking on your own this week, when you feel stressed or worried.					
<b>10. Pick up my check at Hope Ave and follow the independence rules. Be sure to READ the rules with staff before you go in</b>					

## MY WEEKLY GOALS: 12-27-18

Date this starts:		Date I am meeting to review:	
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### Goal

**1. Review SELF-MANAGEMENT SHEET with staff once per day.** Read your self-management sheet with staff once per day. This is to help make this list a memory for you, get it in your head. Staff will review it with you, and then check with you after 5-minutes and see which items you remember from your list. It's a memory therapy for you, too.

FRIDAY (12-28-19):	SATURDAY(29 <sup>th</sup> ):	SUNDAY (30 <sup>th</sup> ):	MONDAY (31 <sup>st</sup> ):	TUESDAY (1 <sup>st</sup> ):	WEDNESDAY (2 <sup>nd</sup> ):
Staff review:	Staff review:	Staff review:	Staff review:	Staff review:	Staff review:
Recall test:	Recall test:	Recall test:	Recall test:	Recall test:	Recall test:

**2. SELF-ADVOCACY GOAL for the week: Read Dr. Joe's letter to my lawyer.** I've made some changes like you asked. You and staff can go over this. Because the writing is complicated, staff can read it to you and write any comments on the letter directly. Let me know when you are ready for me to send this to your lawyer, or if there are more changes.

I read my letter with (STAFF):

DATE:

**3. SELF-CONTROL GOAL for the week:** This week, your goal is anger management—showing self-control when you are frustrated and upset. Review your "Anger Management" sheet with a staff person each day. Your personal goal is to have at least 5 days without outbursts of yelling. If you do slip, and lose control, then your second goal is to meet with the staff person who upset you, and discuss your frustration while staying in control. This is a great thing to learn, and it's a skill you will need to have when living on your own.

FRIDAY (12-28-19):	SATURDAY(29 <sup>th</sup> ):	SUNDAY (30 <sup>th</sup> ):	MONDAY (31 <sup>st</sup> ):	TUESDAY (1 <sup>st</sup> ):	WEDNESDAY (2 <sup>nd</sup> ):
Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:

**4. CIGARETTE SMOKING TRACKING.** Read the handout "Tracking My Cigarette Smoking" with staff and follow the instructions all day.

FRIDAY (12-28-19):	SATURDAY(29 <sup>th</sup> ):	SUNDAY (30 <sup>th</sup> ):	MONDAY (31 <sup>st</sup> ):	TUESDAY (1 <sup>st</sup> ):	WEDNESDAY (2 <sup>nd</sup> ):
Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:	Reviewed handout with staff:

**5. Self-Medication Goal: Learning to ask for my meds at the right time.** This week you will work on coming to staff at the right time for your morning and evening meds. The right time is 9 AM (morning) and 9 PM (evening).

	FRIDAY (12-28-19):	SATURDAY(29 <sup>th</sup> ):	SUNDAY (30 <sup>th</sup> ):	MONDAY (31 <sup>st</sup> ):	TUESDAY (1 <sup>st</sup> ):	WEDNESDAY (2 <sup>nd</sup> ):
<b>9 AM Meds</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance
<b>9 PM Meds</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder <input type="checkbox"/> No chance

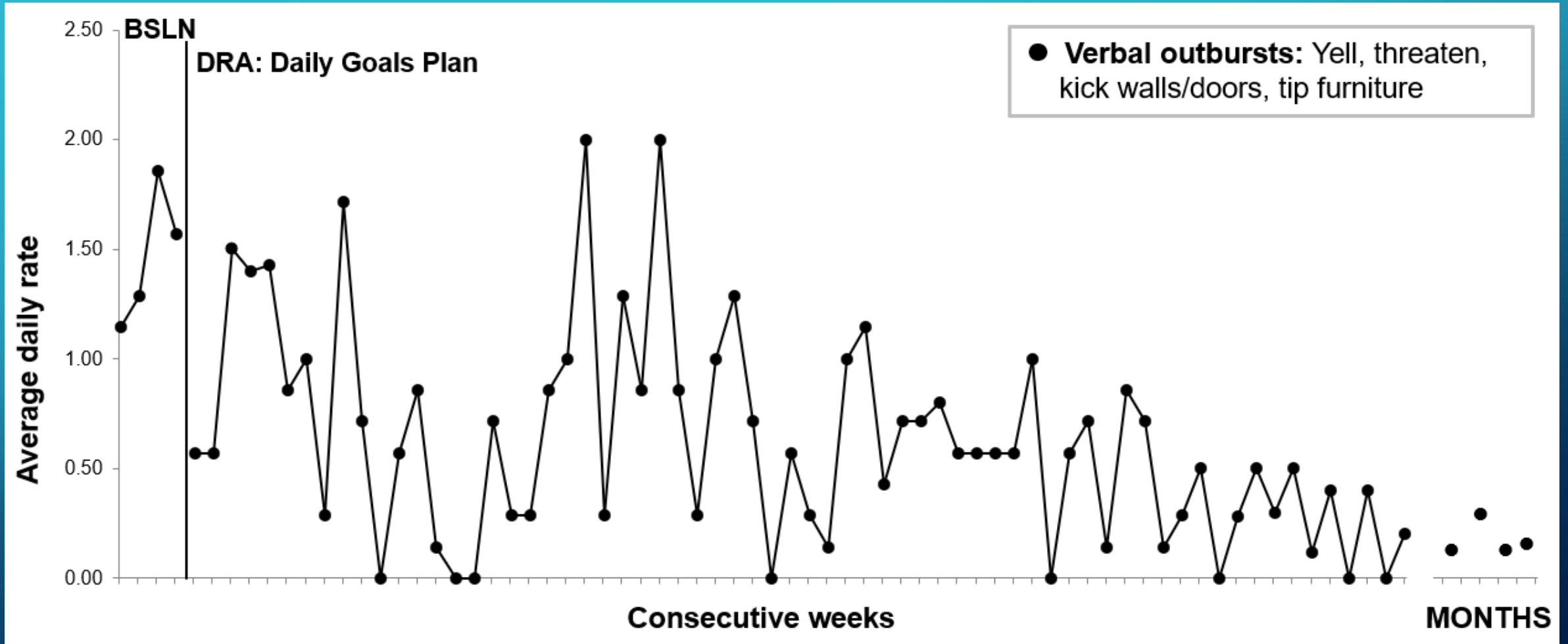
# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## SV Forward/Collaboration

- Tommy set goals for each week/day with support from clinician
- Tommy decides which goals to work on at any given time
- Goals were paced as small steps he felt comfortable with
- Each week, he assented to the goals authentically
- He could withdraw assent at any time

Goals at start	Goals at month 5	Goals at month 10	Goals at month 15	Goals at month 20
<ul style="list-style-type: none"> <li>• Read my goals every day</li> <li>• Go on fun trip with staff</li> <li>• Call my Pastor</li> <li>• Help any step of meal with staff</li> <li>• Fold half my laundry</li> <li>• Call my brother Steve</li> <li>• Have staff read my "Anger Management" handout to me</li> </ul>	<ul style="list-style-type: none"> <li>• Read my goals every day</li> <li>• Attend house meeting</li> <li>• Complete a chore around the house</li> <li>• Add my snacks to grocery list, shop with staff</li> <li>• Get up early for medical appointment</li> <li>• Deposit check at bank without staff</li> <li>• Enter G&amp;M grocery with staff at door and follow all safety rules</li> </ul>	<ul style="list-style-type: none"> <li>• Read my goals every day</li> <li>• Attend house meeting, pick van days with roommate</li> <li>• Pick <b>three different chores</b> to do around the house</li> <li>• Attend church on Sunday, with staff sitting in back</li> <li>• Complete "mini grocery shopping"—you get part of the list of groceries for the week</li> <li>• Attend Bible study Wednesday, staff wait outside</li> <li>• Take a 90-minute drive with staff, be home before med time</li> </ul>	<ul style="list-style-type: none"> <li>• Read my goals every day</li> <li>• Independence goal: Review ADL self-management sheet with staff <b>three times</b></li> <li>• Self-advocacy goal: read my letter to my lawyer and make corrections</li> <li>• Self-control goal: read my anger management handout <b>three times</b></li> <li>• Self-medication goal: Asking for my medication at the right time independently (<b>daily</b>)</li> </ul>	<ul style="list-style-type: none"> <li>• Read my goals every day</li> <li>• Personal care goal: Showering <b>three days</b></li> <li>• Self-medication goal: practice punching out pills into cup <b>three times</b></li> <li>• Self-medication goal: practice medication names, side-effects, why prescribed <b>three times</b></li> <li>• Independence goal: Home alone 2 hours, cook if you like</li> <li>• Independence goal: healthy eating choices, cooking meal for self</li> <li>• Speech/swallow therapy practice, <b>three times</b> with staff</li> <li>• Increase my fluid intake, 8 ounces additional water <b>each day</b></li> </ul>

# EXEMPLAR: TOMMY, AND ADULT DDS CASE



# EXEMPLAR: TOMMY, AND ADULT DDS CASE

## **Tommy's Plan Did Not Include the Full SV Forward Model**

- The use of repeated measurement of social validity, using an individualized scale (as in the Wonder Boy case)
- A structured approach to procedural integrity checks

## **We Did Use These Components**

- Collaborative goals identification process
- Recurrent meetings to check on intervention experience, make adjustments, set goals
- Preintervention assents and assent checks. Opportunity for assent withdrawal.
- Alignment with trauma informed care

# DEVELOPING A SV RATING SCALE

## Three Domain areas of a SV Rating scale

- **Goals**
- **Methods**
- **Outcomes**

## Developing Questions

- **Present Tense**
- **Plain Speak**
- **Matching Questions to the Domain**
- **Feedback Request**

- Does the student like the way we are teaching?
- What would the student change about the teaching methods?
- Does the student recognize the outcomes?
- Does the student like the outcomes?
- Are the goals aligned with the student?
- Does the student understand the goals?





# DEVELOPING A SV RATING SCALE

## SV Domains

- Valued Goals/Outcomes
- Acceptable Methods
- Experience of Intervention

### My Behavior Plan Survey

You have a behavior plan where you earn checkmarks for following positive behavior rules, and getting schoolwork done. When you get enough checkmarks, you can choose a reward, like ordering out for lunch. Please take this survey so we can understand what you think about your plan.

				
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4. I would recommend a plan like this for other students who want one	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
5. I like my plan because people tell me I'm doing a good job with it	<b>4</b> Yes, I really, really agree	<b>3</b> Yes, I agree	<b>2</b> No, I don't agree	<b>1</b> No, I really, really don't agree
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# IMPLEMENTING SV FORWARD USING THE SV FORWARD CHECKLIST



## Social Validity Implementation Checklist

Building a Relationship	1. Have you frequently engaged with the student's preferred activities or topics?
	2. Do you schedule meetings with the student frequently engage with the student?
	3. Do you engage with the student in a nonjudgemental manner?
	4. Do you honor student's choices for changes in meetings or interventions?
Intervention Planning	5. Are the student's goals included in the intervention?
	6. Has the student had the opportunity to present choices of goals and targets?
	7. Have you explained the goals and outcomes to the student in a way they can understand? <ul style="list-style-type: none"> <li>▪ Check that the student understands the goals and outcomes</li> </ul>
	8. Has the student been a part of all the intervention planning stages? <ul style="list-style-type: none"> <li>▪ Creating materials, choosing goals and outcomes, reinforcers etc.</li> </ul>
Assent	9. Has the student agreed to all parts of the intervention?
	10. Has the student's choices been honored?
	11. Have you offered for the intervention to be changed or adjusted?
	12. Has the student indicated for a change or adjustment?
Social Validity	13. Do the questions align with the goals, methods, and outcomes of the intervention?
	14. Have you presented the Social Validity Scale in a way the student can understand? (Pictures, thumps up/down, etc.)
	15. Do you have regular meetings with the student to check in (ask social validity questions)?
	16. Did you ask the student if they want to change, stop, or continue the intervention?

# YOUR TURN? TIME TO ACT!

## CALL TO ACTION

- Throughout intervention planning process, plan for assent/collaboration-based procedures, collect continuous social validity, and provide choices throughout the intervention.
- Social Validity Forward is respectful and dignified and will help improve acceptability of ABA in the neurodiversity community.



## SPECIAL TOPICS/IDD

# Collaboration and Assent at Tier 3: Asking Participants "How can I help you with that?"

Joe Ricciardi & Katherine Tackitt



Please complete  
this **SESSION**  
**EVALUATION:**



<https://www.surveymonkey.com/r/CollaborationTier3>