CHAPTER 7
WHAT DO SOCIAL VALIDATION DATA TELL US ABOUT AAC INTERVENTIONS?

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INTRODUCTION

In 1999, Lapointe, Katz, and Braden noted that “results of a few studies that address social validation have begun to appear in the literature such as …, but for the most part social validation of change in aphasic performance is conspicuous by its absence” (p. 788). Twelve years later, there are more social validation reports available, but an informal look at the approximate rate of such studies per year does not seem to have moved forward the overall rate to any substantial degree. Hence, the purpose of this chapter is to introduce the reader to the AAC Social Validation Matrix to (1) stimulate aphasia researchers to conduct more intervention studies that include social validation, (2) motivate practitioners to seek out social validation data when examining the evidence base for a particular intervention as part of evidence-based decision making, and (3) encourage practitioners to collect their own practice-based social validity data related to the clients on their caseloads.
WHAT IS SOCIAL VALIDATION AND WHY SHOULD WE CARE?

Social validation is the process of assessing the social significance of interventions (Kazdin, 2011; Wolf, 1978). Social validation is one of the cornerstones of applied behavior analysis, but has found its way into other related fields including communication disorders in general (Goldstein, 1990) and the field of augmentative and alternative communication in particular (Schlosser, 1999, 2003). While objective data that establish a causal relation between an intervention and outcome measures continues to be paramount to documenting the effectiveness of an intervention, the construct of social validity has focused attention on the perspectives of those who experience the intervention. Additionally, the advent of evidence-based practice (EBP) has further elevated the importance of the perspectives of relevant stakeholders. Namely, “relevant stakeholder perspectives” is one of three aspects involved in the EBP process that has to be integrated with research evidence and clinical expertise in the decision-making process (Schlosser & Raghavendra, 2004). As noted by Schlosser (2003), “the availability of favorable social validation data serves as a distinguishing criterion that helps separate an effective treatment with social validity from another effective treatment without social validity” (p. 224). Presumably, when relevant stakeholders in an intervention study deem the intervention to be successful, the stakeholders involved in the decision-making process relative to a person with aphasia (PWA) are more likely to find this intervention to be socially valid as well. In particular with a population where interventions often rely on communication partner training, social validation appears to have a lot to offer; after all, these partners would like to see the PWA to be successful.

THE AAC SOCIAL VALIDATION FRAMEWORK

Schlosser (1999) proposed a conceptual framework to assist clinicians and researchers to socially validate interventions in AAC. The framework includes three main components: (a) How: methods (subjective evaluation, social comparison); (b) Who: stakeholder perspectives or performance (direct, indirect, immediate community, extended community); and (c) What: intervention components (goals, methods, outcomes).