CHAPTER 8

SOCIAL VALIDATION OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION INTERVENTIONS IN APHASIA

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INTRODUCTION

When deciding whether a particular intervention is effective and efficient, one important but often-overlooked aspect to consider is how the persons involved in the intervention felt about it. Often referred to as stakeholders, these are the individuals who experience the intervention either directly or indirectly (Schlosser, 2003). In the case of augmentative and alternative communication (AAC) intervention and aphasia, persons with aphasia (PWA) are the direct stakeholders. Indirect stakeholders include persons who are strongly affected by the intervention (e.g., close family members). Immediate community stakeholders include persons who regularly interact on a social or professional level with direct or indirect stakeholders (e.g., extended family members, close friends, facility staff members, and hired caregivers). Extended community stakeholders include persons in the community who rarely or never interact with the direct and indirect stakeholders (e.g., civic or retail personnel) or experts in the field of AAC/aphasia (e.g., clinicians and researchers).
When evaluating the effectiveness of a particular intervention, the social significance of the intervention goals, methods, and outcomes must be considered (Schlosser, 2003). In other words, the intervention must be socially valid. If an intervention is found to be socially invalid, it fails to facilitate target behavior in a meaningful and useful way and is not likely to be used successfully over the long term by direct or indirect stakeholders. Standardized tests alone provide limited information on spontaneous, functional interactions of PWA (Lomas et al., 1989; Manochiopining, Sheard, & Reed, 1992; Murray & Chapey, 2001). The use of social validity measures reveals improvements that are unnoticed by standardized measures (Boles, 1998). As Schlosser (2003) stated, “stakeholders’ perspectives on the outcomes attained are of vital importance in any science involved with human behavior” (p. 204). Social validation provides information about whether or not a particular intervention makes a meaningful difference in the lives of PWA and those around them. Goals of treatment, methods for obtaining the goals, and results (outcomes) must be socially acceptable to those directly and indirectly experiencing the intervention. If this occurs, the intervention is more likely to be used.

The process of social validation involves conducting subjective evaluations as well as social comparisons for the intervention in question (Schlosser, 2003). Subjective evaluations of the intervention should come from all of the different stakeholders. Pre- and postintervention assessments could be in the form of questionnaires, rating scales, interviews, and/or direct observations. The stakeholders’ perceptions and opinions about the intervention goals, methods, and outcomes are considered. Social comparisons of the intervention are conducted by comparing the communicative performance of PWA to the performance of persons without aphasia, or by comparing the communicative performance of PWA who use a particular form of AAC versus the performance of PWA who do not use the same particular form of AAC. Measures of social comparison could be completed by comparing the two groups via experiments, observations during communication tasks, and/or outcome behaviors (Schlosser, 2003).

As the provision of speech-generating devices (SGDs) becomes more widespread, a question arises: Is the AAC intervention program involving the use of an SGD valued by indirect stakeholders? Indirect stakeholders are the people who will be interacting with the person using the SGD, so their role in determining its importance and usefulness is essential. This proposition does not intend to detract from standardized and quantitative measures, but it does expose the problems of using those techniques in isolation.