

*ASSESSING THE SOCIAL ACCEPTABILITY OF THE FUNCTIONAL
ANALYSIS OF PROBLEM BEHAVIOR*

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Although the clinical utility of the functional analysis is well established, its social acceptability has received minimal attention. The current study assessed the social acceptability of functional analysis procedures among 10 parents and 3 teachers of children who had recently received functional analyses. Participants completed a 9-item questionnaire, and results suggested that functional analysis procedures were socially acceptable.

Key words: functional analysis, social acceptability, social validity

Social validity has been defined as the social significance of behavioral goals, the social appropriateness of treatment procedures, and the social importance of the resulting behavior change (Wolf, 1978). Wolf discussed the need for applied behavior analysts to recruit consumers' feedback to determine whether behavioral procedures are socially acceptable.

Since the publication of Wolf's (1978) article, a substantial body of literature has assessed the social acceptability of behavioral interventions, usually by administering questionnaires (see Miltenberger, 1990, for a review). For example, Reimers and Wacker (1992) administered questionnaires to parents of children who received behavioral interventions in an outpatient clinic. Results showed that parents who rated procedures as most acceptable were more likely to show compliance at follow-up visits. These findings suggest that measures of social acceptability may correlate with consumers' acceptance and use of recommended interventions.

Although social acceptability has been examined for behavioral interventions, only a handful of studies have assessed the social acceptability of functional assessment methods (Broussard & Northup, 1995; Dufrene, Doggett, Henington, & Watson, 2007; Sasso et al., 1992). Sasso et al. (1992), for example, noted changes in social acceptability ratings of functional assessment methods, as measured by the Treatment Acceptability Rating Form–Revised (TARF-R; Reimers & Wacker, 1992; Wacker et al., 1998), after two teachers were trained to implement descriptive assessments and functional (experimental) analyses in school settings. Although the teachers rated the social acceptability of both assessment approaches as high, their ratings of the functional analysis increased after they had directly implemented the functional analysis procedures.

The functional analysis, which involves systematic manipulation of environmental events, is the only functional assessment method that provides an empirical demonstration of the function of problem behavior (Hanley, Iwata, & McCord, 2003). Although hundreds of studies have established the clinical utility of the functional analysis, relatively little is known about its social acceptability, particularly among parents. Because a functional analysis may evoke problem behavior (e.g., self-injury), it is unclear whether consumers view the clinical benefit of this approach as outweighing its

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potential risk. If functional analysis procedures are not socially acceptable, their use may be restricted in applied settings, leading to the adoption of less effective but more socially acceptable alternatives. Therefore, the purpose of the current study was to examine parent and teacher ratings of the social acceptability of functional analysis procedures.

METHOD

Participants

Eighteen people (14 parents and four teachers), whose children or students had participated in functional analyses, were sent a questionnaire regarding the social acceptability of the procedures. Of those, 13 (10 parents and three teachers) returned the questionnaires and thereby took part in the study. Eight of the children had a primary diagnosis of Fragile X syndrome, and six had a primary diagnosis of Smith-Magenis syndrome. All children exhibited multiple forms of problem behavior (range, 3 to 14) that were targeted in the functional analysis, including self-injury ($n = 13$), aggression ($n = 11$), destructive behavior ($n = 11$), noncompliance ($n = 2$), and motor stereotypy ($n = 1$).

Measurement

The social acceptability of functional analysis procedures was measured using a modified version of the TARF-R. Items on the form were revised so that questions referred to functional analysis rather than to treatment, and only those items that were relevant to functional analysis were included. The modified form contained nine items (Table 1), and participants rated each item using a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*).

Procedure

All participants attended a stakeholder meeting before functional analyses were completed. During this meeting, the first author noted the rationale for conducting a functional analysis, described the advantages and risks of functional

analysis methods, and reviewed the specific antecedents and consequences provided in each condition. Participants were offered the opportunity to watch an instructional video on functional analysis methodology (*Functional Analysis: A Guide for Understanding Challenging Behavior*, 2005). Only four of the 18 people who received the questionnaire chose to watch the video.

Functional analysis procedures were similar to those described by Iwata, Dorsey, Slifer, Bauman, and Richman (1982/1994), with some modifications. A no-interaction condition was used instead of an alone condition, and tangible and social avoidance conditions were used. All sessions lasted 5 min, and each condition was replicated at least three times. Based on parental preference, functional analyses were conducted in a room at the child's school (six children) or home (eight children). Teachers were invited to the stakeholder meeting (and qualified for participation in the study) in cases in which functional analyses were conducted at school. Parents and teachers were told they could observe the functional analyses and could request copies of video footage of the functional analyses. Of those functional analyses conducted at home, five parents directly observed parts of the functional analysis through the window of a door; all other parents were nearby but were unable to observe directly. Of those functional analyses conducted at school, three teachers directly observed parts of the functional analysis through the window of a door. Two parents requested copies of the video footage.

After functional analyses had been completed, all participants received a written report that summarized results and interpretation of their child's or student's functional analysis and some basic recommendations for intervention (e.g., functional communication training, noncontingent reinforcement). Participants were given a copy of the modified TARF-R and were asked to return it anonymously in a prepaid envelope

Table 1
Social Acceptability of Functional Analysis Procedures

Item	Question	<i>M</i>	Range
1	I find this approach to be an acceptable way of assessing my child's challenging behavior.	3.85	2 to 5
2	I would be willing for this procedure to be used again to assess my child's challenging behavior.	4.23	4 to 5
3	I believe it would be acceptable to use this assessment without my child's consent.	3.38	2 to 5
4	I like the procedures used in this assessment.	4.08	3 to 5
5	I believe this assessment is likely to be effective in identifying the factors that cause my child's challenging behavior.	3.77	2 to 5
6	I believe my child experienced discomfort during the assessment.	2.31	1 to 4
7	I believe the assessment is likely to result in permanent improvement in my child's challenging behavior.	3.00	2 to 4
8	I believe it would be acceptable to use this assessment with people who cannot choose assessments for themselves.	3.69	2 to 4
9	Overall I had a positive reaction to this assessment.	4.15	3 to 5

Note. All items scored 1 (*strongly disagree*) to 5 (*strongly agree*). In all teacher forms, the words "my child's" were replaced with "the child's."

to the first author. The only identifying information provided on the form was whether the participant was a parent or a teacher.

RESULTS AND DISCUSSION

Table 1 shows the mean and range of responses made by participants for each item in the modified TARF-R. In response to Item 1, 11 (87%) reported finding the assessment acceptable (i.e., rating of 4 or 5; $M = 3.85$, range, 2 to 5). In response to Item 9, all participants reported having an overall positive reaction to the functional analysis procedures ($M = 4.15$, range, 3 to 5) and, in response to Item 2, reported that they would be willing to have functional analysis procedures used again ($M = 4.23$, range, 4 to 5). In response to Item 6, 10 participants (77%) did not report that their child experienced undue discomfort as a result of the functional analysis ($M = 2.31$, range, 1 to 4). This score suggests that several respondents acknowledged some degree of discomfort for the child. In response to Item 5, 10 participants (77%) reported that the functional analysis was likely to be effective in identifying the function of their child's behavior (i.e., $M = 3.77$, range, 2 to 5). In response to Item 7, five participants (38%) reported that the assessment would lead to permanent

improvement in the child's behavior ($M = 3.0$, range, 2 to 4).

The current study provided preliminary data on the social acceptability of functional analysis methodology for parents and teachers. The majority of participants reported the functional analysis to be an acceptable means of assessing the function of problem behavior, one that does not cause undue discomfort to the child, and one that is likely to be effective in identifying the function served by the child's behavior. These findings are encouraging because, in the absence of such evidence, there is a danger that less effective but more socially acceptable methods, such as indirect report, may be used in lieu of functional analysis.

Several limitations of the current study merit discussion. The parents of four children who took part in the functional analyses (and one teacher) did not return the questionnaire. Although the response rate for the study was relatively high, it is possible that nonresponders may have rated the acceptability of functional analyses differently. Second, because responses to the social acceptability questionnaire were anonymous, it is not possible to determine how many of those returning the questionnaire observed the functional analysis procedures either directly or via video. Therefore, some participants may have rated the social acceptability of the functional analysis without

directly observing the procedures. Despite this limitation, all participants did have access to detailed information on the procedures. Third, our sample was relatively small and homogeneous; thus, the generality of our results remains to be determined. Indeed, the participants had already consented to their children taking part in a functional analysis and as a result may have been predisposed to find the procedures more acceptable. Fourth, we did not assess the influence of a number of potentially important variables on social acceptability ratings, such as the severity of the behavior or the point at which the rating was made. Fifth, the measure of social acceptability used in the current study may have been less than optimal. For example, participants had no basis on which to provide an opinion on Item 7 (I believe the assessment is likely to result in permanent improvement in my child's challenging behavior) because no treatment had been implemented at the time the ratings were made. Sixth, it is possible that ratings were biased by social desirability effects. Finally, we did not examine criticisms of functional analysis methods, such as the relative cost and complexity (Desrochers, Hile, & Williams-Moseley, 1997; Ellingson, Miltenberger, & Long, 1999).

The current study was a preliminary examination of the social acceptability of functional analysis methods. Functional analysis is a hallmark of applied behavior analysis and holds many advantages over alternative methods of functional assessment (Hanley et al., 2003). Barriers to the use of functional analysis in applied contexts should continue to be identified and brought under empirical investigation.

The current study could be extended in a number of ways. First, one could compare the social acceptability of functional analysis to other functional assessment methods. Second, researchers could evaluate social acceptability across a larger and more diverse group of consumers. Third, investigators could deter-

mine the specific parameters, such as severity of the target behavior, treatment history, and direct observation of the assessment procedures, that influence social acceptability ratings of functional analysis procedures (e.g., Sasso et al., 1992). Fourth, social acceptability measures should include questions related to other factors that might influence whether practitioners adopt functional analysis methods (i.e., cost, complexity). Finally, more objective measures of social acceptability could be used, such as examining parental and teacher choice of different functional assessment methods.

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