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Social Validity: A Note on Triad Perceptions with Triad Methical Levels of the Behavioral Intervention Program

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Introduction

The purpose of this note was to express consideration in the evaluation and planning for social validity that can increase the chances of becoming to get results with the right representative value. Social validity assessed three dimensions by triad perceptions: 1) formulated goals, 2) executed procedures, and c) perceived outcomes (Wolf, 1978).

Social validity is a term coined by behavior analysts to refer to the social importance and acceptability of the intervention (Wolf, 1978). This article discussed methods used to evaluate the formulated goals, executed procedures and perceived outcomes and the applicability of these concepts and methods in this experimental research. Experimental approach to define social validity was related to critical analysis triad perceptions of the existed problems of the intervention strategy. This may lead to the interventions to improve the behavioral treatment programs.

To evaluate the appropriateness of the procedures, consider the possible consequences of implementing the program, with the exception of reduced challenges

about ethical objectives, social care for recipients as well launchers, and reduced service costs. Without the best efforts, testing may indicate that research objectives are regarded by representatives as unimportant, unacceptable intervention procedures, or results as unimportant.

Increased attention to execute behavioral interventions in research has led to a focus on treatment acceptance, a level at which interventions are considered appropriate, effective and appropriate. This note analysis the specific methods and approaches employed and executed to assess the formulated goals, executed procedures and perceived outcomes (Wolf, 1978). An experimental framework was developed and used to provide a systematic execution of four treatments measuring the content and purpose of the research instrument.

Questionnaires represent a standard measure of treatment acceptance. As Berger *et al.* (2016) establishing a scale for assessing the social validity of skill building interventions for young children with autism spectrum disorder (ASD). The practice of assessing treatment acceptance in this research was also not beyond the traditional questionnaire format. Self-made triad questionnaire measured: 1) What is the social validity of DTT program by the perception of the participants? 2) What is the social validity of DTT program by the perception of the parents of participants? 3) What is the social validity of DTT program by the perception of the teachers of participants?

Literature Review

Inception of Social Validity

For the reason that the inception of social validity within the mid1970s, it has furnished by the behavior analysts with a crucial degree of the social effect and importance in their interventions. In spite of the following discussion, truly no quantitative data has been made to be had to border various perspectives and critiques.

Approaches of Social Validity

The effects of the content analysis suggest that contemporary applications of social validation approaches are offered in 20% of the articles surveyed, the general public of articles used subjective evaluation of effects following intervention to assess social validity. In addition, the records indicated that normative contrast turned into a rarely used approach of social validation and that its use has been lowering over time. The investigators used are hopeful for ethical purposes those who choose to study are important, and that the processes they develop are appropriate, and that the results produced are important to the customer and the community. Social validation (Wolf, 1978) provides a clear strategy for assessing whether these research objectives used are met with an indirect strategy to help ensure their availability. In the process of social certification, representatives controlling the key outcomes of the validity indicators provide information about social acceptance of goals, processes, and outcomes of the program.

Important form of Social Validity

Social validity is used as a strategy planning or assisting to ensure key objectives of the specified program and improves social acceptance. The researchers (e.g., wolf & Ramp, 1991) investigated social validity for this purpose. Similarly, the most important form of social validity is representative satisfaction, even less attention to ensure the importance

of objectives. Although there is progress in explaining the way for performance appraisal (Schwartz & Baer, 1991), these processes may not be adequate enough clear to allow their acquisition and adaptation to scientists/doctors in this and other related fields. At a broader level social goals, social reassurance processes can be used to engage consumers in setting the agenda for action (Fawcett *et al.*, 1982), establishing a research agenda (Fawcett, 1990), and to formulate information for decision makers about special importance social goals according to their location (Fawcett *et al.*, 1987). To assess the social significance of the objectives, the researchers must be accurate in the intentions of an attempt at behavior change at: a) broad levels social purpose (e.g., improved parenting, improved social skills, improved health, increased independence), b) categories of behavior that are thought to be related to a broader goal (e.g., parental response to education, to provide good reinforcement, using exit time, etc.), and c) the answers it contains the behavioral phase of interest (e.g., using closing time, directing a child to a remote area some people, ordering the child to "stay outside" specified length, etc.).

Social Validity of Behavioral Interventions

Kazdin (1977) assessed the clinical or applied importance of behavior change through social validation. Elliott (2017) inferred the social validity of "acceptability of behavioral interventions used in classrooms from longitudinal evidence. Foster and Mash (1999) assessed social validity in clinical treatment research. Likewise, Finn and Sladeczek (2001) reviewed the social validity of behavioral interventions. Callahan *et al.* (2017) also reviewed social validity of evidence-based practices and emerging interventions in autism.

Material and Methods

Population

Children with ASD, their parents and teachers were the population of the study.

Participants

Five participants diagnosed with ASD were chosen as the participant of the study. All the participants were enrolled at the govt. special education centre, Gojra, district Toba Tek Singh of the Punjab province, Pakistan.

Nature of Study

Quantitative research was employed to conduct the present research. This type of research enables the researchers to address the variables and measure the errors (Watson, 2015).

Research Design

The phenomenon was experimented based on single subject experimental research design. A phase was the baseline. B phase, C phase, D phase, and E phase were the various intervention phases of discrete trial training and related conditions. The conditions or independent variable under which Participant A (PA) and Participant C (PC), Participant B (PB) and Participant D (PD), and Participant E (PE) were required to respond are listed below in table 1, table 2 and table 3 respectively.

Table 1
Conditions across Phases in which PA and PC were Required to Respond

Phases		Description
A		Baseline (investigating initial proficiency level)
B		Administering treatment inside the classroom context under no error correction/signaling no technique (participant with researchers)
C		Administering treatment inside the classroom context under error correction/immediate corrective feedback technique (participant with researchers)
D		Administering treatment inside the autism friendly training room under no error correction/signaling no technique (temporarily designed context) (participant with researchers)
E		Administering treatment inside the autism friendly training room under error correction/immediate corrective feedback technique (temporarily designed context) (participant with researchers)
A		Return to baseline (withdrawing treatment conditions) (participant with researchers)
Follow up (appropriateness)	1	Investigating appropriateness of the skill under novel stimuli (participant with researchers)
Follow up (generalization)	2	Generalization of the skill (participant with class teachers)

Note. This table shows conditions across phases in which PA and PC were required to respond.

Table 2
Conditions across Phases in which PB and PD were Required to Respond

Phases		Description
A		Baseline (investigating initial proficiency level)
B		Administering treatment inside the autism friendly training room under regressive inter-trial interval technique in addition to no error correction/signaling no technique (temporarily designed context) (participant with researchers)
C		Administering treatment inside the autism friendly training room under progressive inter-trial interval technique in addition to error correction/immediate corrective feedback technique (temporarily designed context) (participant with researchers)
D		Administering treatment inside the classroom context under regressive inter-trial interval technique in addition to no error correction/signaling no technique (participant with researchers)
E		Administering treatment inside the classroom context under progressive inter-trial interval technique in addition to error correction/immediate corrective feedback technique (participant with researchers)
A		Return to baseline (withdrawing treatment conditions) (participant with researchers)
Follow up (appropriateness)	1	Investigating appropriateness of the skill under novel stimuli (participant with researchers)

| Follow up (generalization) | 2 | Generalization of the skill (participant with class teachers) |

Note. This table shows conditions across phases in which PB and PD were required to respond.

Table 3
Conditions across Phases in which PE was Required to Respond

Phases		Description
A		Baseline (investigating initial proficiency level)
B		Administering treatment inside the psychologist room under regressive inter-trial interval technique along with priming sessions technique in addition to no error correction/signaling no technique (participant with researchers)
C		Administering treatment inside the psychologist room under progressive inter-trial interval technique along with priming sessions technique in addition to error correction/immediate corrective feedback technique (participant with researchers)
D		Administering treatment inside the autism friendly training room under regressive inter-trial interval technique along with priming sessions technique in addition to no error correction/signaling no technique (participant with researchers)
E		Administering treatment inside the autism friendly training room under progressive inter-trial interval technique along with priming sessions technique in addition to error correction/immediate corrective feedback technique (participant with researchers)
A		Return to baseline (withdrawing treatment conditions) (participant with researchers)
Follow up (appropriateness)	1	Investigating appropriateness of the skill under novel stimuli (participant with researchers)
Follow up (generalization)	2	Generalization of the skill (participant with class teachers)

Note. This table shows conditions across phases in which PE was required to respond.

Instrumentation

The researchers developed a Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Participants of the Study (Appendix-1). This was comprised of fifteen questions based on socially relevant goals, procedures and results (Wolf, 1978). The researchers developed a Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Parents of the Participants (Appendix-2). This was comprised of five questions based on socially relevant goals, change in behavior and results (Wolf, 1978). The researchers developed a Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Teachers of the Participants (Appendix-3). This was comprised of five questions based on socially relevant goals, change in behavior and results (Wolf, 1978).

The researchers obtained face and content validity of the five self-made research instruments and DTT data recording sheets by five experts. Research instruments were sent to experts through mail. Later, pieces of advice given by the experts through mail were incorporated to make the research instruments valid to collect data and therefore reach the

results of the study. The researchers measured reliability of the three self-made research instruments by getting data from eighty special educationists. Research instruments were sent to special educationists through an online link derived from google forms. Later, obtained data was entered into SPSS and the value of the cronbach alpha was found to know reliability of the instruments.

Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Participants of the Study reserved 8.95cronbach's alpha value of reliability. Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Parents of the Participants reserved 8.87 Cronbach's alpha value of reliability. Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Teachers of the Participants reserved 8.89 Cronbach's alpha value of reliability.

Procedures

The researchers performed six steps in order to accomplish the requirements of the study. At first step, informed consent forms for the parents and teachers were designed to fulfill the research protocols. All the participants showed their consent to participate in the study but as PA, PB, PC and PD were under the age of sixteen years; that is why the researchers had to obtain consent from their parents to make participation confirmed in the study. It was assured to the participants, their parents and teachers that there will be no harm during implementing discrete trials. Furthermore, it was assured to the parents and teachers that their names and other information related to their consent will be kept confidential and used for the purpose of the current research. In this way, five children diagnosed with ASD were chosen to intervene under the formulated design of discrete trial training program.

After that, the researchers wrote permission letter and got permission from the headmistress of the Govt. Special Education Center, Gojra, Toba Tek Singh to start the experiment upon the chosen participant of the study. Experiment was held during the timings of the Govt. Special education Center, Gojra, Toba Tek Singh. In this way, the researchers fulfilled the research ethics to run the study there.

At second step, self-developed rating scale was used to identify social communication deficits of the chosen subject of the study. This rating scale was provided to the class teachers of the subject of the study in order to fill it on the basis of observation. Prior core areas of social communication deficit were identified. The researchers then formulated the task objective surrounded by the prior area of deficit.

At third step, task objectives based on the identified sub core areas of social communication deficit was formulated i.e. developing the skills. The child was expected to develop the specified social skill ending at 90% correct responding across 3 consecutive DTT sessions. Mastery for each step is set at 90% correct independent responses during three consecutive teaching periods. Later, task analysis was performed to achieve the formulated task objectives.

At fourth step, baseline phase was conducted over dependent variable (the specified social skill) in order to set initial proficiency of the given task. It was conducted by the researchers in an empty classroom inside the premises of the Govt. Special education Centre, Gojra, Toba Tek Singh district of the Punjab province of Pakistan but out of the classroom of the chosen subject of the study. Later, four treatment phases were conducted based on intervention steps given by Smith (2001). These sessions were conducted by the

researchers inside the classroom and autism friendly training room (temporarily designed) at the Govt. Special Education Centre Gojra. Amongst these treatment phases, phase B was conducted between participant and researchers inside the classroom context under no error correction technique to encourage correct responding over developing the skills; phase C was conducted between participant and researchers again inside the classroom context but under error correction technique over developing the skills; phase D was conducted between participant and researchers inside the autism friendly training room context (temporarily designed) under no error correction technique to encourage correct responding over developing the skills; and phase E was conducted between participant and researchers again inside the autism friendly training room context (temporarily designed) but under error correction technique over developing the skills for the chosen subject of the study. Later, no treatment phase was conducted and return to phase A was observed. Return to phase A was again conducted at the same classroom where the researchers set the steady state baseline phase to measure the return to phase A. Two follow up periods were observed such as first follow up period was conducted two weeks after observing the return to phase A and second follow up period was conducted after four weeks after observing the first follow up period. First follow up sessions were again conducted at the same classroom where the researchers set the steady state baseline phase to investigate the appropriateness of the developed skill under presenting novel stimuli. Second follow up sessions were again conducted at the same classroom where the researchers set the steady state baseline phase to generalize the results but in this time trial delivery authority was the class teachers (different but familiar person) of the chosen subject of the study.

At fifth step, treatment integrity was observed on 100% session across all the phases while inter-observer reliability was measured for 50% randomly chosen sessions across all the phases of the discrete trial training program. It was calculated by the speech therapist of the chosen subject of the study.

More specifically, at sixth step, which is the end, the descriptive analysis was run to obtain percentages across the Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Participants of the Study, Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Parents of the Participants and Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Teachers of the Participants enabled the researchers to evaluate the authenticity of the DTT program by triad perception.

Results and Discussion

The researchers employed descriptive statistics to analyze the obtained data. Later, it helped to reach the conclusions and recommendations of the study. Hence, the evaluation of the authenticity of the DTT program by the perception of participants, parents and teachers was item wise represented in the following tables.

Table 4
Evaluation of the Authenticity of the DTT Program by the Perception of PA

Items No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages 1	2
1	2	1.00	1.00	1.0000	.00000	100%	
2	2	1.00	2.00	1.5000	.70711	50%	50%
3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	2.00	1.5000	.70711	50%	50%

6	2	1.00	1.00	1.0000	.00000	100%				
7	2	1.00	1.00	1.0000	.00000	100%				
8	2	1.00	1.00	1.0000	.00000	100%				
9	2	1.00	1.00	1.0000	.00000	100%				
10	2	1.00	1.00	1.0000	.00000	100%				
11	2	1.00	1.00	1.0000	.00000	100%				
12	2	1.00	1.00	1.0000	.00000	100%				
13	2	1.00	1.00	1.0000	.00000	100%				
14	2	1.00	1.00	1.0000	.00000	100%				
15	2	1.00	2.00	1.5000	.70711	50%	50%			

Note. This table evaluates the authenticity of the DTT program by the perception of PA. Evaluation shows 100% consensus across all the items except item 2 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 5 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; and item 15 consensus with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no' by the perception of PA. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 2, 5and 15.

Table 5
Evaluation of the Authenticity of the DTT Program by the Perception of the Parents of PA

Items No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						Perception of Parents				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	2.00	1.5000	.70711	50%	50%			
4	2	1.00	1.00	1.0000	.00000	100%				
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the parents of PA. Evaluation shows 100% consensus across all the items except item 3 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the parents of PA. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 3.

Table 6
Evaluation of the Authenticity of the DTT Program by the Perception of the Teachers of PA

Items No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						Perception of Teachers				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	2.00	1.5000	.70711	50%	50%			
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the teachers of PA. Evaluation shows 100% consensus across all the items except item 4 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the teachers of PA. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 4.

Table 7
Evaluation of the Authenticity of the DTT Program by the Perception of PB

Items No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages 1	2
1	2	1.00	1.00	1.0000	.00000	100%	
2	2	1.00	1.00	1.0000	.00000	100%	
3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	1.00	1.0000	.00000	100%	
6	2	1.00	2.00	1.5000	.70711	50%	50%
7	2	1.00	1.00	1.0000	.00000	100%	
8	2	1.00	1.00	1.0000	.00000	100%	
9	2	1.00	1.00	1.0000	.00000	100%	
10	2	1.00	2.00	1.5000	.70711	50%	50%
11	2	1.00	1.00	1.0000	.00000	100%	
12	2	1.00	1.00	1.0000	.00000	100%	
13	2	1.00	1.00	1.0000	.00000	100%	
14	2	1.00	1.00	1.0000	.00000	100%	
15	2	1.00	2.00	1.5000	.70711	50%	50%

   Note. This table evaluates the authenticity of the DTT program by the perception of PB. Evaluation shows 100% consensus across all the items except item 6 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 10 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; and item 15 consensus with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no' by the perception of PB. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 6, 10, and 15.

Table 8
Evaluation of the Authenticity of the DTT Program by the Perception of the Parents of PB

			Perception of Parents							
Items No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages 1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	2.00	1.5000	.70711	50%	50%			
5	2	1.00	1.00	1.0000	.00000	100%				

   Note. This table evaluates the authenticity of the DTT program by the perception of the parents of PB. Evaluation shows 100% consensus across all the items except item 4 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the parents of PB. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 4.

Table 9
Evaluation of the Authenticity of the DTT Program by the Perception of the Teachers of PB

			Perception of Teachers							
Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages 1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				

3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	2.00	1.5000	.70711	50%	50

Note. This table evaluates the authenticity of the DTT program by the perception of the teachers of PB. Evaluation shows 100% consensus across all the items except item 5 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the teachers of PB. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 5.

Table 10
Evaluation of the Authenticity of the DTT Program by the Perception of PC

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages	
						1	2
1	2	1.00	1.00	1.0000	.00000	100%	
2	2	1.00	1.00	1.0000	.00000	100%	
3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	1.00	1.0000	.00000	100%	
6	2	1.00	2.00	1.5000	.70711	50%	50%
7	2	1.00	1.00	1.0000	.00000	100%	
8	2	1.00	1.00	1.0000	.00000	100%	
9	2	1.00	1.00	1.0000	.00000	100%	
10	2	1.00	2.00	1.5000	.70711	50%	50%
11	2	1.00	1.00	1.0000	.00000	100%	
12	2	1.00	2.00	1.5000	. 70711	50%	50%
13	2	1.00	1.00	1.0000	.00000	100%	
14	2	1.00	1.00	1.0000	.00000	100%	
15	2	1.00	1.00	1.0000	.00000	100%	

Note. This table evaluates the authenticity of the DTT program by the perception of PC. Evaluation shows 100% consensus across all the items except item 6 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 10 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; and item 12 consensus with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no' by the perception of PC. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 6, 10, and 12.

Table 11
Evaluation of the Authenticity of the DTT Program by the Perception of the Parents of PC

				Perception of Parents						
Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	1.00	1.0000	00000	100%				
5	2	1.00	2.00	1.5000	. 70711	50%	50%			

Note. This table evaluates the authenticity of the DTT program by the perception of the parents of PC. Evaluation shows 100% consensus across all the items except item 5 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat'

by the perception of the parents of PC. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 5.

Table 12
Evaluation of the Authenticity of the DTT Program by the Perception of the Teachers of PC

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	2.00	1.5000	.70711	50%	50%			
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the teachers of PC. Evaluation shows 100% consensus across all the items except item 4 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the teachers of PC. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 4.

Table 13
Evaluation of the Authenticity of the DTT Program by the Perception of PD

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages	
						1	2
1	2	1.00	1.00	1.0000	.00000	100%	
2	2	1.00	1.00	1.0000	.00000	100%	
3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	1.00	1.0000	.00000	100%	
6	2	1.00	1.00	1.0000	.00000	100%	
7	2	1.00	1.00	1.0000	.00000	100%	
8	2	1.00	1.00	1.0000	.00000	100%	
9	2	1.00	1.00	1.0000	.00000	100%	
10	2	1.00	2.00	1.5000	.70711	50%	50%
11	2	1.00	1.00	1.0000	.00000	100%	
12	2	1.00	1.00	1.0000	.00000	100%	
13	2	1.00	2.00	1.5000	.70711	50%	50%
14	2	2.00	2.00	2.0000	.00000		100%
15	2	2.00	2.00	2.0000	.00000		100%

Note. This table valuates the authenticity of the DTT program by the perception of PD. Evaluation shows 100% consensus across all the items except item 10 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 13 consensus with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 14 with 100% consensus in favor of 'no'; and item 15 with 100% consensus in favor of 'no' by the perception of PD. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 5, 6, 14, and 15.

Table 14
Evaluation of the Authenticity of the DTT Program by the Perception of the Parents of PD

Perception of Parents	
Numbers	Percentages

Item No.		Minimum Value	Maximum Value	Mean Values	Standard Deviations	1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	2.00	1.5000	.70711	50%	50%			
4	2	1.00	1.00	1.0000	.00000	100%				
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the parents of PD. Evaluation shows 100% consensus across all the items except item 3 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the parents of PD. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 3.

Table 15
Evaluation of the Authenticity of the DTT Program by the Perception of the Teachers of PD

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Perception of Teachers				
						Percentages				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	2.00	1.5000	.70711	50%	50%			
4	2	1.00	1.00	1.0000	.00000	100%				
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the teachers of PD. Evaluation shows 100% consensus across all the items except item 3 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the teachers of PD. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 3.

Table 16
Evaluation of the Authenticity of the DTT Program by the Perception of PE

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages	
						1	2
1	2	1.00	1.00	1.0000	.00000	100%	
2	2	1.00	1.00	1.0000	.00000	100%	
3	2	1.00	1.00	1.0000	.00000	100%	
4	2	1.00	1.00	1.0000	.00000	100%	
5	2	1.00	3.00	2.0000	1.41421	50%	50%
6	2	1.00	2.00	1.5000	.70711	50%	50%
7	2	1.00	1.00	1.0000	.00000	100%	
8	2	1.00	1.00	1.0000	.00000	100%	
9	2	1.00	1.00	1.0000	.00000	100%	
10	2	1.00	1.00	1.0000	.00000	100%	
11	2	1.00	1.00	1.0000	.00000	100%	
12	2	1.00	1.00	1.0000	.00000	100%	
13	2	1.00	1.00	1.0000	.00000	100%	
14	2	2.00	2.00	2.0000	.00000		100%
15	2	1.00	3.00	2.0000	1.41421	50%	50%

Note. This table evaluates the authenticity of the DTT program by the perception of PE. Evaluation shows 100% consensus across all the items except item 5 with 50%

consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 6 with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no'; item 14 obtained 100% consensus in favor of 'no'; and item 15 consensus with 50% consensus in favor of 'yes' coupled with 50% consensus in favor of 'no' by the perception of PE. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 5, 6, 14, and 15.

Table 17
Evaluation of the Authenticity of the DTT Program by the Perception of the Parents of PE

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	2.00	1.5000	.70711	50%	50%			
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the parents of PE. Evaluation shows 100% consensus across all the items except item 4 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the parents of PE. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 4.

Table 18
Evaluation of the Authenticity of the DTT Program by the Perception of the Teachers of PE

Item No.	Numbers	Minimum Value	Maximum Value	Mean Values	Standard Deviations	Percentages				
						1	2	3	4	5
1	2	1.00	1.00	1.0000	.00000	100%				
2	2	1.00	1.00	1.0000	.00000	100%				
3	2	1.00	1.00	1.0000	.00000	100%				
4	2	1.00	2.00	1.5000	.70711	50%	50%			
5	2	1.00	1.00	1.0000	.00000	100%				

Note. This table evaluates the authenticity of the DTT program by the perception of the teachers of PE. Evaluation shows 100% consensus across all the items except item 4 with 50% consensus in favor of 'very much' coupled with 50% consensus in favor of 'somewhat' by the perception of the teachers of PE. Ultimately, these results indicate importance of and satisfaction with the DTT program by leaving question mark on item 4.

Discussion

This study aimed to note the value of social validity of the DTT program in Pakistani society. Relevance and importance of the formulated goals of this behavioral intervention study to the persons involved; 2) executed procedures are acceptable and are more likely to be applicable to the participants; and 3) perceived outcomes of this behavioral intervention study were found satisfactory across the three level (Fawcett, 1991). The researchers outlined specific ways to examine the importance of social validity at all the three levels for the study. Later, the triad perceptions left question mark on item 2, 5 and 15 by the perception of PA, item 3 by the perception of parents of PA, and item 4 by the perception of teachers of PA and therefore need to be modified. Likewise, the triad perceptions left question mark on item 6, 10 and 15 by the perception of PB, item 4 by the

perception of parents of PB, and item 5 by the perception of teachers of PB and therefore need to be modified. In the same way, the triad perceptions left question mark on item 6, 10 and 12 by the perception of PC, item 5 by the perception of parents of PC, and item 4 by the perception of teachers of PC and therefore need to be modified. Similarly, the triad perceptions left question mark on item 10, 13, 14 and 15 by the perception of PD, item 3 by the perception of parents of PD, and item 3 by the perception of teachers of PD and therefore need to be modified. At the end, the triad perceptions left question mark on item 5, 6, 14 and 15 by the perception of PE, item 4 by the perception of parents of PE, and item 4 by the perception of teachers of PE and therefore need to be modified. On other hand, the obtained results indicated importance of and satisfaction with all the items designed for evaluating the authenticity of the DTT program except the total 5 items for each across the PA, PB and PC, and 6 items for each across the PD and PE (Elliott, 2017). The results of the present study are comparable to the research study conducted by Finn and Sladeczek (2001) that assessed the social validity of behavioral interventions and revealed the similar results. Miramontes (2011) also explored the social validity of positive behavior interventions and support model and threw light on social relevance, including the acceptability of its treatment goals, procedures, and outcomes as well.

Conclusion

Above closure of findings finally led the researchers to conclude that the social importance and the acceptability of the formulated goals, executed procedures and perceived outcomes of the DTT program obtained 100% consensus across all the items except the total 3 items across PD and PE. All the three formulated questionnaires such as: 1) Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Participants of the Study, 2) Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Parents of the Participants, and 3) Hina-Hina Social Validity Questionnaire of Discrete Trial Training Program for Teachers of the Participants are reliable tools to measure the social validity of the DTT program across all the three methodical levels. Hence, met the purpose of this note was to provide an evaluation of the social validity measures used in this research.

Recommendations and Implications

The researchers recommended that the specified 3 items for each across the PD and PE may be slightly modified to measure the triad perceptions in order to execute the DTT program inside the premises of public and private special education institutions working for the children with ASD across the province of Punjab, Pakistan in a way that is likely to develop social communication skills. In addition, Hina-Hina Social Validity Questionnaires of DTT Program for the Participants, Parents and Teachers may be easily employed and executed with slight accommodations and modifications over the ASD segment of population in the East Asian countries where the socio-cultural norms and contexts are most probably similar.

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