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SOCIAL VALIDITY BY PARENTS OF SPECIAL EDUCATION PROGRAMS BASED ON THE ECOLOGICAL RISK / RESILIENCE MODEL

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Abstract

Social validity is focused on analyzing how goals, procedures, and outcomes associated to an intervention program benefit target individuals, and whether the potential of the program's objectives itself is in turn achieved, including expectation assessment, behavioral changes, opportunities and development of new skills, abilities and strategies. In this sense, the instrumentation of the Ecological Risk/Resilience Model proves to be of great importance, particularly in special education programs focused on reducing risk factors and encouraging resilient behaviors in students with special educational needs (SEN), their parents and teachers. The purpose of this study was to validate –through parents– the acceptability, educational significance and social importance of special education intervention programs based on the above mentioned model. The Social Validity of Special Education Programs Questionnaire was completed by 45 mothers, 10 fathers, and 5 grandfathers of 30 elementary school children identified as having SEN. The main findings showed that fathers noticed increased changes of resilient behaviors in students both at school and at home. Statistically significant differences in some features were found between male and female participants and in every dimension (i.e., acceptability, educational significance and social importance) between participants from both schools. Differences between participants regarding the type of SEN addressed by the programs were not found, which emphasizes the educational relevance of programs developed under this model.

Key words: social validity, acceptability of assessment procedures, educational significance, social importance, special education.

VALIDACIÓN SOCIAL POR PADRES DE PROGRAMAS EN EDUCACIÓN ESPECIAL BASADOS EN EL MODELO ECOLÓGICO DE RIESGO/RESILIENCIA

Resumen

Los estudios de validación social investigan qué tanto las metas, los procedimientos y resultados asociados a una intervención producen beneficios en las personas hacia las que se dirigen y, si a su vez, se retroalimenta el potencial de los objetivos del programa mismo. Incluye el estudio de las expectativas, los cambios conductuales, las oportunidades y el desarrollo de nuevas habilidades, competencias y estrategias. En este sentido, cobra particular importancia la instrumentación del Modelo Ecológico de Riesgo/Resiliencia en Educación Especial, cuyos programas se orientan a la disminución de factores de riesgo, y la promoción de comportamientos resilientes en estudiantes con necesidades educativas especiales (NEE), sus padres y maestros. El objetivo del estudio fue validar, a través de los padres, la aceptación, la significancia educativa y la importancia social de los programas de intervención de educación especial basados en dicho modelo. Respondieron al Cuestionario de Validación Social de Programas de Educación Especial, 45 madres, diez padres y cinco abuelos de 30 menores de educación primaria identificados con NEE. Los principales hallazgos muestran que los padres percibieron un incremento en los comportamientos resilientes de los alumnos, tanto en la escuela, como en la casa. Se encontraron diferencias estadísticamente significativas en algunos aspectos entre hombres y mujeres y, entre los participantes de las dos escuelas en las tres dimensiones: aceptación, significancia educativa e importancia social. No se encontraron diferencias entre los participantes con relación al tipo de NEE atendidas por los programas, lo cual enfatiza la relevancia educativa de los programas instrumentados bajo este modelo.

Palabras clave: validación social, aceptabilidad de procedimientos de evaluación, significancia educativa, importancia social, educación especial.

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VALIDAÇÃO SOCIAL POR PAIS DE PROGRAMAS EM EDUCAÇÃO ESPECIAL BASEADOS NO MODELO ECOLÓGICO DE RISCO/RESILIÊNCIA

Resumo

Os estudos de validação social pesquisam que tanto as metas, os procedimentos e resultados associados a uma intervenção produzem benefícios nas pessoas às que estão dirigidas e, se ao mesmo tempo, se retroalimenta o potencial dos objetivos do próprio programa. Inclui o estudo das expectativas, das mudanças condutuais, das oportunidades e do desenvolvimento de novas habilidades, competências e estratégias. Neste sentido, ganha grande importância a instrumentação do Modelo Ecológico de Risco/Resiliência em Educação Especial, cujos programas orientam-se à diminuição de fatores de risco, e a promoção de comportamentos resilientes em estudantes com necessidades educativas especiais (NEE), sus pais e mestres. O objetivo do estudo foi validar, através dos pais, a aceitação, a significância educativa e a importância social dos programas de intervenção de educação especial baseados neste modelo. Responderam ao Questionário de Validação Social de Programas de Educação Especial, 45 mães, dez pais e cinco avôs de 30 menores de educação primária identificados com NEE. As principais descobertas mostram que os pais perceberam um aumento nos comportamentos resilientes dos alunos, tanto na escola, como em casa. Encontraram-se diferenças estatisticamente significativas em alguns aspectos entre homens e mulheres e, entre os participantes das duas escolas nas três dimensões: aceitação, significância educativa e importância social. Não foram encontradas diferenças entre os participantes com relação ao tipo de NEE atendida pelos programas, isso enfatiza a relevância educativa dos programas instrumentados sob este modelo.

Palavras chave: validação social, aceitabilidade de procedimentos de avaliação, significância educativa, importância social, educação especial.

Interest in studying social validity arose thanks to Wolf (1978), who suggested that intervention programs should have acceptability on three levels: 1) the social significance of goals, 2) the appropriateness of procedures, and 3) the social importance of outcomes. Program acceptability alludes to the judgments that the people involved would make about the programs, and is related to whether people think these are fair, appropriate and reasonable for addressing a given problem. Effectiveness of interventions is considered to be associated to treatment acceptability. Others link social validity assessment to ethics and individual rights. Social validity assessment allows for achieving the identification of variables affecting the perceptions of those who receive an intervention and helps in reaching a better understanding of the programs (Reimers, Wacker, Derby & Cooper, 1995).

By engaging clients, professionals and the community in order to determine the acceptability of a given program's techniques, the significance of changes in the outcome will increase (Sdudsawad, 2009). Foster and Mash (1999) report that social validity is equivalent to other terms, such as clinical importance, applied importance, qualitative change, educational relevance, ecological validity and cultural validity, which are related to the validity of intervention procedures and the importance of client change.

Social validity is described by Barret, Shortt, Fox and Wescombe (2001) as a process rather than a result, which can be assessed at different stages during intervention; therefore, the purpose of social validity is to evaluate a program's acceptability or viability.

In educational contexts, Reynolds and Fletcher-Janzen (2002) consider that social validity originates from the way that psychological services are applied and emphasize the importance of subjective judgment regarding programs. Particularly in special education, social validity studies show that feedback from teachers and students is often not reported (Lindo & Elleman, 2010). With respect to learning disabilities, depending on the validity model used, the following is recommended: (a) examining the student's performance level and instruction response; (b) postponing the decision to provide special education until the effects of the student's adaptation to a regular class are explored; and (c) verifying that the special education program will enhance the student's learning (Fuchs, Fuchs & Speece, 2002).

Other studies on social validity stress the importance of social skills training for students with behavioral disorders (Gresham, Cook, Crews & Kern, 2004); teachers' ratings about the social validity of programs aimed to treat the problems of children with behavioral disorders were generally positive (Daunic, Smith, Brank & Penfield, 2006); results of social validity of training programs for elementary education teachers are positive (Papalia-Berardi & Hall, 2007); acceptability ratings by parents and teachers about intervention programs for challenging children were high (Olive & Liu, 2005). Other studies take into account contextual factors that can affect the programs (Durlak & Du Pre, 2008); 40% of studies on social validity include results of children's performance in natural settings and show significant changes in their every-day actions (Sdudsawad, 2009). The variables identified in social validity studies regarding behavioral and

language disorders have been: the severity of the behavioral disorder, the intervention program's theoretical approach, the effectiveness of treatment, and the time required for it (Turan & Erbaş, 2010). Naturalistic approaches are the most accepted ones at schools, a situation that has to do with changes in federal laws regarding educational integration (Miramontes, 2010).

In the United States, after analyzing 90 studies of programs based on scientific evidence, Hurley (2012) found that only 27% reported an assessment rating for social validity apart from goals ($n=7$), procedures ($n=8$), and effects ($n=9$). In Mexico, studies on special education intervention programs are divided into categories such as intellectual disabilities, learning disabilities, giftedness, language impairments, attention deficit hyperactivity disorder, and hearing impairment. While these studies provide information on effective practices through pre- and post-test results and/or formative and summative evaluations, they do not present indicators of social/educational validity of those practices (Acle, 2013).

Furthermore, designing and implementing practices based on scientific evidence is one of the main challenges for special education worldwide (Cook, Tankersely & Harjusola-Webb, 2008), with the permanent purpose of not only benefiting students with special education needs but also promoting school, family and social inclusion. In this sense, Cook, Tankersley, Cook and Landrum (2008) emphasize the importance of implementing accurate, systematic and objective procedures to help obtain and validate knowledge which will be relevant for the implementation of special education programs and activities. These also provide a preventive opportunity for riskier situations, such as academic failure, expulsion from the education system, delinquency, and psychiatric disorders at an adult age, as noted by Lane, Harris, Graham, Weisenbach, Brindel, and Morphy (2008). The link that should exist between evidence-based practices and their social validity is further underlined, as these aspects are fundamental both for clinical practice and research (Ernest, Thompson, Keckman, Kull & Yates, 2011; Hurley, 2012; Strain, Barton & Dunlap, 2012; Turan & Meadan, 2011).

Accordingly, the importance of developing studies on social validity of special education programs aimed at school populations at social and educational risk is stressed, particularly of those based on the eco-systemic risk-resilience model (Acle, 2012). By using an educational resilience approach, foreseeing aspects of school success becomes the main focus, rather than paying attention to those of failure in populations in adverse conditions (Waxman, Padrón & Gray, 2004). In this sense, the Ecological Risk/Resilience Model in special education is based on the assumption that when students with disability and with or without special education needs are not identified and thus treated, they end

up in a vulnerable situation of possible educational decline or school dropout, in addition to a possibly already existing schooling, family and social vulnerability (Acle, 2012).

Moreover, the importance of the ecological theory -in which the aforementioned model is based- was highlighted by Bronfenbrenner (1987), who considered child development to be strongly influenced by family, school, peers, community and settings. In this sense, studying the way a child relates to these environments will provide more accurate indicators so as to identify which of these relations should be more precisely intervened (Acle, 2012). Educational services will improve to the extent that they are aimed at children both in their biological and psychological aspects, as well as at their family, community and the wide spectrum of environments affecting directly or indirectly their difficulties. In order to achieve that, it will be crucial to identify the behavioral and contextual predictors of disorders, and thus early intervention will be possible (Fraser, 2004). School is a created habitat where appropriate niches should be built in order to reduce risk factors and increase protective factors to promote at-risk student school integration and inclusion, particularly for students with SEN.

Based on the above analysis, intervention programs founded on the Ecological Risk/Resilience Model are structured as follows: a) An Exploratory Assessment. It has the purpose of identifying first and second grade students with SEN. b) A Diagnostic Assessment. Depending on the type of SEN, an individual risk/resilience, family, school and social profile is determined, which will be a benchmark for the development of intervention programs focused on having an impact on the family and/or school interactions that influence the student's school performance. c) Design and implementation of intervention programs addressed to students, parents and teachers. d) Final Assessment including: pre- and post-test comparisons, formative and summative assessment, and the program's social validity carried out by children, parents and teachers.

Results of studies based on this model report an average educational risk profile of 37% in first graders living in marginalized areas as determined by the occurrence of cognitive disabilities and low academic achievement, language impairments, learning disabilities, behavioral problems, and giftedness (Acle, Roque, Zacatelco, Lozada & Martínez, 2007), as well as increased resilience behaviors and strategies for reducing risk both at individual, family and school levels in children with intellectual disabilities and low academic performance (Meléndez, 2012); written and oral language impairments (Gómez, 2011; Martínez B. & Lozada, 2012; Martínez, G., Martínez, B. & Acle, 2012; Méndez, 2010); behavioral problems (Cid, 2011; Domínguez, 2012); and giftedness (Chávez

& Zacatelco, 2012; Romero, 2012; Zacatelco, Hernández & Acle, 2012). Nonetheless, these results do not provide data that socially validates the suggestion.

Therefore, the purpose of this study was to establish the social validity of programs based on the Ecological Risk/Resilience Model in special education, in terms of acceptability, educational significance and social importance of assessment and intervention procedures, reported by parents, who along with their children participated in these programs.

METHOD

Design

A mixed design was proposed, with quantitative and qualitative data collection. Data analysis was carried out using a combined form of quantitative and qualitative methods (Creswell, 2015).

Type of Study: Descriptive, non-experimental; it did not involve significant comparison groups or conditions that did not receive treatment actively induced by the researcher (Cook *et al.*, 2008).

Participants

The intentional non-statistical sample consisted of: 60 men and women: 10 fathers, 45 mothers, 2 grandfathers, and 3 grandmothers, ranging in age from 24 to 56 years old, with an $M_{\text{generalage}} = 38.7$, $M_{\text{maleage}} = 44.36$ ($SD = 7.23$) y $M_{\text{femaleage}} = 37$ ($SD = 7.41$). 30 male and 30 female children participated in the programs, ranging in age from 7 to 10 years old, with a $M_{\text{age}} = 7.76$ ($SD = 0.73$). They were allocated to different categories of Special Education (Table 1). 40 were in second grade, 18 in third grade, 1 in fourth grade, and 1 in fifth grade of elementary school.

Table 1.
Number of students by special education category

Special Education Categories	n
Intellectual Disabilities	1
Low Intellectual Efficiency	6
Learning Disabilities	10
Language and Speech Impairments	4
External Behavioral Problems	15
Internal Behavioral Problems	8
Gifted	16
TOTAL	60

Note. ID= Intellectual Disabilities, LIE=Low Intellectual Efficiency, LD= Learning Disabilities, LSI= Language and Speech Impairments, EBP= (External Behavioral Problems, IBP= Internal Behavioral Problems, G (Gifted).

Setting

Two fully operational public schools: one All-Day (AD) school running from 8:00 a.m. to 4:00 p.m., and one Half-Day (HD) school running from 8:00 a.m. to 12:30 p.m.

Instruments

The *Cuestionario de Validación Social de Programas de Intervención en Educación Especial Versión Padres* (Acle-Tomasini, 2013) (Social Validity Questionnaire for Special Education Intervention Programs, Parents Version) comprising 25 Likert-like items designed to estimate the significance and acceptability of special education intervention programs regarding both assessment and intervention procedures, using a 5-point scale, from 1=*Not at all*; 2=*Poorly*; 3=*Somewhat*; 4=*Very much*, to 5= *Extremely*. Each item also included a blank space for parents to comment. This instrument was submitted to experts for validity, obtaining 88% of overall agreement. The questionnaire included three dimensions characterized as follows (Barret *et al.*, 2001; Carter, 2010):

1. Educational significance of goals, procedures and outcomes associated to special education intervention programs in their relation to the development of new academic skills and abilities, an increase in resilient behavior and positive expectations (7 items).

2. Acceptability of assessment and intervention procedures included in the program. This refers to efficiency appraisals of the core activities of the program and practical estimates such as instructors' competence and cooperation (9 items).

3. Social importance of outcomes and effects of change. This measures the extent to which the outcomes of the intervention program increase benefits and interrelations between individuals, their parents and teachers while decreasing identified educational risks. Collateral effects which were not directly considered for the intervention purposes are included (9 items).

Procedure

An informed consent was obtained from the parents, the school principal and the teachers. Children also gave consent to participate in this study. The programs carried out under the model lasted two years, at the end of which parents were summoned to complete the Social Validity Questionnaire. After data were collected, the SPSS 21 software was used to create a data base and proceed to the analysis thereof.

RESULTS

At first, there was interest to obtain a general assessment from parents. While they used all five scale options, most of them were likely to choose the *Very much* and *Extremely* options (Table 2). Results were in the expected direction; that is, the parent's acceptability regarding the applied assessment and intervention procedures and their perception of an increase of resilient behavior in their children, regardless of the corresponding special education category.

In order to examine statistically significant differences in ratings between male and female participants, a comparison was made for independent samples using the Mann-Whitney U test.

A positive rating of the intervention program was again shown, except for female participants, for whom procedures were a more useful way to know the educational needs of children than for male participants ($Z = -2.177$; $p = .029$). This probably has to do with the direct responsibilities women have regarding the academic learning of their children as opposed to men. In addition, some differences in parents' perception depending on their child's grade were found. It was more desirable for parents of second graders that these programs were implemented in other grades than for parents of third graders ($Z = -1.99$; $p = .046$). Regarding school differences, parents of children who attended the all-day school were mostly found to consider that the language used to describe results was precise ($Z = -3.786$; $p = .000$) as opposed to half-day school parents.

Table 2.

Mean ratings by the total sample regarding the Social Validity of the intervention program delivered to children.

	Item	Mean	SD
1	Assessment procedures that were first explained to me were clear.	4.17	.668
2	These procedures were a useful way to know the educational needs of my child.	4.42	.645
3	The language used for describing the results of the assessment was precise.	4.31	.701
4	After the assessment, I was instructed in ways to improve my child's learning.	4.37	.802
5	I noticed changes in my child's behavior during the entire assessment.	4.07	1.056
6	For educational purposes, it is important to be informed about the learning needs of our children.	4.52	.651
7	The service program suggested after the assessment had educational advantages for my child.	4.28	.761
8	Attending the service program changed my child's performance in class.	4.03	.956
9	Approval for my child to attend the program improved my relationship with my child's teacher.	3.63	1.119
10	I would recommend other parents to approve this kind of programs.	4.63	.551
11	I enjoyed the continuous communication with instructors during the program.	4.69	.464
12	I was pleased that these programs were implemented when children started attending elementary school.	4.69	.500
13	The duration of the program was appropriate.	3.90	.884
14	Details about my child's educational needs changed what I thought about his/her performance in class.	4.10	.951
15	During the entire program, my child's relationships with his/her classmates improved.	4.02	.873
16	It is desirable to implement programs like this one in other grades of elementary school.	4.70	.497
17	I agree to be informed about the scope of my child's educational needs.	4.53	.623
18	During the time my child participated in the program, his/her behavior at home improved.	3.88	1.106
19	By participating in the program, my child learned to do homework on his/her own.	3.68	1.066
20	I enjoyed attending the workshops provided to parents.	4.54	.573
21	Having discussions helped me understand my child's educational needs.	4.54	.502
22	Changes in my child's school learning are significant after attending the program.	3.98	1.000
23	I realized that I too can work together with my child in his/her academic learning.	4.40	.906
24	After the program, my child is happy to go to school.	4.18	.983
25	These programs contribute to improving the academic performance of students with special needs.	4.48	.792

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely.

Also, all-day school parents showed that it was important that they were informed about the learning needs of their children ($Z = -3.121$; $p=.002$), and that they agreed to be informed about the scope of their child's educational needs ($Z = -3.095$; $p=.002$). It is important to note that no statistically significant differences in parents' ratings from both schools in relation to their child's type of SEN were found through the Kruskal-Wallis test.

Educational significance of intervention programs

Of the three dimensions composing the instrument, the educational significance of goals, procedures and outcomes associated to the special education intervention program (Table 3) revealed no statistically significant differences between fathers, mothers and caregivers of children that participated in the program.

For educational significance, it is a fact that they appreciated the development of new resilience skills and abilities in school learning, as well as behavioral changes and higher expectations regarding their own children. This is illustrated by the following comments:

"Thank you for the support provided to my daughter and the services given to us as parents." (mother of an 11-year-old girl with LIE).

"It was nice for my child to attend this program, because it helped him and me greatly, and he had a breakthrough in vocabulary. It was really nice, especially working with the therapist. Thank you." (mother of an 8-year-old boy with LSI).

Table 4 shows parents' mean ratings by type of school their children attend to.

Table 3.

Mean ratings by parents regarding the educational significance of procedures and outcomes associated to the programs.

	Item	Female (n= 49)	Male (n=11)
		Mean (SD)	Mean (SD)
19	By participating in the program, my child learned to do his/her homework on his/her own.	3,73 (1.03)	3.45 (1.21)
20	I enjoyed attending the workshops provided to parents.	4,52 (0.59)	4.60 (0.52)
21	Having discussions helped me understand my child's educational needs.	4,50 (0.50)	4.73 (0.47)
22	Changes in my child's school learning are significant after attending the program.	4,02 (0.95)	3.82 (1.25)
23	I realized that I too can work together with my child in his/her academic learning.	4,41 (0.84)	4.36 (1.20)
24	After the program, my child is happy to go to school.	4,22 (0.94)	4.00 (1.18)
25	These programs contribute to improving the academic performance of students with special needs.	4,51 (0.58)	4.36 (1.43)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely.

Table 4.

Mean ratings by parents depending on the particular school, regarding the educational significance of procedures and outcomes associated to intervention programs.

	Item	AD (n=45)	HD (n=15)
		Mean (SD)	Mean (SD)
19	By participating in the program, my child learned to do the homework on his/her own.	3,69 (1.06)	3.67 (1.11)
20	I enjoyed attending the workshops provided to parents.	4,60 (0.54)	4.27 (0.64)
21	Having discussions helped me understand my child's educational needs.	4,62 (0.49)	4.29 (0.47)
22	Changes in my child's school learning are significant after attending the program.	4,07 (0.95)	3.73 (0.96)
23	I realized that I too can work together with my child in his/her academic learning.	4,47 (0.91)	4.20 (0.86)
24	After the program, my child is happy to go to school.	4,20 (0.96)	4.13 (1.06)
25	These programs contribute to improving the academic performance of students with special needs.	4,58 (0.81)	4.20 (0.67)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely, AD=All Day School; HD= Half Day School.

With respect to educational significance, statistically significant school differences were found between parents. All-day school parents considered discussions to be helpful in understanding their children's SEN compared to HD parents ($Z = -2.188$; $p=.029$), as illustrated by the following comments:

"First, I want to thank you for the support provided to my daughter, as well as highlighting the willingness of the teacher who looked after her group, and to thank the psychologists who tried to give an answer to all the questions we had at one point." (dad of a G 8 -year-old girl from the AD school).

"Well, most of the activities that were performed were ok but I would like my grandson's reality and truth to be taken into account, when he lies and when he tells the truth." (grandmother of a 7- year-old boy with EBP from the HD school).

Acceptability of assessment and intervention procedures

Table 5 shows mean parents' ratings of acceptability of assessment and intervention procedures.

Statistically significant differences show that female participants consider these procedures to be a more appropriate way to know their children's SEN compared to male participants ($Z = -2.177$; $p=.029$) as illustrated by the comment below:

"The diagnostic and assistance procedure was accurate. The language used by psychologists was precise, answering all of our questions efficiently. Children were satisfied and happy with how they were treated. As parents, we consider that the service and the beneficial results of this program were remarkable." (mother of a G 7-year-old girl).

Regarding the acceptability of procedures and outcomes associated to intervention programs, Table 6 shows mean ratings by parents depending on the school their children attended.

Table 5.

Mean ratings by parents regarding acceptability of assessment and intervention procedures.

Item		Female (n=49) Mean (SD)	Male (n=11) Mean (SD)
1	Assessment procedures that were first explained to me were clear.	4.16 (0.71)	4.18 (0.40)
2	These procedures were a useful way to know the educational needs of my child.	4.49 (0.64)	4.09 (0.54)
3	The language used for describing the results of the assessment was precise.	4.27 (0.70)	4.45 (0.69)
4	After the assessment, I was instructed in ways to improve my child's learning.	4.39 (0.81)	4.27 (0.78)
11	I enjoyed the continuous communication with instructors during the program.	4.71 (0.46)	4.60 (0.51)
12	I was pleased that these programs were implemented when children started attending elementary school.	4.63 (0.52)	4.91 (0.30)
13	The duration of the program was appropriate.	3.85 (0.92)	4.09 (0.70)
16	It is desirable to implement programs like this one in other grades of elementary school.	4.65 (0.52)	4.91 (0.30)
17	I agree to be informed about the scope of my child's educational needs.	4.49 (0.64)	4.73 (0.47)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely.

Table 6.

Mean of ratings by parents depending on the particular school regarding acceptability of procedures and outcomes associated to intervention programs.

Item		AD (n=45) Mean (SD)	HD (n=15) Mean (SD)
1	Assessment procedures that were first explained to me were clear.	4.27 (0.49)	3.87 (0.99)
2	These procedures were a useful way to know the educational needs of my child.	4.49 (0.55)	4.20 (0.86)
3	The language used for describing the results of the assessment was precise.	4.51 (0.55)	3.64 (0.75)
4	After the assessment, I was instructed in ways to improve my child's learning.	4.42 (0.81)	4.20 (0.78)
11	I enjoyed the continuous communication with instructors during the program.	4.73 (0.45)	4.60 (0.51)
12	I was pleased that these programs were implemented when children started attending elementary school.	4.76 (0.43)	4.47 (0.63)
13	The duration of the program was appropriate.	3.96 (0.85)	3.71 (0.99)
16	It is desirable to implement programs like this one in other grades of elementary school.	4.78 (0.42)	4.47 (0.64)
17	I agree to be informed about the scope of my child's educational needs.	4.69 (0.46)	4.07 (0.79)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely. AD= All Day School, HD=Half Day School.

Only two differences were revealed between parents depending on school. Parents whose children attended the all-day school said that the language used for describing the assessment outcomes was precise ($Z = -3.786$; $p = .000$), and agreed more to be informed about the scope of their child's educational needs ($Z = -3.095$; $p = .002$) than half-day school parents.

Social importance of outcomes

With respect to mean ratings by parents of the social importance of outcomes (Table 7), only one statistically significant difference was found: female participants claimed more often that details about their child's educational needs changed what they thought about their children's performance in class ($Z = -1.999$; $p = .046$).

The social importance and its collateral effects reported by parents are illustrated by the following comments:

"Well, I agree with the program. My son developed many skills he didn't have or we weren't aware of. It made him a better, more confident person." (mother of an 8-year-old boy with LSI).

"I would like the program to last until the child achieves the suggested goals." (mother of a 7-year-old girl with LD).

In addition, regarding the social importance of outcomes and change effects, Table 8 shows mean ratings by parents depending on school. All-day school parents were also found to claim that it is important to be informed about the learning needs of their children for educational purposes ($Z = -3.121$; $p = .002$).

Table 7.

Mean ratings by parents about the social importance of outcomes and change effects.

	Item	Female Mean (SD)	Male Mean (SD)
5	I noticed changes in my child's behavior during the entire assessment.	4.12 (1.09)	3.82 (0.87)
6	For educational purposes, it is important to be informed about the learning needs of our children.	4.51 (0.65)	4.55 (0.68)
7	The service program suggested after the assessment had educational advantages for my child.	4.31 (0.76)	4.18 (0.75)
8	Attending the program changed my child's performance in class.	4.08 (0.95)	3.82 (0.98)
9	Approval for my child to attend the program improved my relationship with my child's teacher.	3.71 (1.04)	3.27 (1.42)
10	I would recommend other parents to approve this kind of programs.	4.61 (0.53)	4.73 (0.64)
14	Details about my child's educational needs changed what I thought about his/her performance in class.	4.00 (0.95)	4.55 (0.82)
15	During the entire program, my child's relationships with his/her classmates improved.	4.08 (0.86)	3.73 (1.27)
18	During the time my child participated in the program, his/her behavior at home improved.	3.92 (1.07)	3.73 (1.27)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely.

Table 8.

Mean ratings by parents depending on the particular school regarding the social importance of outcomes and change effects.

	Item	AD (n=45) Mean (SD)	HD (n=15) Mean (SD)
5	I noticed changes in my child's behavior during the entire assessment.	4.16 (0.99)	3.80 (1.20)
6	For educational purposes, it is important to be informed about the learning needs of our children.	4.67 (0.56)	4.07 (0.70)
7	The program suggested after the assessment had educational advantages for my child.	4.33 (0.70)	4.13 (0.91)
8	Attending the service program changed my child's performance in class.	4.07 (0.91)	3.93 (1.11)
9	Approval for my child to attend the program improved my relationship with my child's teacher.	3.64 (1.11)	3.60 (1.18)
10	I would recommend other parents to approve this kind of programs.	4.69 (0.51)	4.47 (0.64)
14	Details about my child's educational needs changed what I thought about his/her performance in class.	4.20 (0.83)	3.87 (0.99)
15	During the entire program, my child's relationships with his/her classmates improved.	4.07 (0.83)	3.87 (0.99)
18	During the time my child participated in the program, his/her behavior at home improved.	3.89 (1.09)	3.87 (1.18)

Note. 1=Not at all; 2=Poorly; 3=Somewhat; 4=Very much, to 5=Extremely. AD= All Day School, HD= Half Day School.

This is illustrated by the following comments:

"We really wish it [the program] lasted more or psychology were essential at school in all [six] grades." (father of a 7-year-old girl with LD from the AD school).

"They were very dedicated to them [children] but I didn't see a breakthrough in my grandson's behavior. He doesn't stay still and talks a lot." (grandmother of a 9-year-old boy with EBP, from the HD school).

Finally, it is important to highlight that under the Ecological Risk/Resilience Model, once risk and protection factors had been established, programs were focused on intervening in the child's interactions in different settings such as school and family. In this sense, comments below support the model:

"I liked very much the psychologists' work with the children because they (the children) were very happy and enthusiastic about the diverse working techniques, and how their whole environment changed. I appreciate the services and knowledge they put into interacting with my daughter, and the approach, discussions and advice they provided for us as parents." (mother of a 7-year-old boy).

"The program helped me improve school-family relations. I wish its activities were continuous so the student's daily performance could be enhanced. Thanks, your work was professional and focused on fulfilling children for them to develop useful skills in society, with their parents' support naturally. Thanks again. Sincerely, a grateful father" (father of a 7-year-old boy with EBP).

"Thanks to the teachers, my grandchild has responded at a 90% (level) at school and home. Everything is great." (grandfather of an 8-year-old boy with LD).

DISCUSSION

As observed through the implementation of special education programs based on the Ecological Risk/Resilience Model, fathers, mothers, and caregivers show acceptability of the outcomes of the assessment and intervention procedures delivered to their children, as well as their own involvement in the workshops provided to them. The ecosystemic nature of the model is emphasized both in the questionnaire ratings and optional comments some of them made, where changes in resilient behaviors in children at school or home were described. This accounted for the transformation of interactions within these micro-systems that benefit children, the main rationale approach of the suggested model.

Findings are consistent with notions by Wolf (1978) regarding the fact that acceptability of programs is reflected in the judgments that people involved will make about

them. In this case, mothers, fathers, and caregivers validate the programs delivered to their children and approve of the workshops in which they participated themselves when referring to the changes in their children's resilient behaviors both at school and at home. This proves the educational relevance and ecological validity of this way of intervention (Sdudsawad, 2009).

In accordance with Reynolds and Fletcher-Janzen (2002), social validity in educational settings originates from the way that services are organized. In this sense, implementation of programs based on the Ecological Risk/Resilience Model enables the identification of children with SEN from the moment they start school; the development of programs based on their educational needs; and the collaboration in reducing individual, school, and family risk factors and their educational adaptation and inclusion. Findings show, in contrast to Lindo and Elleman's (2010), that student's efficiency level is in fact valued, effects of a SEN student's adaptation to a regular class are explored, and student's learning is transformed. Influence of some contextual factors as suggested by Durlak and Du Pre (2008) is also added, as well as the fact that this social validity study shows significant behavioral changes and resilience abilities in children in a natural setting such as school, in agreement with Miramontes (2010) and Sdudsawad (2009), and also when they are starting school, which highlights the primary prevention approach of this program, as suggested by Lane, *et al.* (2008).

Although positive acceptability, educational significance and social importance ratings were generally observed, some differences between male and female participants associated to cultural patterns and the social ecosystem they live in were reported. Female participants who are responsible for children most of the time, stress the importance of getting acquainted with their children's educational needs and of using procedures relevant to these needs, more so than male participants. Nevertheless, it is pertinent to note that involvement of fathers and grandfathers was significant. More often than female participants, they referred to the importance for these programs to be implemented throughout elementary school, not just for first graders. This is remarkable, since due to cultural patterns, male involvement in their children schooling is not so frequent.

By contrast, differences found between participants from both schools in some assessed aspects are related to how much time was used in working with children, parents and teachers in the intervention program. Work varied between all-day and half-day schools depending on specific activities planned for students. As noted by Miramontes (2010), this is associated to changes in the education federal laws and

regulations, which show how influential the characteristics of the educational ecosystem are.

An event worth mentioning is the appreciation parents showed to the psychologists who delivered the programs to their children throughout the two years these programs lasted. Psychologists were praised for their ability to provide both sufficient and clear information about the problems children had, and for the way they treated them, which encouraged children to attend school happily, do their homework by themselves and behave better with their classmates. An indirect and unexpected effect of this outcome shows that the objectives of the Special Education Residency training program are being achieved, which in turn is a sign of participation from committed psychologists who act ethically in the special education field.

Limitations and Directions for Future Research

A significant limitation of this study is that although it assesses the social validity of the implementation of intervention programs under the Ecological Risk/Resilience Model, it does so in a global manner and by using parents' and caregivers' ratings. In future research, it will be important to socially validate the implementation of programs by means of a special education classification and include more variable data so to specify more accurately outcomes of resilience skills, abilities, and behaviors achieved by children, parents and teachers in relation to social validity indicators. Also, in agreement with Cook, Tankersley, and Harjusola-Webb (2008), it will be relevant to integrate both scientific evidence-based practices and professional experience of those who implement programs, in order to allow other special education professionals to lead their own interventions in school settings and achieve educational inclusion.

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