**Do Children with Autism Prefer Intervention? Examining the Social Validity of the FITBI Program**

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**Introduction:** Family-Implemented Treatment for Behavioral Inflexibility (FITBI) (Boyd et al., 2011) is a telehealth-based, parent-mediated intervention designed to reduce challenging repetitive and inflexible behaviors in children with autism that significantly interfere with their daily lives (ongoing clinical trial NCT05125003). FITBI utilizes function-based assessment and treatment across 13 weekly sessions, followed by three booster sessions over six months. Participants included children aged 3–9 years and their caregivers, who were coached by trained clinicians via telehealth. Assessing social validity, particularly the child’s preference for treatment, is crucial in ensuring that interventions are meaningful, engaging, and aligned with children's individual needs (Callahan et al., 2017; Meadan, Lee, & Chung, 2022). Ensuring social validity also aligns with creating neurodiversity-affirming interventions, as it emphasizes respecting the preferences and unique needs of children with autism, thereby fostering a supportive environment that values their perspectives and autonomy (Allen et al., 2024; Mathur, Renz, & Tarbox, 2024).

**Methods:** At the conclusion of each FITBI intervention, each child received a social validity assessment. Children with appropriate receptive and expressive language skills completed a yes/no interview regarding their enjoyment and perceived benefits of the intervention. Children with limited communication skills participated in either a concurrent chains or concurrent operants assessment, measuring their preference between treatment and no treatment conditions (Johnson, 2023).

**Results:** Nine children received the social validity assessment, and we expect to have data on 5 more participants by the time of the conference. Out of the nine participants, two children verbally reported positive experiences with the FITBI intervention. Three children completed a concurrent operants assessment, spending 42.4%, 74.0%, and 2.5% of assessment time in the intervention condition, respectively. Four children underwent concurrent chains assessment, with three consistently selecting no-treatment conditions and one choosing treatment in 33.3% of trials.

**Discussion:** The preliminary findings suggest that children with limited communication skills tended to prefer non-intervention conditions. However, the fact that they still chose **treatment conditions** in some cases indicates that the FITBI intervention holds some appeal and relevance. These mixed preferences highlight the need for tailoring the intervention more closely to individual preferences to enhance engagement. This study is particularly important as it is one of the few autism treatment studies that assesses social validity directly from children, using tailored methods to accommodate children's developmental levels. Future research should explore factors influencing child preference and seek to optimize the intervention to enhance both engagement and outcomes for children with autism.

**References**

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