Effect of Occupation-Based Curriculum on Self-Determination for Young Adults with Disabilities

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Effect of Occupation-Based Curriculum on Self-Determination for Young Adults with Disabilities

May 2019

This evidence project, submitted by Nicole Gotelli and Spencer Perry has been approved and accepted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy from the University of Puget Sound.

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OT635/636 Instructors: George Tomlin, PhD, OTR/L, FAOTA; Renee Watling, PhD, OTR/L, FAOTA

Director, Occupational Therapy Program: Yvonne Swinth, PhD, OTR/L, FAOTA

Dean of Graduate Studies: Sunil Kukreja, PhD

Key words: Self-determination, occupation-based curriculum, young adults
Abstract

Dr. Barbara Abbott, an occupational therapist who managed The Outreach Program (TOP) for the Kent, WA, school district, requested University of Puget Sound occupational therapy graduate students to research the following question: “What is the effectiveness of occupation-based interventions in comparison to traditional instruction for increasing self-determination in young adults with various disabilities?” A literature review was conducted using seven databases to find the available evidence regarding use of occupation-based curricula to impact self-determination of post-secondary adults with disabilities. Due to the emerging nature of the topic, limited evidence was found. However, the findings revealed that both occupation-based and direct instruction curricula increased self-determination in young adults with disabilities. It is recommended that occupational therapy practitioners consider implementing an occupation-based curriculum to increase self-determination skills when working with young adults with disabilities.

The evidence obtained from the literature review was translated into a webinar for viewing by OT practitioners and administrators in the Kent School District. The webinar content highlighted the aim, cost, and effectiveness of each self-determination program. The impact of this webinar was monitored through a survey which viewers were instructed to complete upon finishing the webinar. Future research should focus on direct comparison between occupation-based and direct instruction curricula that target self-determination to enhance evidence-informed practice for occupational therapy practitioners.
Executive Summary

In September 2018, our research team met with our research collaborator to define our clinical question and discuss the areas of need for her practice. The clinician expressed concern with the current state of post-secondary transitional services as many programs still focus on enhancing academic performance as opposed to functional skills. In more recent years, it has become apparent that a focus on occupation-based approaches to teach functional skills may better contribute to independent living and pre-vocational competence as these are the skills that young adults need to acquire. Self-determination is of particular interest because it has been identified as a key underlying skill linked to better outcomes in employment and community access (Shrogen et al., 2013). The focus of our research was on the available evidence examining the effect of occupation-based curricula compared to traditional instruction on self-determination in young adults with disabilities.

The researchers conducted a systematic review of seven databases to find all available evidence for the use of occupation-based and direct instruction curricula that address self-determination for young adults. A total of 721 articles were reviewed of which 16 met the researchers’ inclusion criteria and were included in the study. Findings suggest that there is a lack of uniformity in the occupation-based interventions used for population. Results from the reviewed studies provide moderate evidence that participation in an occupation-based intervention increases at least one aspect of self-determination for young adults with disabilities. Two randomized controlled trials utilizing mixed intervention curricula demonstrated a significant increase in self-determination as evidenced by Arc’s Self-determination Scale (Shrogen et al., 2015; Wehmeyer et al., 2018). The evidence found within the literature suggests
that both occupation-based and direct-instruction interventions increase self-determination in young adults with various disabilities.

Based on these findings, occupational therapists and teachers should consider implementing occupation-based and direct instruction curricula that target elements of self-determination skills for young adults to increase the ability to make decisions for oneself and improve self-advocacy skills. Due to the emerging nature of the topic, it is recommended that further studies be conducted investigating the effectiveness of occupation-based interventions on self-determination in young adults with disabilities. Evidence-informed practice would benefit from research comparing the effectiveness of occupation-based approaches to those of traditional instruction in order to better understand the pros and cons of implementing either. Utilizing established standardized assessment tools like the Arc’s Self Determination Scale and the AIR Self-Determination Scale to measure outcomes in further studies would support future efforts at evidence translation.

Using findings from the literature review, a webinar was developed highlighting the various evidence-based curricula found within the research. The aim of the webinar was to enable school-based occupational therapists and school administrators to have the necessary information needed to make a decision on which program to implement for their district. The webinar included a description of self-determination and its importance for young adults in post-secondary education, the role of occupational therapists in incorporating self-determination into their treatment, and a description of the programs found within the literature. Outcomes were obtained through a post-viewing survey which viewers were instructed to complete upon watching the webinar. Overall, viewers reported that the webinar was valuable, they learned more about the importance of addressing self-determination with young adults, they would plan
to further address self-determination in their own practice, and they felt more confident in selecting a curriculum.
Critically Appraised Topic (CAT) Paper

Focused Question

What is the available evidence examining the effect of occupation-based curricula compared to traditional instruction on self-determination in young adults with disabilities?

Prepared By

Niki Gotelli and Spencer Perry

Date Review Completed

October 30, 2018

Professional Practice Scenario

Dr. Barbara Abbott, an occupational therapist who manages The Outreach Program (TOP), is wondering if occupation-based interventions in comparison to traditional instruction are effective for increasing self-determination in young adults with various disabilities. Young adults attend this program from age 18 to 21, or until transition goals are met or a job placement is found. Dr. Abbott’s main focus is on the program development which includes vocational skills, general IADLs, self-determination for positive outcomes, and IADL training through Co-OP.

According to Dr. Abbott and preliminary searches, there is a paucity of research for young adults in transition as much of the literature addresses the needs of younger children. Currently, the education system services focus on enhancing academic performance. Dr. Abbott believes the focus should shift to a functional, occupation-based approach since these are skills that young adults will need once leaving the program. Since Dr. Abbott utilizes functional tasks for her clients rather than academics, there is a need to determine how these occupation-based interventions impact a young adult’s self-determination. Once young adults leave the transitioning program, it is essential that they are able to advocate for themselves, make their own decisions, and have the ability to problem-solve. Evidence gained from researching this topic will allow Dr. Abbott to educate other school-based occupational therapists, teachers, paraeducators, and caregivers in promoting functional occupation-based skills in order to best serve the needs of the young adults at the program.
Search Process

Inclusion Criteria

- Young adults and adolescents with disabilities including Down syndrome, genetic disorders, TBI, CP, seizure disorders and autism spectrum disorders
- 1980-present
- Occupation-based curriculum could include recreation activities, ADLs, IADLs, leisure, and employment
- Education as an occupation must include self-advocacy and student-driven activities
- Outcomes include self-determination (motivation, problem-solving skills, initiative) that are caregiver reported, self-reported, or researcher reported
- Articles can be descriptive, outcome, experimental, or qualitative including program descriptions, editorials, and expert opinion.

Exclusion Criteria

- Studies that do not include an activity or occupation-based intervention.
- Older than 1980
- Participants younger than 14 years old and older than 30
- Any language aside from English
- Thesis papers or dissertations

Search Strategy

<table>
<thead>
<tr>
<th>Categories</th>
<th>Key Search Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Client Population</td>
<td>Young adults, adolescents, transitioning adults, impairment, diagnosis, Autism, Autism Spectrum Disorder, Developmental delay, Down syndrome, genetic disorder, Traumatic Brain Injury, Cerebral Palsy seizure disorders</td>
</tr>
<tr>
<td>Intervention (Assessment)</td>
<td>Occupation-based, strengths-based, strengths-based transition services, functional tasks, experiences, Co-Op, consumer-directed, consumer-directed services, curriculum, intervention, treatment management</td>
</tr>
<tr>
<td>Comparison</td>
<td>Direct instruction, traditional instruction</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Self-determination, motivation, initiative, problem-solving, Arc’s Self-Determination, self-awareness, self-efficacy</td>
</tr>
<tr>
<td>Databases, Sites, and Sources Searched</td>
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</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>CINAHL</td>
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<td>AJOT</td>
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<td>PubMed</td>
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<td>ERIC</td>
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<td>Sage Journals</td>
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<tr>
<td>Google Scholar</td>
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<tr>
<td>Hand-searching</td>
<td></td>
</tr>
</tbody>
</table>
OCCUPATION-BASED CURRICULUM ON SELF-DETERMINATION

Quality Control/Review Process

Records identified through database searching (n=669)

Records identified through other sources (n=10)

Records identified through hand searching (n=42)

Records after duplicates removed (n=593)

Records Screened (n=593)

Full-text articles assessed for eligibility (n=25)

Full text articles excluded with reason (n=9)

Records Excluded (n=568)

Studies included in qualitative synthesis (n=1)

Studies included in quantitative synthesis (n=15)
The validity of the researchable question as well as the operational definitions of the key terms “self-determination” and “occupation-based” were checked by the research collaborator, Dr. Barbara Abbott, before beginning the search process. Operational definitions of “occupation-based curriculum” and “traditional instruction” were determined through peer feedback and collaboration with the research mentor. There was limited evidence-based research on this topic due to the emerging nature of the researchable question. As a result, multiple databases with diverse key terms were thoroughly reviewed in order to find applicable studies. The criteria for the search process were refined by expanding the age of participants to 14-38 years and the date of publication was expanded to include an article from 1988. These search criteria were expanded as the researchers found articles with relevant information with no more than one violation to the predetermined inclusion criteria. While the age range was expanded to adults older than those in Dr. Abbott’s practice, these particular studies included participants that also fell within the age range of her target population deeming the papers appropriate to include in the analysis. Due to limited evidence-based research available for this topic, the researchers made these changes to the inclusion criteria to expand the findings of this study.

In the search process, a total of 721 articles were found. Of these, 679 were identified through database searching and other sources. An additional 42 articles were identified through hand searching. Of all studies found, 128 were rejected on the basis that they were duplicate studies. Titles and abstracts of the resulting 593 articles were screened. 568 articles did not fully meet inclusion criteria and were excluded. Most of these articles did not include outcomes related to the operational definition for self-determination or did not match the target client population. After a full text review of each of the remaining 25 articles, nine were excluded as they either did not include outcomes related to self-determination or did not include an intervention that fit the operational definition of occupation-based curriculum or traditional instruction. The remaining 16 articles were retained and included in the review. Peers and faculty played key roles in the search process as they provided recommendations and guidance for further probing within the researchable literature.

Results of Search
Table 1: Search Strategy of Databases
<table>
<thead>
<tr>
<th>KEYWORDS</th>
<th>DATE SEARCHED</th>
<th>DATABASE</th>
<th># HITS</th>
<th># EXCLUDED</th>
<th># RETAINED</th>
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<td>CINAHL</td>
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<td>“Strength-based” AND “Transitioning”</td>
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<tr>
<td>“Consumer-directed” AND “self-determination”</td>
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<td>“Strength based” AND intellectual disability</td>
<td>10/18/18</td>
<td>AJOT</td>
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<td>“AIR Self-determination scale” AND “young adults”</td>
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<td>“SCOPE short Child occupational profile”</td>
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<td>Pyramid Side</td>
<td>Study Design/Methodology of Selected Articles</td>
<td>Number of Articles Selected</td>
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</table>
| Experimental | _Meta-Analyses of Experimental Trials_  
|              | _Individual Blinded Randomized Controlled Trials_  
|              | _Controlled Clinical Trials_  
|              | _Single Subject Studies_ | 7 |
| Outcome      | _Meta-Analyses of Related Outcome Studies_  
|              | _Individual Quasi-Experimental Studies w/ Covariates_  
|              | _Case-Control or Pre-existing Groups Studies_  
|              | _One Group Pre-Post Studies_ | 3 |
| Qualitative  | _Meta-Syntheses of Related Qualitative Studies_  
|              | _Group Qualitative Studies w/ more Rigor_  
|              | _1_prolonged engagement with informants_  
|              | _1 triangulation of data (multiple sources)_  
|              | _2_confirmation (peer/member-checking; audit trail)_  
|              | _comparisons among individuals, w/i a person_  
|              | _Group Qualitative Studies w/ less Rigor_  
|              | _Qualitative Study on a Single Person_ | 3 |
| Descriptive  | _Systematic Reviews of Related Descriptive Studies_  
|              | _Association, Correlational Studies_  
|              | _Multiple Case Series, Normative Studies, Descriptive surveys_  
|              | _Individual Case Studies_ | 3 |

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<th>AOTA Levels</th>
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<td>I - 4 articles</td>
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<td>II - 2 articles</td>
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<td>III - 4 articles</td>
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<td>IV - 3 articles</td>
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<tr>
<td>V - 1 article</td>
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Comments: Two studies did not fit the AOTA levels of evidence as they featured a qualitative design (Philips, 1990; Wilson & Mandich, 2018). One study qualified as both a descriptive and qualitative design (Hatfield, Faulkner, Falkmer, & Ciccarelli, 2017).
## Instruction-based Interventions Quantitative Studies

<table>
<thead>
<tr>
<th>Author, Year, Journal, Country</th>
<th>Study Objectives</th>
<th>Study Design/Level of Evidence/Participants: Sample Size, Description Inclusion &amp; Exclusion Criteria</th>
<th>Interventions &amp; Outcome Measures</th>
<th>Summary of Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abery, Rudrud, Arndt, Schauben, &amp; Eggebeen 1995 <em>Intervention in School &amp; Clinic</em> USA</td>
<td>Examine impact of competency-building, family edu. &amp; support approaches on self-det for adolescents &amp; YAs</td>
<td>One group pre/post test O4 III</td>
<td>N=18 (8 F) 14-20 y.o. M age=16.5 ID, IQ between 45-69 Part. from 3 school districts in upper midwest w/diverse SES, 5.2 hrs of special edu per day</td>
<td>I= 7 90min sessions 1x/wk, 24 weeks across 7 months, 10 modules of direct instruction in competency building, family edu, &amp; support O=SDSES, OESDS, parent observation of skills, &amp; behaviors of self-det.</td>
<td>SDSES: Sig. improvement in general self-det (p=.006), ↑ in choice making (p=.007), problem-solving (p=.04), self-regulation (p=.004), &amp; assertiveness/self-advocacy (p=.01). OESDS: significant ↑ in opportunities for personal control of family context (p=.002), healthcare issues (p=.003) &amp; more decision making in family context (p=.003)</td>
</tr>
<tr>
<td>Cross, Cooke, Wood, &amp; Test 1999 <em>Education &amp; Training in Mental Retardation &amp; Developmental Disabilities</em> USA</td>
<td>Compare the effects the ChoiceMaker &amp; MAPS curricula</td>
<td>Two groups pre/post test O4 II</td>
<td>N= 10 (4 F) HS stdnts. 14-20 y.o. w/ mild- moderate MR, 3 African American &amp; 7 white students. self-contained special edu classrooms.</td>
<td>I= Group 1: ChoiceMaker 770 mins over 16 sessions Group 2: MAPS 830 mins over 18 sessions. Each session was ~50 mins. O=ASDS &amp; ChoiceMaker Assessment.</td>
<td>No sig. between groups in pre/post test Os. ChoiceMaker group had larger ES (d&gt;.70) in the total ASDS, autonomy, &amp; empowerment. MAPS ↑ ES in expressing goals &amp; taking action reflected (ChoiceMaker). Choicemaker group had ↑ES in choosing goals &amp; opportunity, expressing goals, &amp; taking action.</td>
</tr>
<tr>
<td>Shogren, Plotner, Palmer, Wehmeyer, &amp; Paek</td>
<td>Compare teacher perceptions of student capacity &amp; opportunities for self-det</td>
<td>RCT E2 I 5/11</td>
<td>N=312 (44% F) M age= 16.5 HS stdnts w/ ID (30%) &amp; LD (70%).</td>
<td>I= Teachers administer SDLMI for 1 year, control group maintained regular school functioning. O=AIR Self Determination Scale</td>
<td>SDLMI group were sig. ↑ (p&lt;.05) capacity &amp; opportunities for self-det</td>
</tr>
</tbody>
</table>

Key to abbreviations (in alphabetical order):
↑ = increase, ASDS= Arc’s Self-Determination Scale, DD=developmental disability, edu=education, ES=effect size, EX=exclusion criteria, F=female, hrs=hours, HS=high school, ID=intellectual disability, I=intervention, In=inclusion criteria, IQ=intelligence quotient, LD=learning disability, MAPS=McGill Action Planning System, mins=minutes, MR=mental retardation, O=outcome(s), OESDS=Opportunity and Exercise of Self-Determination Scale, part.=participants, SDLMI=Self-Determination Learning Model of Instruction, SDSES=Self-Determination Skills Evaluation Scale, SES=socioeconomic status, self-det=self-determination, sig=significant, stdnt=student, US=United States, w=with, YA=young adult, yo=years old
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Journal</th>
<th>Country</th>
<th>Study Objectives</th>
<th>Study Design/Level of Evidence</th>
<th>Participants: Sample Size, Description Inclusion &amp; Exclusion Criteria</th>
<th>Method</th>
<th>Themes &amp; Results</th>
<th>Study Limitations</th>
</tr>
</thead>
</table>
| Philips     | 1990 | *Journal of Learning Disabilities* | USA     | Explore student, teacher, & parent opinions on the effectiveness of the Self-Advocacy Plan | Qualitative Group Study Q3    | N=15, ages 13-16 (2 F)  
* M age= 15. All white middle class HS students,  
* IQ 87-121 (M IQ=105.2)  
* In: LD  
* Ex: learning problems caused by ID, deprivation, or blindness, & psychiatric condition | Member checking of summaries & responses by stdnts. 8-month program. | Stdnts ↑ in global problem-solving generalized to hypothetical situations,  
↑ in awareness of edu & vocational opportunities,  
knowledge of services & rights. Teachers reported stdnts had ↑ awareness of special edu process & ↑ in self-advocacy skills. | Low generalizability due specific inclusion criteria, no reported peer checking of themes, small homogenous sample, maturation effects may have influenced qualitative outcomes, no report of specific qualitative analysis used. |

Key to abbreviations (in alphabetical order):  
↑=increase, edu=education, Ex= exclusion criteria, HS= high school, incl= inclusion criteria, In= inclusion criteria, IQ= intelligence quotient, LD= learning disability, M=male, SD= standard deviation
### Occupation-based Interventions Quantitative Studies

<table>
<thead>
<tr>
<th>Author, Year, Journal, Country</th>
<th>Study Objective</th>
<th>Study Design/ Level of Evidence/ Description Inclusion &amp; Exclusion Criteria</th>
<th>Participants: Sample Size, Description</th>
<th>Interventions &amp; Outcome Measures</th>
<th>Summary of Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>McGuire &amp; McDonell 2008</strong></td>
<td>Examine relationship between recreation &amp; self-det for adolescents &amp; YA w/ ID</td>
<td>Correlational Study (descriptive) D2 IV</td>
<td>N=47 (15-21 y.o.) M age=18.2 (53% F) M IQ= 55.51 Stdtnts in HS/transition M time in gen ed= 52 min/wk  In: urban/suburb. areas in Utah, IQ 40-75, deficits in adaptive behavior</td>
<td>O= ASDS &amp; 2 nonconsecutive wks self-report activity log of mins spent in recreation</td>
<td>M wkly time in recreation=9.46 hr, 16.9% of activities planned independently. Self-det mod. positive corr. w/ IQ (r=.571, p=.00), weak corr. w/ recreation time (r=.319, p=.03) &amp; weak corr. w/ MET level (r=.320, p=.03). ↑ time in recreation weak corr. w/ high ASDS scores (r=.358, p=.014) &amp; mod. corr. w/ self-regulation (r=.407, p=.005).</td>
<td>Small sample size, low generalizability, homogenous sample, short length of study, scheduling variances, possible bias due to self-report</td>
</tr>
<tr>
<td><strong>Gregitis, Gelpi, Moore, &amp; Dees 2010</strong></td>
<td>Examine student knowledge of self-det following occupation-based module</td>
<td>Case Study D4 V OBSD Program</td>
<td>N=4 (1 F) 15-16 y.o. Stdtnts w/ EBD. All stdtnts scored a 5/7 or higher in the school’s good behavior scale.</td>
<td>I=7 1-hr sessions using the occupation-based self-det program. O=SDKS</td>
<td>SDKS M scores ↑ by 25%. Students shared personal goals for the 1st time. Students identified personal long-term &amp; short-term goals.</td>
<td>Test items in the SSDKS were reworded for clarity which may have added bias, parent &amp; teacher perception of stdtnt self-de were only recorded as a pre-intervention measure, limited description of o-based intervention.</td>
</tr>
<tr>
<td>Evans, McDougall, &amp; Baldwin</td>
<td>Effect of Youth En Route (YER) for youth &amp; YA w/ disabilities</td>
<td>One group pre/post test</td>
<td>N=34 (17 F)</td>
<td>I=YER program 10 months</td>
<td>Stat sig. improvement from pre to post-test on 3/4 subscales of ASDS: autonomy, self-regulation, &amp; self-realization. ES for autonomy=0.45, self-regulation=0.75, self-realization= 0.39, &amp; total ARC=0.66. NSLC: Stat sig. (2.43) ↑ personal control 23% ↑ youth engagement in community activities from pre to posttest</td>
<td></td>
</tr>
</tbody>
</table>
---|---|---|---|---|---|
| 2009 | | | M age=22 years, 3 months 24% had CP, 27% Spina Bifida, 49% other | O=ASDS, NSLC, CIQ | No control group/random assignment, improvements may be due to maturation, assessments challenging for part. w/ mult. disabilities |
| Physical & Occupational Therapy in Pediatrics | | | In: all individuals enrolled in YER Ex: acute health problems that limited community participation, those unable to form own goals | I=YER program 10 months | |
| Canada | | | | O=ASDS, NSLC, CIQ | |

**Key to Abbreviations (in alphabetical order):**
- ↑ = increase
- ASDS = Arc’s Self Determination Scale
- CIQ = Community Integration Questionnaire
- corr. = correlation
- EBD = Emotional Behavior Disorders
- edu = education
- ES = effect size
- Ex = exclusion
- F = female
- HS = high school
- I = intervention
- ID = intellectual disabilities
- In = inclusion
- IQ = intelligence quotient
- M = mean
- mins = minutes
- mod. = moderate
- mult. = multiple
- NSLC = Nowicki-Strickland Locus of Control Scale
- O = outcome
- OBSD = Occupation-based Self-determination Program
- o-based = occupation-based part.
- participants
- self-det = self-determination
- SDKS = self-determination knowledge scale
- stat. sig. = statistically significant
- stdnts = students
- w = with
- wk = week
- wkly = weekly
- YA = young adults
- y.o. = years old
<table>
<thead>
<tr>
<th>Author Year Journal Country</th>
<th>Study Objectives</th>
<th>Study Design/ Level of Evidence</th>
<th>Participants: Sample Size, Description Inclusion &amp; Exclusion Criteria</th>
<th>Method</th>
<th>Themes &amp; Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hatfield, Falkmer, Falkmer, &amp; Ciccarelli 2017 <em>Journal of Autism &amp; Developmental Disorders</em> Australia</td>
<td>Explore effectiveness of BOOST-A for adolescents w/ ASD</td>
<td>Descriptive Study Q2/D4 IV BOOST-A</td>
<td>N=38 adolescents w/ ASD &amp; 39 parents M age= 14.8 80% M, SRS-2 ranged mild-severe In: living in Aus, dx of ASD, grade 8-11, reading level ≥ year 5, possess basic computer skills Ex: dx of ID, current participation in formal transition planning program</td>
<td>Themes peer-reviewed &amp; verified by 2 other researchers, themes were refined &amp; combined, triangulation of data from multiple sources &amp; methods, audit trail of theme development, field notes/documentation by researcher</td>
<td>57% of parents (49% adolescents) said program helped prepare for leaving school Main themes: taking action to overcome inertia, new insights that led to clear plans for future, empowerment through strengths focus, &amp; having a champion to guide the way</td>
<td>Greater variety of data collection may have more in-depth understanding of adolescents’ experiences, possible bias in interview responses, majority of participants were male &amp; from Western Aus</td>
</tr>
<tr>
<td>Wilson &amp; Mandich 2018 <em>Open Journal of Occupational Therapy</em> Canada</td>
<td>Explore experiences of adolescents w/ ASD participating in OT-based intervention</td>
<td>Descriptive Study Q2 Co-Op &amp; Concept-Mapping</td>
<td>N=10 M In: IQ within 90-109, dx of ASD, ages 15-21, speak/comprehend English</td>
<td>Additional notes were recorded to ensure rigor, reflexive journaling, two-stage coding process, debriefing with other research members</td>
<td>5 themes: finding sense of balance through negotiating tensions, sense of “we” &amp; sense of “I”, selecting meaningful occupations, multimodal tools, &amp; action through participation</td>
<td>Low generalizability due to small sample size &amp; only males, possible bias from researcher, only deductive approach used</td>
</tr>
</tbody>
</table>

Key to Abbreviations (in alphabetical order):
ASD = Autism spectrum disorder, Aus = Australia, dx = diagnosis, Excl= exclusion, ID = intellectual disability, Incl = inclusion, M = mean, M = male, SRS-2 = Social Responsiveness Scale, SDT = Self-Determination Theory, w/ = with
## Mixed Intervention Methods Quantitative Studies

<table>
<thead>
<tr>
<th>Author, Year, Journal, Country</th>
<th>Study Objectives</th>
<th>Study Design/ Level of Evidence</th>
<th>Participants: Sample Size, Description Inclusion &amp; Exclusion Criteria</th>
<th>Interventions &amp; Outcome Measures</th>
<th>Summary of Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oswald, Winder-Patel, Ruder, Xing, Stahmer, &amp; Solomon 2017 <em>Journal of Autism &amp; Developmental Disorders</em> U.S.A.</td>
<td>Examine effects of ACCESS on social &amp; adaptive functioning, self-determination, coping self-efficacy, &amp; anxiety for a group of Y.A. w/ ASD</td>
<td>RCT E2 I 7/11</td>
<td>N=44 Y.A. ages 18-38 (13 F) Tx groups= 28 (2 groups of 14) Delayed Tx group= 16, attrition = 3; analysis was for n=41. In: community dx of ASD, meet DSM-5 dx of ASD, in ASD range of ADOS-2, &amp; verbal IQ &gt;70. Ex: no HS completed, no spoken language, behavioral conduct issues or evidence of psychosis. I=ACCESS program 1.5 hours weekly for 19 weeks through social coach groups. &gt;3 hrs of vocational commitment/week outside of instruction. Hybrid of direct instruction &amp; o-based intervention. O=social composite of the ABAS-3, Seven Component Self-Det scale, Coping Self-Efficacy Scale, &amp; the Adult Self-Report of Anxiety.</td>
<td>I=ACCESS program 1.5 hours weekly for 19 weeks through social coach groups. &gt;3 hrs of vocational commitment/week outside of instruction. Hybrid of direct instruction &amp; o-based intervention.</td>
<td>Tx group compared to delayed Tx group: ABAS GAC scores 4.1 higher (p=0.04), self-det performance was higher by 3.7 (p=0.04), Coping Self-Efficacy Scale report of friend &amp; family support was 3.6 higher (p=0.02)</td>
<td>Participants recruited using convenience sampling (press release, social media, referrals from healthcare professionals associated w/ UC Davis), no ES were taken due to low sample size, low response rate on survey.</td>
</tr>
<tr>
<td>Kramer, et al. 2018 <em>Developmental Medicine &amp; Child Neurology</em> U.S.A.</td>
<td>Examine the effects of Project TEAM on YA attainment of participation goals, knowledge, problem-solving, self-determination, &amp; self-efficacy</td>
<td>Quasi-experimental E3 II Project TEAM</td>
<td>N=35 Project TEAM=28 M, M age=17 Goal-setting comparison=7 F, M age=17 In: 14-22 yo, dx of DD, attend for 10 min/follow 2-step directions, identifies as person w/dx, able to sort concepts into categories</td>
<td>I=(1) 12-week project TEAM (2) 12-week goal-setting comparison</td>
<td>Project TEAM: sig. ↑ knowledge @ outcome &amp; 6-week follow-up (p &lt;.001), no sig. differences in patient/parent reported self-determination between groups, sig. difference in GAS scores for participants in Project TEAM (t[75]=4.21, p&lt;.0001), sig. increase in goal attainment at follow-up (p=.009), 2.4% Project TEAM didn't attain goal</td>
<td>Participants recruited using convenience sampling (press release, social media, referrals from healthcare professionals associated w/ UC Davis), no ES were taken due to low sample size, low response rate on survey.</td>
</tr>
<tr>
<td>Study</td>
<td>Research Question</td>
<td>Design</td>
<td>Sample</td>
<td>Intervention</td>
<td>Outcomes</td>
<td>Findings</td>
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<tr>
<td>Shogren et al. 2015</td>
<td>Relationship of self-det nonspecific multicomponent interventions to self-det status exiting HS &amp; 1 &amp; 2 years post-HS</td>
<td>RCT</td>
<td>N=779 stdnts w/ disabilities from 6 states &amp; 50 school districts Ages=14.3-21.8 M age=17.1</td>
<td>I=first 3 years: self-det or control intervention (i.e. family involvement strategies); follow-up adult-outcomes surveys 1 &amp; 2 years post-school</td>
<td>O= SDS, employment, community access, financial independence, independent living, life satisfaction measured @ Time 1, 2, 3 (3 years of secondary school) &amp; 4 &amp; 5 (2 years post-school).</td>
<td>SDS Time 3 sig. predicted Community Access Time 4 (p&lt;.000) &amp; at Time 5 (p=.009). SDS Time 3 sig. predicted Employment Time 4 (p=.019). SDS Time 4 predicted sig. decrease in Financial Independence Time 5 (p=.019). Significant differences across groups in SDS at Times 1&amp;2, significant differences in Life Satisfaction, Community Access, &amp; Employment at Time 4. Control group scored higher on all except Life Satisfaction. Tx group scored higher on Financial Independence &amp; latent variance is smaller (.06) compared to control group (.119).</td>
</tr>
<tr>
<td>Benitez, Lattimore, &amp; Wehmeyer 2005</td>
<td>Effect of Self-Det Career Dev. Model on self-directed problem-solving &amp; self-det skills for youth with EBD</td>
<td>Quasi-experimental</td>
<td>N=5 (F=0), white, grades 9-11, ages 15-17 (M age=16) n=4 EBD, n=1 LD</td>
<td>I=training in goal setting, self-monitoring plans, implement action plan, daily scenarios, assertiveness training, conflict resolution</td>
<td>O=goal attainment, efficacy, decision-making skills, Career Exploration Rating Scale</td>
<td>All achieved their target goals, M % scores on Career Exploration Rating Scale ↑ from baseline to training to maintenance.</td>
</tr>
</tbody>
</table>

Ex: primary dx of LD, non-english speaker, planned med. procedure during enrollment
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
<th>Year</th>
<th>Sample Description</th>
<th>Methodology</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sievert, Cuvo, &amp; Davis</td>
<td>Examine effectiveness of instructional program to teach self-advocacy skills in relation to legal rights</td>
<td><em>Journal of Applied Behavioral Analysis</em>, U.S.A.</td>
<td>1988</td>
<td>N=8 (4 F) 18-27 yo w/ LD, DD, &amp; ID In: deficit in legal knowledge as recorded in initial evaluation</td>
<td>Single Subject Study with multiple probe design IV</td>
<td>I=50 min sessions, taught to discriminate 30 legal rights in 4 categories &amp; whether or not it was a violation. Used written instruction, discriminating training, videotaping, &amp; behavioral rehearsal. O=correct responses to role-play as judged by a single observer All stdnts demonstrated learning of violation/non-violation &amp; how to identify &amp; redress legal violations. 7% students performed at 100% in classroom role play 1-month post. 3 months post, all students performed 100% in role play tasks for classroom &amp; community tests.</td>
</tr>
<tr>
<td>Wehmeyer, Palmer, Shogren, Williams-Diehm, &amp; Soukup</td>
<td>Examine impact of nonspecific multicomponent self-det curriculum on self-det measures of HS stdnts w/ disabilities</td>
<td><em>The Journal of Special Education</em>, U.S.A.</td>
<td>2013</td>
<td>N= 371, ages 14-20 (M age=17) HS students with MR (28%) or LD (72%) from southern &amp; midwestern states.</td>
<td>RCT E2 I 6/11</td>
<td>I= ChoiceMaker Curriculum, Self-Advocacy Strategy, Model &amp; Prepare, Individual Practice &amp; Feedback, steps to Self-Det, Whose Future is it Anyways, SDLMI, or NEXT S.T.E.P. curriculum implemented for 3 yrs., overlap may have occurred in instruction. Control: received no self-det curriculum. O= Self-det as measured by the AIR, ASDS, Whose Future is it Anyways, &amp; the NEXT S.T.E.P. AIR: sig. intervention group effect (p=.005) &amp; interaction w/ time effect (p=.01). ASDS: sig. improvement for both groups, but no between group differences. Whose Future is it Anyways: overall higher response rate &amp; ↑ scores. NEXT S.T.E.P: ↑ in 5% correct answers from baseline.</td>
</tr>
</tbody>
</table>

Key to Abbreviation (in alphabetical order):
↑= increase, @=at, ABAS-3= Adaptive behavioral Assessment System 3rd edition, ADOS-2=Autism Diagnostic Observation Scale 2nd edition, ASD= Autism Spectrum Disorder, ASDS= Arc’s Self-Determination Scale, self-det=self-determination, DD=developmental disability, dx= diagnosis, EBD=emotional
behavioral disorder, ES= effect size, Ex= exclusion criteria, F= female, GAS=Goal Attainment Scale, HS= high school,  I=intervention, ID=intellectual disability, IEP=Individualized Education Program, In= inclusion criteria, LD= learning disability, M=mean, min= minutes, MR=mental retardation, O=outcome(s), o-based= occupation-based, part.=participants, RCT= randomized control trial, SDS=Self-Determination Scale, sig= significant, stdnts: students Tx=treatment, w/=with, YA=young adults, yo=years old, yrs=years
## Mixed Intervention Methods Meta-Analysis

<table>
<thead>
<tr>
<th>Author, Year, Journal, Country</th>
<th>Study Objectives</th>
<th>Study Design/Level of Evidence</th>
<th>Number of papers included/exclusion criteria</th>
<th>Interventions and outcome measures</th>
<th>Summary of Results</th>
<th>Study limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algozzine, Browder, Karvonen, Test, &amp; Wood 2001</td>
<td>Examine what self-det int. have been studied, what groups of individuals with dx have been taught self-det, &amp; outcomes achieved using self-det int.</td>
<td>Quantitative Meta-analysis</td>
<td>N=51, 22 amenable In: published or in peer-reviewed journal between 1972-2000, dx by IDEA, report results of data-based int, ages 3-adulthood, didn’t have to have experimental control, int had to involve new skills/opportunities, self-det as DV</td>
<td>I=instruction (most common), preference assessments, person-centered planning, mentorship</td>
<td>Avg. ES across studies was 1.38, w/ a SD of 3.74 and a standard error of .37</td>
<td>Lack of internal validity, small sample sizes</td>
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<table>
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<tr>
<th></th>
<th></th>
<th>Study Design/Level of Evidence</th>
<th>Number of papers included/exclusion criteria</th>
<th>Interventions and outcome measures</th>
<th>Summary of Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>E1</td>
<td>I</td>
<td></td>
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<tr>
<td></td>
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<td>I</td>
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</tbody>
</table>

### Key to Abbreviation (in alphabetical order):
- ASDS = Arc’s Self Determination Scale
- avg = average
- dx = diagnosis
- ex = exclusion
- IDEA = Individualize Disabilities Education Act
- in = inclusion
- I = intervention
- O = outcome
- SD = standard deviation
- self-det = self-determination
- w = with
- w/o = without

- E1 = Ex = Inclusion
- I = Instruction
### Summary of Key Findings

#### Summary of Instruction-based Interventions on Self-Determination

A single effective direct instruction approach for increasing self-determination for young adults with disabilities was not found in the literature. A level III study (Abery, Rudrud, Arndt, Schauben, & Eggebeen, 1995) found that direct instruction improved problem-solving, decision-making, choice making, and self-advocacy/assertiveness for young adults as well as increased personal control and opportunities for control in health care decisions and family context. Similarly, one level I study that focused on goal-setting through traditional instruction (Shogren, Plotner, Palmer, Wehmeyer, & Paek, 2014) reported significant increases in opportunity and capacity for self-determination as a result of intervention. Teachers who implemented self-determination based direct instruction also reported improved self-advocacy skills and increased student awareness of vocational and educational opportunities (Phillips, 1990).

One level II study (Cross, Cooke, Wood, & Test, 1999) found that there were no significant differences between traditional instruction using either the MAPS or the ChoiceMaker Curriculum. Moderate effect sizes for self-determination reported using Arc’s Self-Determination Scale and the ChoiceMaker Assessment.

### Summary of Occupation-based Interventions on Self-Determination

There is a lack of uniformity in the approach used for occupation-based interventions, however results from the reviewed studies provide moderate evidence that participation in occupation-based interventions increases at least one aspect of self-determination for young adults with disabilities. A level IV study (McGuire & McDonell, 2018) found that time spent in recreation significantly positively correlated with self-determination and that higher IQ values were a strong predictor of self-determination. Gender, age, socioeconomic status, type of living community, METs expended number of co-participants, level of leisure satisfaction, and involvement of planning did not have an effect on overall level of self-determination (McGuire & McDonell, 2018). One level III study (Evans, McDougall, & Baldwin, 2009) found statistically and clinically significant improvement in self-determination and sense of personal control as a result of the Youth En Route program with participants spending statistically significantly more time in work and leisure activities. One level V study (Gregitis, Gelpi, Moore, Dees, 2010) provided some evidence that the occupation-based self-determination program increased knowledge of self-determination and student constructed long-term and short-term goals for high school students with emotional behavior disorders.

Two qualitative studies provided information through utilizing meaningful activities and aspects of collaboration with young adults on the autism spectrum. Hatfield, Falkmer, Falkmer, and Ciccarelli (2017) implemented an online transitioning program using the BOOST-A curriculum. They identified themes including taking action to overcome inertia, new insights that led to clear plans for the future, adolescent empowerment through strengths focus, and having a champion guide the way.
Mandich (2018) implemented a program based on Co-Op and Concept-mapping and identified the themes of finding sense of balance through negotiating tensions, sense of “we” & sense of “I”, selecting meaningful occupations, multimodal tools, & action through participation.

Summary of Mixed Interventions and Impact on Self-Determination

Interventions were identified as mixed when they featured a combination of direct-instruction and occupation-based approaches. None of the 5 studies in this grouping utilized the same combination of approaches. Two randomized controlled trials demonstrated a significant increase in self-determination as measured by Arc’s Self-determination Scale (Wehmeyer et al., 2018; Shrogren et al., 2015). These trials utilized a combination of instruction-based approaches: The ChoiceMaker Curriculum and NEXT S.T.E.P. Curriculum; and mixed approaches: Self-Advocacy Strategy, Steps to Self-Determination, Whose Future is it Anyway?, and the Self-Determined Model of Instruction. Another randomized controlled trial (Oswald et al., 2018) utilized the ACCESS program, which features direct-instruction and occupation-based approaches, to guide cognitive behavioral therapy, role play, and vocational experiences. One single subject design showed an increase in self-determination through measuring correct responses to self-advocacy roleplay scenarios (Sievert, 1988). The study utilized a series of direct-instruction modules to discuss legal right violations and an occupation-based approach to address rights violations in authentic environments. Two quasi-experimental studies demonstrated increased self-determination through improved outcomes for goal attainment scales. Kramer and colleagues (2018) implemented Project TEAM, a mentorship program with group sessions and goal setting, to identify and resolve social and physical environmental barriers. However, this study found no significant differences in parent and self-report of self-determination between treatment and control groups. The other study featured the Self-Determined Learning Model of Instruction (SDLMI), a self-directed approach that relies heavily on direct-instruction approaches (Benitez et al., 2005).

Implications for Consumers

The consumers for this research are adolescents to young adults with learning disabilities, intellectual disabilities, developmental disabilities, Down syndrome, genetic disorders, TBI, CP, seizure disorders, emotional behavioral disorders, and autism spectrum disorder, the majority of which were included in the reviewed research. From the collective findings of these studies, there are two evidence-based recommendations that can be made to the consumer to improve self-determination. First, consumers should work with practitioners to set attainable goals, take action, and monitor goal attainment (Benitez et al., 2005; Cross et al., 1999; Gregitis et al, 2010; Kramer et al., 2018; Shrogen et al., 2014). This is a skill that has been echoed in traditional instruction, occupation-based, and mixed method approaches to increase self-determination. Second, consumers should seek programs that provide training in the ability to self-advocate for their needs and rights (Abery et al., 1995; Philips, 1990; Sievert et al., 1988; Wehmeyer & Mandich (2018))
et al., 2013). This too is a common theme within the literature supporting an action that consumers can utilize to improve their self-determination.

Implications for Practitioners

Occupational therapists and teachers should consider implementing occupation-based interventions and direct instruction that incorporate elements of self-determination skills with young adults to increase self-determination and advocacy skills. A level I study found that self-advocacy through the means of role play and choice-making via preference assessments were the most popular and well-supported intervention approaches (Algozzine et al., 2001). Practitioners can apply teaching leisure and recreation skills by providing recreation opportunities during the school day, helping students make community connections for recreation, and emphasizing self-determination behavior as part of these activities (Mcguire & McDonell, 2008). In addition, practitioners can consider self-determination interventions useful in promoting employment and community access in adulthood (Shogren et al., 2015). When designing the programming for an intervention with the outcome of self-determination, the use of direct-instruction in combination with an occupation-based approach may be beneficial as higher-level randomized control trials have increased self-determination as an outcome (Oswald, Winder-Patel, Ruder, Xing, Stahmer, & Solomon, 2018; Shogren et al, 2015; Wehmeyer, Palmer, Shogren, Williams-Diehm, & Soukup, 2013). The program should be flexible, multifaceted, and supportive of client choice, change, and personal control (Evans, McDougall, & Baldwin, 2009). In addition, ensuring autonomous choice in goal development, the structure of the environment, and building skills from a strength-based perspective can help support self-efficacy and motivation (Wilson & Mandich, 2018).

Implications for Researchers

There is currently a limited number of studies investigating the effectiveness of occupation-based interventions on self-determination in young adults with disabilities. In a meta-analysis of 51 studies, researchers (Algozzine, Browder, Karvonen, Test, & Wood, 2001) found that most studies focused either on teaching choice making to individuals with mental retardation or teaching self-advocacy to individuals with learning disabilities. Further development of occupation-based interventions is needed in order to evaluate the effectiveness of this approach in improving self-determination. Future studies should feature more rigorous research designs, such as AOTA levels I and II, to provide more strength to the findings. Research further investigating established programs like the BOOST-A, ACCESS, and YER programs would be beneficial to better support the practice of occupation-based approaches to self-determination with young adults. None of the included studies compared the effectiveness of occupation-based approaches to those of traditional instruction approaches. Evidence-informed practice would benefit from research comparing the effectiveness of both approaches in order to better understand the pros and cons to both. Utilizing established standardized assessment tools like the Arc’s Self Determination scale and the AIR Self-Determination Scale to measure outcomes in further studies would improve evidence translation.
## Bottom Line for Occupational Therapy Practice/Recommendations for Best Practice

Occupational therapists can utilize the information from this CAT in the process of intervention planning for young adults with disability. Utilizing the components of self-directed goal writing, self-advocacy, problem-solving, career planning, decision-making, and recreation should be included to promote improvement in self-determination. It is important that practitioners incorporate these components into daily occupations of consumers to implement the full scope of occupational therapy practice and encourage sustained use of self-determination in everyday life.
References


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10.1901/jaba.1988.21-299


Involvement Plan

Introduction

Our research collaborator, Dr. Barbara Abbott, was interested in having us create a webinar describing the programs we found in the literature that have evidence supporting their impact on self-determination for young adults with disabilities. She planned to share the webinar with her colleagues in the Kent School District. This translation format was preferable as it would allow her colleagues the ability to view the webinar at the time of their choosing.

Context

As a school-based occupational therapist at a post-secondary transition program, Dr. Abbott collaborates with a variety of professionals including teachers, administrators, and other practitioners to address the needs of young adults with disabilities. Based on her input and the nature of her setting, the following are contextual factors that had the potential to affect this knowledge translation project.

One potential barrier was whether or not the practitioners would actually view the webinar on their own time. While Dr. Abbott acknowledged that this could be a barrier to implementing self-determination curriculum within the school district, she explained that the district has a professional learning community amongst she and her colleagues which she would access to share the webinar. She expressed that the learning community would make it more likely that her colleagues would actually view the webinar.

Another barrier was the distribution timing of the webinar. The webinar was sent to potential viewers during the spring school semester which offered limited viewing time for Dr. Abbott’s colleagues due to intensive scheduling. Dr. Abbott proposed that she reintroduce the webinar the following fall for those employees who missed the springtime opportunity. While this potential lower viewership in the spring could impact the findings regarding effectiveness of
our knowledge translation project, it was the intention of the research team to make the material as accessible as possible by offering multiple media opportunities for Dr. Abbott’s colleagues.

A potential organizational level barrier mentioned by Dr. Abbott was lack of understanding by that many of the school administrators regarding the connection between self-determination and occupational therapy practice. Dr. Abbott posited that many of her occupational therapy colleagues could also fail to see the purpose of addressing self-determination in the secondary transition setting. To address this barrier for viewers, it was important that the webinar conveyed the importance of self-determination. By relating our research to function and using language from the Occupational Therapy Practice Framework (AOTA, 2014), we planned to create a relevant link to occupational therapy practice. Through tying self-determination back to the AOTA code of ethics and the mission statement of the organization, we hoped to demonstrate how interventions related to self-determination can impact young adults in secondary transition.

**Tasks/Products and Target Dates:**

<table>
<thead>
<tr>
<th>Task/Product</th>
<th>Deadline Date</th>
<th>Steps w/ Dates to achieve the final outcome</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3/1/19</td>
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<td>4/1/19</td>
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<tr>
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<td>4/5/19</td>
<td>Decide on key points from Webinar 4/1/19</td>
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<tr>
<td></td>
<td></td>
<td>Construct survey 4/5/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Print sufficient amount of surveys for distribution 4/5/19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit physically and electronically to Dr. Abbott 4/5/19</td>
</tr>
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</table>
Expected Outcomes

The researchers planned to establish target outcomes related to relevant themes from the literature and the barriers discussed with Dr. Abbott. Daily virtual communication between the researchers was conducted through Google documents and other forms of media to discuss the development of expected outcomes. The researchers met with the chair to discuss the validity of the outcomes before creating the knowledge translation product.

Based on these considerations, the researchers decided to monitor the following outcomes: general knowledge of self-determination, knowledge of the available occupation-based curricula that address self-determination, and perceived usefulness of the webinar. These outcomes were chosen in order to evaluate the effectiveness of the webinar in knowledge translation of our initial research. The team planned to assess these outcomes through a survey to be completed by Dr. Abbott and her colleagues after viewing the webinar.

Product Development

Webinar. Once the systematic review was completed, the researchers took several steps to develop a product that would be both accessible and relevant to Dr. Abbott and her colleagues. Following the decision to use a webinar for the knowledge translation project, we began searching for an appropriate platform to record the webinar. It was decided that the webinar would be recorded using “Zoom” video conferencing as it allowed the researchers to record audio while simultaneously using PowerPoint to share written information. Next, the researchers familiarized themselves with Zoom through training and education of the program’s capabilities.

The researchers began conducting further investigation into each of the programs found within the literature in order to determine the cost and accessibility for implementation in a school district. When sufficient information was discovered, the researchers began writing the
script for the webinar with the purpose of highlighting the pertinent information discussed with the research collaborator. After incorporating the research chair’s feedback on the script, the researchers completed another draft of the webinar to make the presentation more engaging, understanding, and purposeful for school administrators.

The webinar began with a definition of self-determination as well as an explanation of its emerging nature. It then explained how self-determination is related to occupational therapy by connecting its importance to the code of ethics and the Occupational Therapy Practice Framework (American Occupational Therapy Association [AOTA], 2014). In addition, each of the occupation-based curricula featured in our research findings was discussed, including the level of evidence for each, key population targeted, and cost-effectiveness. The webinar concluded with a description of both the occupation-based and mixed-intervention approaches found within the research studies. Emphasis was placed on the steps that practitioners and school administrators could implement and included brief explanations regarding justification for these services.

The webinar was recorded in a private room in the technology studio located at the University of Puget Sound library. The clips recorded on Zoom were uploaded to iMovie, so they could be edited and combined for seamless flow. The researchers troubleshooted several technological issues related to editing the video throughout this process. After editing the video, it was uploaded to YouTube and reviewed by the research chair for quality and content. The webinar (see Appendix A) included 27 slides and had a running time of 22:19. It was provided to Dr. Abbott digitally to be distributed to her colleagues. The webinar can be viewed at the following link: https://www.youtube.com/watch?v=S5kIYYxF-3Q&t=26s.
Outcomes Survey. The researchers developed the post-viewing survey through SurveyMonkey’s online platform. The survey was constructed of 8 questions that aimed to assess the outcomes previously decided by the research team. The survey questions were based on major components related to self-determination and aimed to assess the learning of webinar viewers regarding the available occupation-based curricula that address self-determination for young adults. These questions were created using a variety of response formats including slider scales, yes/no, and Likert scales to promote user engagement. All questions were reviewed by the research chair to assess question utility, clarity, and any potential implicit biases.

Outcomes Monitoring

After finalizing the webinar and survey, weblinks to both were sent through email to Dr. Abbott to disperse to her colleagues. The weblink to the survey was referenced at 3 points: initial disbursement of the webinar, in the webinar itself, and in the YouTube video description. This was done to improve overall adherence and response rate to the survey. Dr. Abbott and her colleagues were given a 2-week period to complete the survey. After 2 weeks, results were analyzed using Survey Monkey’s analytic software.

A total of 6 respondents from Dr. Abbott’s school district completed the survey. Notably, 4 respondents expressed considerable interest in pursuing implementation of self-determination after viewing the webinar. Two respondents stated that the webinar slightly increased their understanding of the importance of self-determination with young adults in post-secondary transition and four stated a moderate increase. On average, respondents rated their confidence level 8 out of 10 in their ability to select a self-determination curriculum for their school or district. Of particular interest, five respondents shared that the degree with which they plan to address self-determination in the future slightly increased while one stated that it was
considerably increased. On a scale of 1 to 10, respondents reported a 9 in relation to the webinar’s value. In general, viewers expressed that the webinar was valuable, they learned more about the importance of addressing self-determination with young adults, they would plan to further address self-determination in their own practice, and they felt more confident in selecting a curriculum.

While the researchers consider these results to be valuable in assessing knowledge translation of the webinar, there were some limitations in obtaining outcomes. First, low response rate and low methodological rigor limit the findings of the survey. It would be of interest to distribute the survey to a larger sample of school-based post-secondary transition practitioners and administrators to obtain a larger number of respondents. Additionally, the survey respondents were selected through a convenience sample of Dr. Abbott’s colleagues. While a useful tool to address self-determination within her district, sampling from a larger list of school-based OTs may provide a more homogenous sample and may yield a more well-rounded measure of the effectiveness of the webinar. Lastly, the 2-week time window for viewers to watch the webinar and complete the survey may have impacted the response rate. It would be beneficial to allot more time for participants to complete the process.

**Tasks/Products and Completion Dates:**

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<th>Date Completed</th>
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| Webinar            | Research on Intervention Programs 3/15/19  
Webinar Script 3/25/19  
Record Webinar 3/29/19 | 4/1/19                | Research on Intervention Programs: 4/1/19  
Webinar Script: 4/10/19  
Record Webinar: 4/17/19 |
Analysis of Overall Process

The process of completing this project was both challenging and enlightening. The opportunity to collaborate with a clinician and systematically search for answers that could directly influence her practice was motivating. All too often we become stuck in the cycle of considering case study after case study, and this experience presented an alternative with applied knowledge. As we completed our research, we learned about how the post-secondary transition population is grossly underserved and how self-determination skills are a critical aspect in promoting independence for this group. In many ways, our project felt like an in-depth study of the research process as well as a lesson in occupational justice.

However, this was not without its own struggles. A team of two, we meticulously refined our inclusion criteria, searched through hundreds of research articles, and boiled over the organization of our findings for hours. Conducting research is a highly involved process with many steps. At the beginning, we were worried that we would not find enough available evidence to have a viable project, but with the collaboration of our chair we were able to broaden our search criteria and construct a project of interest. While there are a fair amount of self-determination curricula available, not many of them are identified as occupation-based. It took
some reconstruction of our search queries and broadening of our question to include both instruction-based and occupation-based curricula to develop sufficient results.

In the second phase of the project, knowledge translation, we appreciated the opportunity to create a tangible product that could be used by our collaborator and her staff. While creating a webinar was an involved process in constructing a script and learning the technology, we found it to be a very useful skill for the future. At times, the schedule for knowledge translation and gathering outcomes felt rushed amidst the flow of regular course and clinic work. However, we are satisfied with our final product and really felt that the overall process was a good introduction to the world of research in occupational therapy. Having completed this process, we feel more confident in our research skill set and prepared for the future since fieldwork II settings often ask for in-services and our careers will be grounded in evidence-based practice.

**Recommendations for the Future**

Due to the emerging nature of this research topic, we believe that options for future student projects are limited. Future research could focus on the effectiveness of occupation-based curricula on self-determination for young adults with disabilities or the efficacy of assessments that examine self-determination. In reviewing the evidence for curricula that address self-determination it appears that there are many available assessment tools to measure self-determination such as the Arc’s Self-Determination Scale and the *Whose Future is it Anyway* assessment. A CAT project could be completed on all of the available assessments and their corresponding reliability and validity. Knowledge translation of these assessments could break down the components of self-determination that each assessment evaluates, their cost, their validity with studied populations, and the pragmatics of their use. Additionally, conducting qualitative research focused on the experience of participants in different self-determination
programs is a critical piece to determine their effectiveness. Future experimental studies should focus on the comparison between direct instruction and occupation-based curricula to determine the efficacy of either approach in addressing self-determination.

Future projects should be conducted with awareness that while self-determination has been a topic of research interest for decades with the post-secondary transition population, there is limited occupational therapy-specific evidence in the literature. Thus, it may be important to expand search criteria and research questions to cast a wider net over the available evidence. Additionally, it is important that future literature review projects skillfully extract information from the literature to meet the specific needs of practitioners in the knowledge translation portion of the project. While the state of research on occupation-based curricula and approaches to address self-determination is emerging, researchers will need to be flexible in their search method and in analyzing the scope of their question.
References


Appendix A

Effect of Occupation-based Interventions on Self-Determination for Post-Secondary Adults

Niki Gotelli, OTS & Spencer Perry, OTS
Renee Watling, PhD, OTR/L, FAOTA & Barbara Abbott, OTR/L, OTD

What is Self-Determination?

- Ability to advocate for yourself, make your own decisions, and problem-solve.
- Having a sense of control and choice over your life.
Importance of Self-Determination to Occupational Therapy

- Occupation-based approaches often lead to better functional outcomes in independence.
- OTs have the knowledge and skills in the areas of occupational performance related to life skill development, social participation, independent living, and employment.
- OTs collaborate with their clients to enable them to participate in occupations that they find meaningful and encourage them to be independent.

AOTA Code of Ethics/Occupational Therapy Practice Framework

Code of Ethics:
Autonomy
“Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent”

OTPF-3:
As we aim to empower our clients with self-advocacy, self determination is implicit in Self-advocacy skills. "Occupational Therapy Practice Framework: Domain and Process" (American Occupational Therapy Association [AOTA], 2014) defines self-advocacy as “…knowing one’s rights and responsibilities, reaching out to others when in need of assistance, and learning about self-determination” (p.545)
Research Question

“What is the available evidence examining the effect of occupation-based curricula compared to traditional instruction on self-determination in young adults with disabilities?”

Inclusion/Exclusion Criteria

Inclusion:
- Young adults and adolescents with disabilities including Down syndrome, genetic disorders, TBI, CP, seizure disorders and autism spectrum disorders
- 1995 to present day
- Occupation-based curriculum included recreation activities, ADLs, IADLs, leisure, and employment
- Education as an occupation included self-advocacy and student-driven activities
- Outcomes included self-determination (motivation, problem-solving skills, initiative) and were caregiver reported, self-reported, or researcher reported.

Exclusion:
- Did not include an activity or occupation-based intervention
- Older than 1980
- Participants younger than 14 years old and older than 30
- Any language aside from English
- Thesis papers or dissertations
Curricula Found within the Literature

Better Outcomes and Successful Transitions For Autism (BOOST-A)

- Occupation-based online transition planning program based on the PRECEDE-PROCEED model for adolescents on the Autism spectrum and their parents.
- Consists of 4 modules:
  - About me: guides adolescent to identify strengths, work preferences and life skills
  - My team: prompts adolescent to identify a team to support transition planning
  - First meeting: makes recommendations for job areas and goals based on their strengths
  - My progress: guide the review of the adolescent's goals and facilitates discussion about positive learning experiences

Evidence:
- 57% of parents (49% adolescents) said program helped prepare for leaving school and initiated the process for planning for the future.
- Important themes found in the research include new insights that led to clear plans for future, empowerment through a strengths-based focus, & having a mentor to guide the way.

(Hatfield, Falkner, Falkner, & Ciccarelli, 2017)
Co-Op and Concept Mapping

- Occupation-based curriculum used primarily for adolescents with Autism.
- Co-Op Model is focused on occupation and uses specific strategies for problem-solving (Goal, Plan, Do, Check) to enhance performance in occupation.
- Concept mapping is a method that changes words into pictures and visually represents their connections.

**Evidence:**
- Participants gained a sense of “we” & sense of “I” to support group membership
- Selecting meaningful occupations
- Multimodal tools- peers, popular media, music, and learning through doing
- Active reflection and opportunities to practice problem solving

**Application:**
- Manual is available for $70 @ https://myaota.aota.org/shop_aota/prodview.aspx?PID=325730944&SKU=900381&TYPE=D
- Courses and certification details are available @ http://co-opacademy.ca/education-and-workshops/co-op-workshops/

(Wilson & Mandich, 2018)

ACCESS

- Mixed method curriculum for adults with Autism spectrum disorder.
- Aim is to improve social skills, life coping skills, and planning skills to help young adults with ASD access social, work, educational, and community resources.
- Social coaching with peer mentors

**Evidence:**
- Improvement in behavioral goal attainment
- Self-determination performance was higher
- Coping Self-Efficacy Scale report of friend & family support improved

**Application:**
- Limitations to application: It is offered exclusively at UC Davis at this time.
- Cost: Unknown
- Learn more @: https://health.ucdavis.edu/mindinstitute/clinic/social_skills/access.html

(Oswald, Winder Patel, Ruder, Xing, Stahmer, & Solomon, 2017)
Project Teens Making Environment and Activity Modifications (TEAM)

- Mixed method curriculum that teaches transition-age adults with developmental disabilities to identify and resolve environmental barriers to participation.
- 12-week multi-component intervention that includes individualized goal-setting, a group curriculum, and peer mentoring.
- Teaches “game plan” (goal-plan-do-check)

Evidence
- Increase in knowledge of program materials at outcome at 6 and 12 week follow-up.
- Significant difference in Goal Attainment Scale scores for participants in Project TEAM ($t(75)=4.21$, $p<.0001$) and significant increase in goal attainment at follow-up ($p=.0009$).

Application:
- Cost is unknown, more information @ http://sites.bu.edu/yell/research/project-team/

(Kramer et al., 2013)

Self-Determination Career Development Model

- Mixed method curriculum for adolescents and young adults with disabilities
- Aim is “To help people with disabilities make life and career choices. It describes a self-directed process using a three-phase problem-solving strategy in which a facilitator helps a person with disabilities identify and choose goals, develop an implementation plan, and evaluate the results” (National Gateway to Self-Determination).

Evidence
- Achieved their target goals
- Mean % scores on Career Exploration Rating Scale increased from baseline to training to maintenance.

Application:

(Benitez, Lattimore, & Wehmeyer, 2005)
**ChoiceMaker**

- Direct instruction-based curriculum for middle and secondary students with disabilities
- Aim is to “teach middle and secondary students the self-determination skills needed to be successful in school and adult life. It consists of three strands: Choosing educational, vocational, and personal goals” (Zarrow Center for Learning Enrichment).

**Evidence**

- No significant difference in pre/post test in the ASDS compared to another self-determination program
- Larger Effect size (d>-.70) in the total Arc's Self-Determination Scale: autonomy, & empowerment measures
- Duration and Frequency of Treatment: 770 mins over 16 sessions.

**Application:**

- Free
- Materials available @ http://www.ou.edu/education/centers-and-partnerships/zarrow/choicemaker-curriculum/choicemaker-self-determination-materials

(Cross, Cooke, Wood, & Test, 1999)

---

**Self-Advocacy Strategy**

- Mixed method curriculum for students involved in transition planning
- Aim is to “help students prepare for and participate in education or transition planning conferences. Students learn to determine and list their perceived strengths, areas in which they need to improve or learn, education and transition goals, needed accommodations, and more. They then use steps of the strategy to share their lists during conferences, listen and respond to others, ask questions, and communicate their goals” (Kansas University Center for Research on Learning).

**Evidence**

- Unclear findings
- Study administered self-advocacy strategy along with several self-determination curricula in schools across the southwest and midwest
- No comparison between curricula

**Application:**


(Wehmeyer, Palmar, Shogren, Williams-Diehm, & Soukup, 2013)
Steps to Self-Determination

- Occupation/direct instruction-based curriculum for secondary students
- Curriculum designed to help secondary students learn to define and achieve goals that are important to them.
- Features modules on developing decision-making skills, goal setting, developing communication skills, developing negotiation skills, and more.

Evidence:
- Unclear findings
- Study administered Self-advocacy strategy along with several SD curricula in schools across the southwest and midwest
- No comparison between curricula

Application:
- Cost: $146.00 (student activity books are $48 each) @ https://www.proedinc.com/Products/11810/steps-to-selfdetermination-a-curriculum-to-help-adolescents-learn-to-achieve-their-goals.aspx

(Wehmeyer, Palmer, Shogren, Williams-Diehm, & Soukup, 2013)

Whose Future is it Anyway?

- Mixed method curriculum for secondary students
- “Helps prepare students for their IEP meetings and gain self-determination skills through six sections that contain 36 lesson sessions” (Zarrow Center for Learning Enrichment).
- Focuses on young adults setting goals, finding resources, and communicating their wants and needs in IEP/transition meetings.

Evidence:
- Unclear findings
- Study administered Self-advocacy Strategy along with several SD curricula in schools across the southwest and midwest
- No comparison between curricula

Application:
- Free @ http://www.ou.edu/education/centers-and-partnerships/zarrow/transition-education-materials/whos-future-is-it-anyway

(Wehmeyer, Palmer, Shogren, Williams-Diehm, & Soukup, 2013)
Next S.T.E.P. (Student Transition Education Planning)

- Direct instruction-based curriculum for middle and secondary students with disabilities
- "Contains 16 lessons with fully developed lesson plans PLUS scope and sequence for the lessons to increase student involvement. Enrichment activities and reduced paperwork increase student motivation as they develop their own Individualized Transition Plans. The manual, Teachers Talking to Teachers, contains useful suggestions from teachers who have used the NEXT S.T.E.P. curriculum successfully" (pro.ed inc).

Evidence:
- Unclear findings
- Study administered Self-advocacy strategy along with several self-determination curricula in schools across the southwest and midwest
- No comparison between curricula

Application:
- Cost: $168.00 available @ https://www.proedinc.com/Products/9265/next-step-complete-program.aspx

(Wehmeyer, Palmer, Shogren, Williams Diahm, & Soukup, 2013)

Summary

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Summary

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Conclusion

- Occupation-based and direct instruction curricula have positive impacts on self-determination
- OTs are in the right position to use occupation-based interventions to address self-determination
- Please take the survey attached to the email you received!

THANK YOU!
Resources (cont.)


Resources (cont.)


Resources (cont.)


https://doi.org/10.1177/00224669166392377

Appendix B

Survey

Self-Determination Webinar Survey

1. Do you feel that this webinar provided valuable information?

[Scale from 0-No value to 10-Highly Valuable]

2. Prior to viewing this webinar, had you considered that your students may benefit from a self-determination curriculum?

- Yes
- No

3. After viewing this webinar, do you have interest in pursuing implementation of a self-determination curriculum with your students?

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<th>No interest at all</th>
<th>Slight interest</th>
<th>Moderate interest</th>
<th>Considerable interest</th>
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4. Indicate whether the webinar has impacted your understanding of the importance of self-determination for young adults in post-secondary transition?

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<th>Added Confusion</th>
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5. Indicate whether the webinar has impacted your understanding of an occupational therapist’s role in promoting self-determination?

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<th>Moderate increase in understanding</th>
<th>Considerable increase in understanding</th>
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6. If given the resources, do you feel more confident in selecting a self-determination curriculum for your school or district?

   0 - Not confident at all   5 - Somewhat confident   10 - Very confident

7. Prior to viewing the webinar, how frequently did you address self-determination with your students?

   Please choose one
   Never  Occasionally  Sometimes  Frequently

8. Do you anticipate the degree with which you address self-determination with your students to change as a result of viewing the webinar?

   Please choose one
   No changes expected  Likely to decrease  Likely to increase slightly  Likely to increase considerably

Thank you for your participation!
Acknowledgements

We would like to acknowledge our research collaborator, Dr. Barbara Abbott, for showing us the need for further research with this population and cultivating our knowledge translation piece into a truly rewarding process. Additionally, we would like to express gratitude to our research chair, Dr. Renee Watling, for her insightful feedback, guidance, and wisdom in completing this project.
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Name: ________________________________________ Date: __________________

___________________________________________________________________________

Signature of MSOT Student

Name: ________________________________________ Date: __________________

___________________________________________________________________________

Signature of MSOT Student