

Karrie A. Shogren, Michael L. Wehmeyer
and Kathryn M. Burke

Introduction

Self-determination has been extensively studied within the fields of positive psychology and disability, in parallel but complementary ways. Within positive psychology, Self-Determination Theory (SDT), which is more fully discussed by Shogren, Toste, Mahal, and Wehmeyer (2017), has been identified as falling within the parameters of positive psychology since the inception of the field. Self-Determination Theory is a meta-theory of motivation (Ryan & Deci, 2000) that highlights the importance of autonomous motivation and the fulfillment of basic psychological needs for competence, relatedness, and autonomy. Self-Determination Theory has been applied in the disability field (Deci & Chandler, 1986), albeit in a limited fashion, with a focus on how the creation of autonomy-supportive environments enables students to act in ways that address their need for autonomy and to enhance autonomous motivation and well-being. Within the disability field, Causal Agency Theory (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015) emerged as a theoretical framework that draws from the work of SDT related to motivational aspects of self-determination, but

focuses more explicitly on self-determination as a dispositional characteristic and the importance of the creation not only of autonomy-supportive environments but also autonomy-supportive instructional strategies that promote self-determination and causal agency. The purpose of the present chapter is to provide an overview of Causal Agency Theory, describe its emergence and application in the intellectual and developmental disability field, and provide an overview of practices to promote self-determination and causal agency.

Emergence of Self-determination in the Intellectual and Developmental Disability Field Self-determination and Causal Agency Theory

Self-determination has received significant attention in the disability field in recent decades. The earliest use of the term, in relation to people with intellectual and developmental disabilities, was in 1972, when Bengt Nirje highlighted the importance of self-determination in his influential writing on the normalization principle. Nirje (1969, 1972) argued that people with disabilities, as all people, deserved to be treated with respect and to have access to their communities and to typical activities and routines. Essential to this was ensuring that people with disabilities had opportunities to make choices and to assert themselves over their lives. As Nirje (1972) wrote:

K.A. Shogren (✉) · M.L. Wehmeyer · K.M. Burke
University of Kansas, 1200 Sunnyside Ave., Rm
3136, Lawrence, KS 66045, USA
e-mail: shogren@ku.edu

One major facet of the normalization principle is to create conditions through which a [person with a disability] experiences the normal respect to which any human is entitled. Thus, the choices, wishes, desires and aspirations of a [person with a disability] have to be taken into consideration as much as possible in actions affecting him. To assert oneself with one's family, friends, neighbors, co-workers, other people, or vis-a-vis an agency is difficult for many people. It is especially difficult for someone who has a disability or is otherwise perceived as devalued. Thus, the road to self-determination is indeed both difficult and all-important (p. 177).

Despite this early discussion of the importance of self-determination in the context of supporting people with disabilities to live full lives in their communities, self-determination did not receive significant attention again in the intellectual and developmental disabilities field until the 1990s, when it became a critical focus in the self-advocacy movement (Wehmeyer, Bersani, & Gagne, 2000) as well within the growing emphasis on supporting the transition from school to adult life for students with disabilities (Wehmeyer, 1992). Essentially, self-determination became recognized as a critical element of enabling people with disabilities to direct their own lives and attain outcomes aligned with personal interests and preferences. Within the self-advocacy movement, there was a strong focus on empowerment, and the rallying cry of, "Nothing about us, without us," highlighted the emphasis people with intellectual and developmental disabilities placed on directing their lives and leading the self-advocacy movement. In the transition field, skills associated with self-determination (e.g., goal setting and attainment, choice making, decision making, problem solving) were identified as central to enabling adolescents with intellectual and developmental disabilities to become self-determined and to identify, go after, and achieve the things they wanted in the future, namely community living, employment, and meaningful participation (Ward, 1988, 1996). Self-determination emerged as a critical area of focus given not only the personal experiences of people with disabilities, but also the data suggesting the lack of opportunities for people with disabilities to make

choices and decisions about their lives (Stancliffe, 1997, 2001; Stancliffe, Abery, & Smith, 2000; Stancliffe et al., 2011; Stancliffe & Wehmeyer, 1995; Tichá et al., 2012). Further, data on the poor post-school outcomes of youth with disabilities transitioning from school to adult life (Blackorby & Wagner, 1996) and indications that promoting self-determination was a way to address these disparate outcomes, led to significant attention being directed to developing interventions to support self-determination.

As a result, a focus emerged in the field of special education on promoting positive post-school outcomes by promoting the self-determination of youth with intellectual and developmental disabilities. Between 1990 and 1994, the US Department of Education's Office of Special Education Programs (OSEP) funded 26 model demonstration projects to develop methods, materials, and strategies to promote the self-determination of youth and young adults with disabilities during the transition from school to adult life (Sands & Wehmeyer, 1996; Ward, 1996). These projects resulted in numerous interventions and curricula to promote goal-setting and attainment, problem-solving, decision-making, and self-advocacy skills and specially designed instructional methods, materials, and strategies to promote self-determination in students with disabilities (Carter-Ludi & Martin, 1995; Field, Martin, Miller, Ward, & Wehmeyer, 1998; Martin & Marshall, 1996; Sands & Wehmeyer, 1996; Serna & Lau-Smith, 1995; Van Reusen, Bos, Schumaker, & Deshler, 1994; Wehmeyer, Agran, & Hughes, 1998). Several definitional frameworks for applying the self-determination construct also emerged (Abery, 1994; Field, 1996; Field & Hoffman, 1994; Mithaug, 1996; Powers et al., 1996; Wehmeyer, 1996; Wehmeyer, Abery, Mithaug, & Stancliffe, 2003; Wehmeyer, Kelchner, & Richards, 1996). The assumption was that by developing interventions and definitional frameworks to promote self-determination, enhanced adult outcomes related to community participation and employment would result.

One of the frameworks that emerged from these efforts was the precursor to Causal Agency

Theory, the functional model of self-determination (Wehmeyer, 1992). The functional model focused on how to promote the self-determination of youth with disabilities and defined self-determined behavior as “the attitudes and abilities required to act as the primary causal agent in one’s life and to make choices regarding one’s actions free from undue external influence or interference” (p. 305). The theory emphasized that people who are causal agents are people who make or cause things to happen in their lives, rather than others (or other things) making them act in certain ways. The functional model was empirically validated (Wehmeyer et al., 1996) and assessments (Wehmeyer & Kelchner, 1995) and interventions (Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000) developed to enable its use in school and adult service systems to foster the development of self-determination and the creation of environments that are supportive of self-determination.

Causal Agency Theory

As described previously, the functional model provided a foundation to operationalize a construct that was highly valued by people with disabilities and those that support them. However, given the growth of positive psychology and emerging applications of person-environment fit models of disability and of the supports paradigm in the disability field, a need emerged for an expansion of the functional model to address developing knowledge and highlight applications of self-determination for all people, including people with intellectual and developmental disabilities. Causal Agency Theory provides that expansion (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015).

Within Causal Agency Theory, self-determination is defined as a

...dispositional characteristic manifested as acting as the causal agent in one’s life. Self-determined *people* (i.e., causal agents) act in service to freely chosen goals. Self-determined *actions* function to enable a person to be the causal agent in his or her life (Shogren et al., 2015, p. 258).

The definition includes several key terms that are critical to understanding its meaning and application to the lives of people with intellectual and developmental disabilities. First, a *dispositional characteristic* is an enduring tendency used to characterize and describe differences between people; it refers to a tendency to act or think in a particular way, but presumes contextual variance (i.e., socio-contextual supports and opportunities and threats and impediments). As a dispositional characteristic, self-determination can be measured, and variance will be observed across individuals and within individuals over time, particularly as the context changes (e.g., supports and opportunities are provided for self-determined action). And, as people with intellectual and developmental disabilities have opportunities to act in a self-determined manner, it leads to them becoming more and more self-determined. Environments that support greater opportunities for people to act as a causal agent promote development of self-determination, and those that restrict such opportunities impede its development. Research has shown that congregate work and living settings for people with intellectual and developmental disabilities restrict opportunities for making choices and expressing preferences compared with non-congregate, community-based environments and that people with intellectual and developmental disabilities who live or work in non-congregate, community-based settings have higher levels of self-determination (Wehmeyer & Bolding, 1999, 2001). This highlights the need for attention to be directed to how environments are structured to support the development of self-determination, and central to this is promoting autonomous motivation and addressing psychological needs for autonomy, competence and relatedness, as further described in Chap. 19.

Second, with regard to key terms that are critical to understanding the Causal Agency Theory definition of self-determination, is the use of the term causal agency. Broadly defined, *causal agency* implies that it is the individual who makes or causes things to happen in his or her life. Causal

agency implies more, however, than just causing action; it implies that the individual acts with an eye toward *causing* an effect to *accomplish* a *specific end* or to *cause* or *create change*. Causal agents engage in self-determined actions, and self-determined actions are characterized by *essential characteristics*—volitional actions, agentic actions, and action-control beliefs (Shogren, Wehmeyer, Palmer, Forber-Pratt et al., 2015). It is these actions that contribute to causal agency and the development of self-determination. The essential characteristics of self-determination address basic psychological needs for autonomy, competence, and relatedness described by Self-Determination Theory and enable people to act as a causal agent in their lives.

Volitional Action. The first such essential characteristic of self-determined action is volitional action. Volitional actions refer to actions based upon conscious choice that reflect one's preferences. Conscious choices are intentionally conceived, deliberate acts that occur without undue external influence. As such, volitional actions are *self-initiated* and function to enable a person to act *autonomously* (i.e., engage in self-governed action). Volitional actions involve the initiation and activation of causal capabilities—the capacity to cause something to happen—in one's life—and involve initiating goals.

Agentic Action. The second essential characteristic is agentic action. Agentic actions are *self-directed* toward a goal. When acting agentially, self-determined people engage in *pathways thinking*. The identification of pathways is a proactive, purposive process that identifies ways to create change and reach a specific end. Agentic actions are *self-regulated*, self-directed, and enable progress toward freely chosen goals. Agentic actions involve sustaining actions toward a goal.

Action-Control Beliefs. The third essential characteristic of self-determined action involves action-control beliefs (Little, Hawley, Henrich, & Marsland, 2002). These beliefs emerge as people engage in volitional and agentic actions, developing a sense of personal empowerment. People learn that there is a link between their actions and the outcomes they experience and believe they can make progress toward their goals. Action-Control

Theory (Little, Snyder, & Wehmeyer, 2006) posits three types of action-control beliefs: beliefs about the link between the self and the goal (*control expectancy beliefs*; “When I want to do ____, I can”); beliefs about the link between the self and the means for achieving the goal (*capacity beliefs*; “I have the capabilities to do ____”); and beliefs about the utility or usefulness of a given means for attaining a goal (*causality beliefs*; “I believe my effort will lead to goal achievement” vs. “I believe other factors—luck, access to teachers or social capital—will lead to goal achievement”). As adaptive action-control beliefs emerge, people are better able to act in a *psychologically empowered* and *self-realizing* manner.

Development of Causal Agency

People develop causal agency as they respond to opportunities (or impediments) in their environments. Supportive environments enable people to meet their psychological needs described by Self-Determination Theory (see Chap. 19) and to learn to develop skills that enable them to engage in self-determined action (volitional action, agentic action, and action-control beliefs). This process is depicted in Fig. 5.1 (Wehmeyer, Shogren, Little, & Lopez, in press). The outcome of enhanced self-determination is that people are able to engage in more self-determined actions, acting as causal agents, initiating and engaging in actions directed toward goals.

As such, self-determination develops across the life span, emerging as adolescents develop and acquire multiple, interrelated skills, referred to as component elements of self-determined action that enable the expression of the essential characteristics and component constructs of self-determination including learning to make choices and express preferences, solve problems, engage in making decisions, set and attain goals, self-manage and self-regulate action, self-advocate, and acquire self-awareness and self-knowledge. Table 5.1 highlights key skills, called component elements that support the development of volitional action, agentic action, and action-control beliefs. It is at this level that

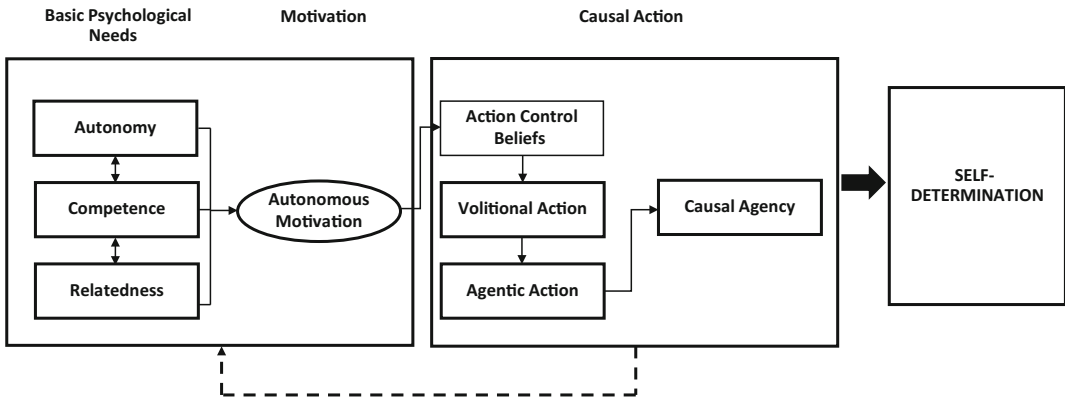


Fig. 5.1 Causal agency theory in the development of self-determination

Table 5.1 Component elements of causal agency theory

Essential characteristics	Component constructs	Component elements
Volitional action	Autonomy Self-initiation	Causal capabilities <ul style="list-style-type: none"> • Choice-making skills • Decision-making skills • Goal-setting skills • Problem-solving skills • Planning skills
Agentic action	Self-regulation Self-direction Pathways thinking	Agentic capabilities <ul style="list-style-type: none"> • Self-management skills (self-monitoring, self-evaluation, etc.) • Goal attainment skills • Problem-solving skills • Self-advocacy skills
Action-control beliefs	Psychological empowerment Self-realization Control expectancy Agency beliefs Causality beliefs	<ul style="list-style-type: none"> • Self-awareness • Self-knowledge

interventions can be implemented to support the development of self-determination and its essential characteristics.

Practices to Promote Self-determination and Causal Agency

As highlighted throughout this chapter, it is critical to consider how to promote causal agency through the creation of autonomy-supportive

environments (Eisenman, Pell, Poudel, & Pleet-Odle, 2015), and to provide opportunities for choice making and for students to engage in action that support autonomous motivation, as well as addressing the basic need for autonomy, competence, and relatedness. Shogren et al. (2017) provide more detail on how environments can be structured to support autonomous motivation. The focus of the remainder of this chapter will be on autonomy-supportive interventions that can be used to support the development of self-determined action, and the component

elements listed in Table 5.1: choice making, decision making, goal setting, problem solving, planning, self-management, goal attainment, self-advocacy, self-awareness, and self-knowledge.

One evidence-based, autonomy-supportive instructional strategy that has been extensively researched with adolescents with intellectual and developmental disability field is the Self-Determined Learning Model of Instruction (SDLMI; Wehmeyer, Palmer, et al., 2000) and a modified version that has been applied with adults engaged in career development activities called the Self-Determined Career Development Model (SDCDM; Wehmeyer, Lattimore, et al., 2003).

The SDLMI and the SDCDM infuse instruction and support on the component elements of self-determined action (shown in Table 5.1), the process of self-regulated problem solving, and research on self-directed learning. The SDLMI and SDCDM focus on promoting self-regulated problem solving in service of learning goals and job and career goals, respectively. The SDLMI and SDCDM are appropriate for use with youth and adults with and without disabilities across a wide range of domains and contexts and can be individualized to the unique needs of students with intellectual and development disabilities with a range of support needs. For example, the self-directed question that drives the model can be modified to be cognitively accessible and to be delivered through technology and other means.

The SDLMI and SDCDM are models of instruction that are implemented by a facilitator to support people with intellectual and developmental disabilities to learn to self-regulate problem solving in service of a goal. These models provide a framework that teachers and support staff can use to “design instructional materials, and to guide instruction in the classroom and other settings” (Joyce & Weil, 1980, p. 1). The SDLMI and SDCDM are designed to be self-directed in that the person with a disability is directing the learning process, with the supports needed to do so. This differs from how instruction and supports usually occur in the disability

field, when other directedness characterizes instruction and supports. But, to promote self-determination and casual agency, there is a need to focus on enabling the person with a disability to direct the process, with the supports needed to do so.

Using the SDLMI and the SDCDM to support people with disabilities consists of a three-phase instructional process. Each phase presents a problem to be solved, and the problem relates to some aspect of learning or the job and career development process. In essence, as the person answers the questions in each phase, he or she must: (a) identify the problem, (b) identify potential solutions to the problem, (c) identify barriers to solving the problem, and (d) identify the consequences of each solution. The problem the person with a disability must address in the first phase is “What is my goal?” The problem presented in the second phase is “What is my plan?” The third phase addresses the problem “What have I learned?” A facilitator can use the model to support the person with the disability to maximally participate in learning the problem-solving sequence, answering the questions presented in each phase, and moving from one phase to the next within a goal-oriented context.

Each question is also linked to a set of *Facilitator Objectives* that provides facilitators with guidance on what they are trying to support each person to achieve in answering the questions. To meet the Facilitator Objectives, each instructional phase also includes a list of *Educational* (for the SDLMI) and *Employment* (for the SDCDM) *Supports* that facilitators can use to enable people with disabilities to self-direct learning. It may be necessary to use the Education and Employment Supports before the person with a disability can answer each question. By providing this instruction, then, the facilitator is enhancing the self-determination skills and the causal agency of the person. The SDLMI and SDCDM are designed to be used iteratively, moving from one goal to another, and thus, the person with a disability will become increasingly self-directed and self-determined over time as they have multiple opportunities to work through

the problem-solving process. The SDLMI process is depicted in Fig. 5.2 and the SDCDM in Fig. 5.3. These figures highlight the questions that drive the process, the Facilitator Objectives, and the Education and Employment Supports. Implementation is an individualized process and will be tailored not only to the learning or career development goals, but also the supports needed by each person, and the past learning histories that shape the development of self-determination.

Research on the Impact of Self-determination on Academic and Transition Outcomes

The SDLMI has a large body of evidence supporting its implementation in school settings to enhance the self-determination, goal attainment, and post-school outcomes of youth with disabilities, and a growing body of evidence on its implementation in adult settings to support people with intellectual and developmental disabilities in the career development process. Researchers have also found, generally, that teaching skills leading to enhanced self-determination can improve academic skills (Konrad, Fowler, Walker, Test, & Wood, 2007), attainment of academic (Agran, Blanchard, Hughes, & Wehmeyer, 2002; Shogren, Palmer, Wehmeyer, Williams-Diehm, & Little, 2012; Wehmeyer, Palmer, et al., 2000) and transition (Devlin, 2011; McGlashing-Johnson, Agran, Sitlington, Cavin, & Wehmeyer, 2003; Shogren et al., 2012; Wehmeyer, Palmer, et al., 2000; Woods & Martin, 2004) goals, as well as promoting greater access to the general education curriculum (Agran, Wehmeyer, Cavin, & Palmer, 2008; Lee, Wehmeyer, Palmer, Soukup, & Little, 2008) for students with disabilities. Researchers have also found that increased self-determination is linked to enhanced recreation and leisure participation (Dattilo & Rusch, 2012), to increased choice opportunities (Neely-Barnes, Marcenko, & Weber, 2008), and to enhanced quality of life (Lachapelle et al., 2005; Wehmeyer & Schalock, 2001). And, while interventions to promote self-determination have been primarily focused

on adolescents and adults with disabilities, students as young as kindergarten have been effectively supported to set goals and self-regulate problem solving with the SDLMI (Palmer & Wehmeyer, 2003).

Researchers have also found that multi-component interventions (i.e., those that target multiple component elements, such as the SDLMI and SDCDM) tend to be the most effective (Cobb, Lehmann, Newman-Gonchar, & Alwell, 2009). Specific to the SDLMI and SDCDM, Wehmeyer et al. (2012) reported the results of a group randomized control study of the efficacy of the SDLMI. Over 300 students with intellectual disability or learning disabilities in the treatment group reported significantly greater increases in self-determination, with the greatest growth in the second year of instruction, suggesting the importance of ongoing exposure to instruction promoting self-determination, particularly for students with intellectual disability. Shogren et al. (2012) conducted a group randomized control study of the impact of the SDLMI on access to the general education curriculum and goal attainment and found that students in the SDLMI group (vs. the control group) made significantly more progress on education goals and had significantly greater increases in their access to the general education curriculum than students assigned to the control group; further, teachers reported significant changes in their perceptions of student's capacity for self-determination (Shogren, Plotner, Palmer, Wehmeyer, & Paek, 2014). Shogren, Wehmeyer, Palmer, Rifenbark, and Little (2015) followed youth with disabilities, including youth with intellectual and developmental disabilities, for two years after high school who were exposed to multi-component interventions to promote self-determination, and found increased employment and community participation outcomes for youth who were more self-determined. Powers et al. (2012) had similar results for youth in foster care and special education, showing that intervention to promote self-determination resulted in better community access outcomes.

With regard to the SDCDM, Wehmeyer et al. (2003) worked with vocational rehabilitation counselors to implement the SDCDM, found that

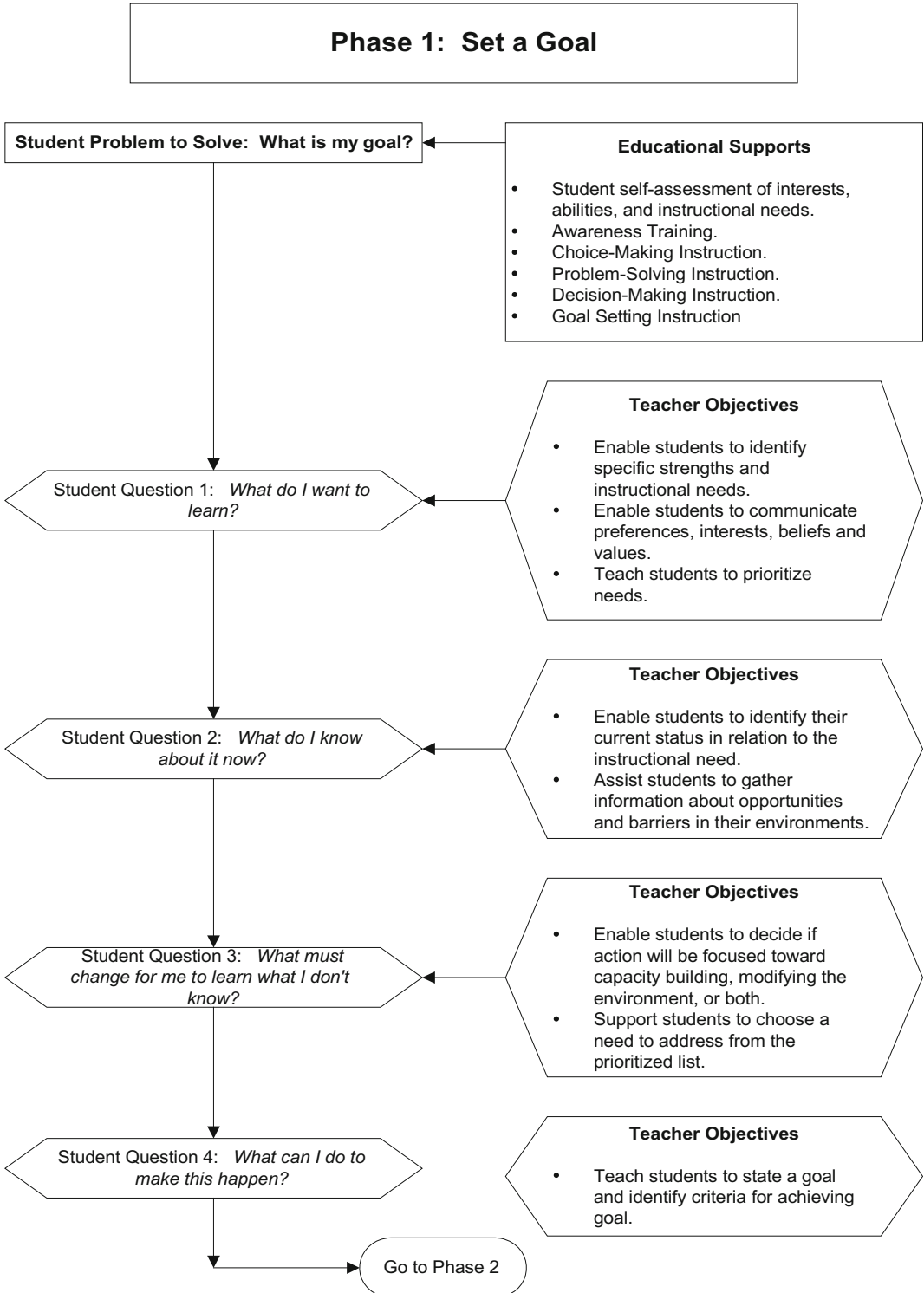


Fig. 5.2 The self-determined learning model of instruction (Wehmeyer, Shogren, et al., 2003)

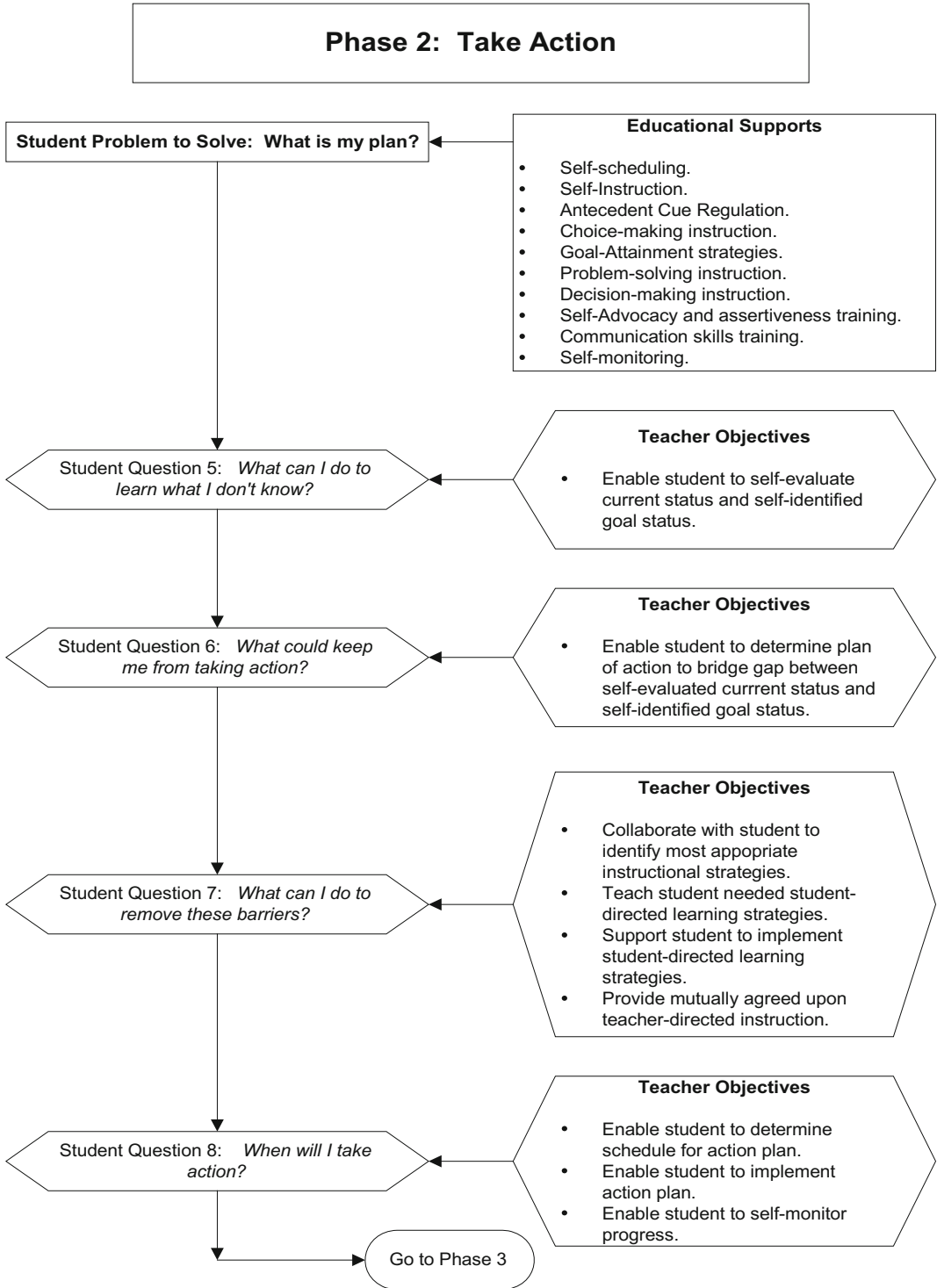


Fig. 5.2 (continued)

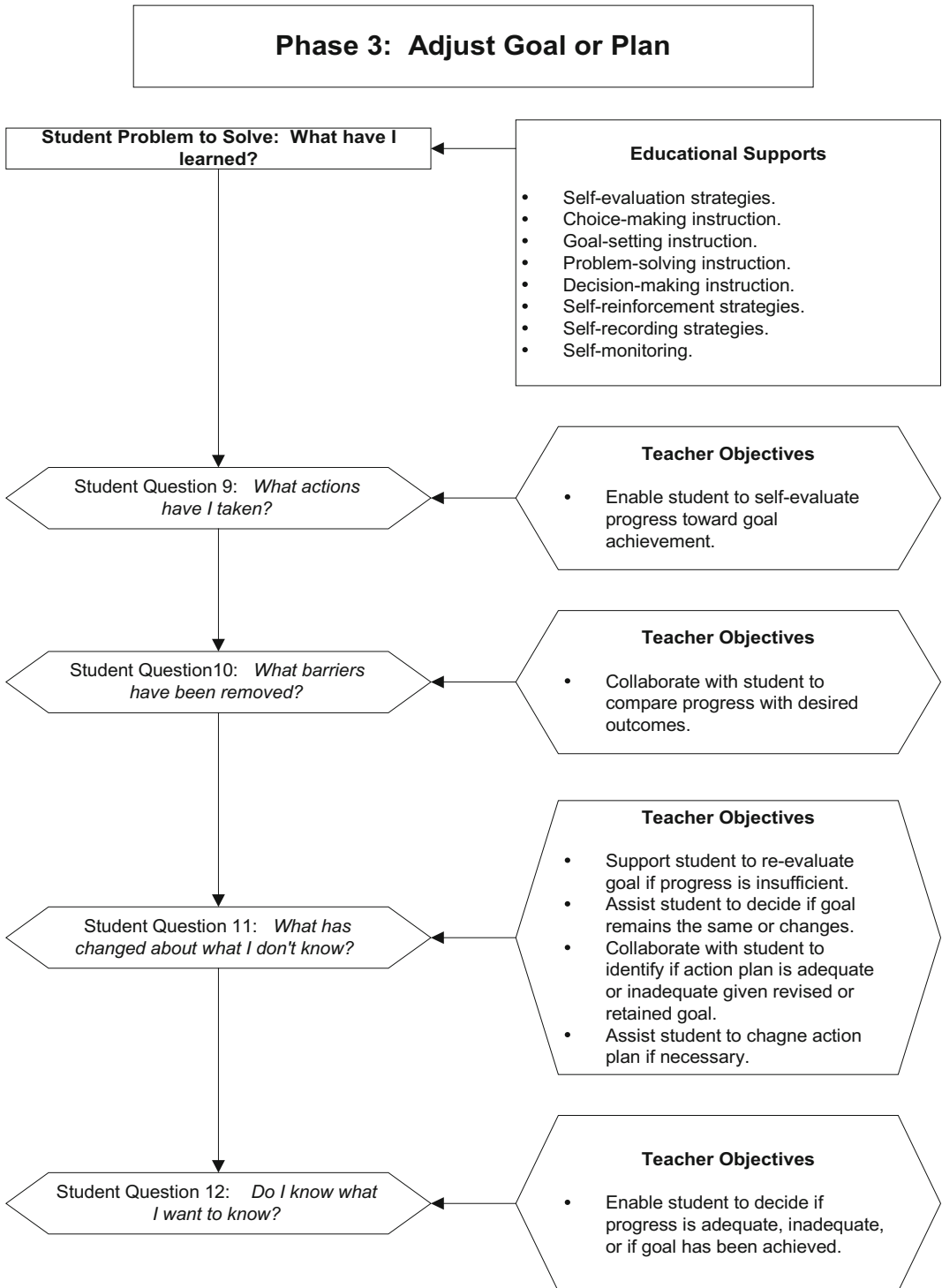


Fig. 5.2 (continued)

SELF-DETERMINED CAREER DEVELOPMENT MODEL
(Shogren & Wehmeyer, 2016)

PHASE 1

Problem to Solve: What are my career and job objectives?	
<p>Question 1: What career and job do I want?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to communicate career and job related preferences, interests, beliefs, and values. • Enable person to identify and communicate strengths and needs as they relate to specific jobs and related careers. • Enable and support person to prioritize career and jobs options and select preferred option(s). <p>Question 2: What do I know about it now?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to identify his or her current status in relation to prioritized job and career option(s). • Enable person to identify knowledge or skill strengths and needs pertaining to prioritized job or career option(s). • Assist person to gather information about opportunities and barriers in their environments pertaining to prioritized job and career option(s). <p>Question 3: What must change for me to get the job and career I want?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Support person to prioritize needs related to job and career preference(s). • Enable person to choose primary need and decide if action needs to be focused toward capacity building, modifying the environment or both. <p>Question 4: What can I do to make this happen?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Teach person to state a long-term career goal, short term employment goals, and objectives to reach short term employment goals. 	<p>Phase 1 Employment Supports</p> <ul style="list-style-type: none"> • Awareness Training • Communication Instruction • Self-Assessment of Job/ Career Preferences and Abilities. • Career and Job Exploration Activities • Job Shadowing and Sampling • Organizational Skills Training • Problem Solving Instruction • Choice-Making Instruction • Decision-Making Instruction

Fig. 5.3 The self-determined career development model (Shogren & Wehmeyer, 2016)

PHASE 2	
Problem to Solve: What is my plan	
<p>Question 5: What actions can I take to reach my career or employment goal?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to identify action alternatives to achieving career or employment goal. • Assist person in gathering information related to consequences of action alternatives. • Enable person to select best action alternatives <p>Question 6: What could keep me from taking action?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Support person to identify barriers to implementing action alternatives. • Support person to identify actions to remove barriers. <p>Question 7: What can I do to remove these barriers?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Assist person in identifying appropriate employment supports to implement selected action alternative • Teach person knowledge and skills needed to implement selected supports. <p>Question 8: When will I take action ?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to determine schedule for action plan to remove barriers and implement supports. • Support and enable person to implement the action plan. • Enable person to self-monitor their progress 	<p>Phase 2 Employment Supports</p> <ul style="list-style-type: none"> • Exploration of Community Resources and Supports. • Problem Solving Instruction • Goal Setting Instruction • Self-Scheduling Training • Self-Instruction Training • Antecedent Cue Regulation Training • Decision-Making Instruction • Self-Advocacy Instruction • Assertiveness Training • Self-Monitoring Instruction • Self-Evaluation

Fig. 5.3 (continued)

adults with disabilities who were supported to use the model made progress on self-selected employment goals, and felt that they had gained important skills. Wehmeyer et al. (2009) also used the SDCDM as part of a larger intervention package with young women with developmental disabilities, with results showing that these

young women found the model useful and effective in setting and working to achieve career development and employment goals. Shogren et al. (in press) examined implementation of the SDCDM with direct support providers as facilitators, examining the impacts on self-determination of adults with intellectual and

PHASE 3	
Problem to Solve: What have I achieved?	
<p>Question 9: What actions have I taken?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to self-evaluate and articulate progress toward goal achievement. <p>Question 10: What barriers have been removed?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Assist person to compare progress with their desired outcomes. <p>Question 11: What has changed to enable me to get the job and career I want?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Support person to re-evaluate goal if progress is insufficient • Assist person to decide if goal remains the same or changes • Collaborate with person to identify if the action plan is adequate or inadequate given revised or retained goal • Assist person to change action plan if necessary. <p>Question 12: Have I achieved what I want to achieve?</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Enable person to decide if progress is adequate, inadequate, or if goal has been achieved. • If this goal has been achieved, enable person to decide if a different goal is needed to achieve their employment or career goals. 	<p>Employment Supports</p> <p>Self-Evaluation Instruction</p> <p>Previous supports applicable as needed</p>

Fig. 5.3 (continued)

developmental disabilities served by intellectual and developmental disability support provider organizations in the community. Shogren et al. found that the SDCDM influenced self-determination-related outcomes. However, differences in how the provider organizations implemented the SDCDM and supported staff to facilitate its implementation significantly influenced outcomes, suggesting the importance of

autonomy-supportive environments and the need to concurrently address these factors in interventions to impact outcomes. Finally, Shogren et al. (2016) combined the SDCDM with the Discovery process and found impacts on self-determination when implemented with adults with intellectual and developmental disabilities receiving supports for employment from community service provider organizations.

Overall, these findings suggest the power of multi-component interventions to promote self-determination, like the SDLMI and SDCDM, for providing autonomy-supportive interventions that, when implemented in autonomy-supportive environments, lead to significant changes in self-determination and goal attainment, enabling people with intellectual and developmental disabilities to set and go after goals that enable them to go after what they want and need in life.

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Author Biographies

Karrie A. Shogren, Ph.D. is a Professor of Special Education, Senior Scientist at the Life Span Institute, and Director of the Kansas University Center on Developmental Disabilities at the University of Kansas. Dr. Shogren has published extensively in the intellectual and developmental disabilities field, and her research focuses on assessment and intervention in self-determination and positive psychology, and the application of the supports model across the lifespan. She is co-Editor of *Remedial and Special Education and Inclusion*.

Michael L. Wehmeyer, Ph.D. is the Ross and Mariana Beach Distinguished Professor of Special Education and Senior Scientist and Director, Beach Center on Disability, at the University of Kansas. Dr. Wehmeyer's research focuses

on self-determination, understanding and conceptualizing disability, the application of positive psychology to disability, conceptualizing and measuring supports and support needs, and applied cognitive technologies. He is the co-editor of American Association on Intellectual and Developmental Disabilities eJournal, *Inclusion*.

Kathryn M. Burke, M.Ed. is a doctoral student in Special Education at the University of Kansas. Her research interests include self-determination at the elementary and middle school levels, and self-determination across the lifespan including employment supports. She was formerly an elementary special education teacher in Philadelphia, Pennsylvania.