

Supporting Self Determination: Strategies for Direct Support Staff - Phase I Report

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Summary

The idea behind "Supporting Self-Determination" was to provide direct support staff with an understanding of ways to foster self determination for the people with developmental disabilities they work with.

Through a research grant from the National Institute of Mental Health, an IRIS Media research and development team, along with expert consultants, gathered data, developed a video program and tested the effectiveness of the program

Research Overview: 101 direct support staff working in residential and vocational facilities in the Portland, Oregon metropolitan area took part in an evaluation of these materials. The purpose of the evaluation was to test our video materials against the type of training often used in the field's selection of relevant written materials. Participants were randomly assigned to two groups; an intervention group which viewed our video and a contrast group which read selected articles on self-determination. The baseline and post test assessment consisted of a multiple choice test of the best response to common problematic situations where issues of self-determination were in play. Participants in the intervention group improved their scores on this test significantly more than participants in the contrast group. In addition to the assessment test, people in both groups completed a consumer satisfaction questionnaire. Responses on this questionnaire indicated that people in the intervention group found the information presented on the video more meaningful and practical than those in the contrast group and that they were more likely to do things differently in the future. Almost all people (98%) who watched the video said they would recommend it to other staff and that they would like to see more training materials like these.

The goal of Phase I was to develop and field test an introductory video program for training direct support staff on promoting the self-determination of the people with developmental disabilities whom they support. The video program presents a set of vignettes to foster understanding of the challenges for direct support staff in recognizing opportunities for choice making. The video introduces the difficulties and necessity of supporting choices (even when staff may disagree with those choices), of promoting informed decision-making, and of developing a respectful relationship. Staff learn that encouraging new experiences (even when thought to be inappropriate) can foster self-determination, and learn the importance of planning for the future and of including the family in the planning process. Each vignette reveals ways that direct support staff consider the question: Are my actions going to help this person take more control over his/her life? This videotape is the first in a proposed series that will provide in-depth information on each of the six components for promoting self-determination. The videotape was evaluated through a two-group pre-post design to test our video training materials against a selection of the most relevant written materials currently available on this topic for training direct support staff.

Specific Aims of Phase I

1. To develop a content outline for a self-determination overview video
2. To evaluate the adequacy and appropriateness of the content using consultant review and two focus groups (one with service users and one with direct support workers)
3. To develop a video treatment incorporating feedback from focus groups and consultants
4. To conduct two additional focus groups (one each with service users and one with direct support workers) to review the treatment for accuracy and effectiveness
5. To develop a video script incorporating feedback from the focus groups and the consultants
6. To assess comprehensiveness and clarity using consultant reviews of the script; revise and refine
7. To produce a 20-minute instructional video
8. To develop assessment tools to be used in the evaluation study
9. To conduct an evaluation study of the efficacy of the video material with 100 subjects

Research Results and Significance

The following describes the systematic approach used during our 6-month project to develop, produce, and evaluate the Phase I product. The development of the video training tape included steps one through seven of the Phase I specific aims. Formative evaluation procedures were used during this process to incorporate information from new and experienced direct support staff, adults with developmental disabilities, and experts in the field of self-determination.

Develop outline of program content.

The Principal Investigator reviewed and synthesized relevant information from literature research, developed a content outline, and consulted with project staff about the scope and sequence of the material.

Evaluate adequacy of program content.

Two focus groups and a project consultant, Michael Wehmeyer, Ph.D., reviewed the content outline and provided feedback on its accuracy, relevance, comprehensiveness, and cultural appropriateness. The first focus group, arranged through The Arc of Multnomah County, included eight staff members from residential or vocational programs in the Portland, Oregon metropolitan area. Participants had experience ranging from 7 to 20 years. The Project Scriptwriter and Principal Investigator used guided discussions with structured questions to gain insight into the comprehensiveness and relevance of the proposed content and had an opportunity to hear of experiences illustrative of the subject matter. In addition, the project staff was reminded of the barriers to self-determination that can exist within the structure of an agency setting. Issues such as these exemplify the variety of topics that will be included in the proposed content for Phase II. The consultant review of the content outline also referenced topics, such as self-advocacy, that will be included in the more comprehensive coverage provided in Phase II.

The second focus group was arranged through The Arc of Lane County and was held in Eugene, Oregon. Participants were nine adults with developmental disabilities who live semi-independently in the community, and who all rely on paid staff for some of their support. As each of the content areas was presented, participants provided examples from their lives that indicated the relevance of the materials to them. Participants in this group also pointed out how service systems can create barriers to self-determination and the frustration that develops when people feel they are not being listened to.

Develop video treatment.

The project team reviewed the transcripts of the focus groups and met to analyze the feedback and to make appropriate revisions to the content outline. The revised content outline became the blueprint for developing a treatment. The treatment is a narrative providing a sequential account of the action and information in the program as well as insight into the nature of the presentation, protagonists, style, mood, and language of the finished program. The treatment was developed by the Project Scriptwriter and was reviewed and edited by the Principal Investigator and other project staff.

Evaluate video treatment.

The treatment was first presented, by the Project Scriptwriter and Principle Investigator, to a focus group of seven self-advocates with developmental disabilities in Portland, Oregon. Feedback was elicited on the relevance of the material to participants' lives, whether the material accurately portrayed their experiences, and if the material was respectful of people with disabilities. The group discussed the difficulty of speaking up, especially when people are using unfamiliar language. They talked about the difference between being lectured to and getting helpful information from support workers. The focus group participants also provided some examples of staff language they felt was respectful and expressed the opinion that people with disabilities could do anything they set their mind to with the right kind of support.

A second focus group of eight experienced direct support workers in Eugene, Oregon was recruited through contacts of The Arc of Lane County. This group was also asked to review the treatment for accuracy, significance, and clarity of content, and to discuss the effectiveness of the content in assisting direct support workers to promote self-determination. This group suggested showing, in the video, a broad range of communication styles and abilities. Furthermore, they discussed the difficulties of differentiating between explaining choices and offering a range of healthy options versus imposing a particular choice on a person. The bad choice may be all that people have to look forward to. Life would be hell if someone's always wanting to steer you in the "right" direction. They also suggested showing the frustration that results from being told "no" or just as undesirably, internalizing the negative message and believing less in one's own ability.

Expert consultant, Dr. Wehmeyer, reviewed the treatment and recommended looking at "what is possible" instead of trying to represent an "ideal" outcome when considering the self-determination of people with developmental disabilities. Other suggestions included elaborating on the concept of support, with examples and definitions. He also suggested more discussion of the relationship between opportunity and risk, and between risk and issues of health and safety. These latter items will be included in the content outline for Phase II.

Develop video script.

After the project team reviewed and analyzed the feedback on the treatment, the Project Scriptwriter wrote a script that described the images, graphics, dialog, and narration for the 20-minute video program.

Review of script by consultant.

The script was shared with another nationally recognized expert on self-determination, John Agosta, Ph.D. He was asked to thoroughly review the script and provide feedback on the design and content of the program. He recommended including examples of people with more severe disabilities making choices and eliminating the term "client." The project team reviewed the feedback and incorporated the suggestions.

Produce video program.

The Media Producer/Director was responsible for carrying out production. The production team consisted of a Production Coordinator, Camera Operator, Audio Recordist, and a Lighting Gaffer. They were responsible for casting, scouting and coordinating locations, scheduling, and shooting the video sequences. The production used experienced, professional actors as well as individuals with disabilities and direct support staff. All of the dramatized sequences were shot on location in an effort to provide a realistic context for the instructional material.

Conduct instrument development.

A primary outcome instrument was developed for the evaluation of the video training materials. The first step in developing this instrument was to create a set of four assessment video vignettes, each approximately one minute long, showing examples of staff interactions with people they support. Test questions were developed that required the study participants to interpret each vignette based on their current understanding of self-determination. Yes/No questions consisted of statements headed with "Do you agree that . . ." (see Appendix B). A group of six experienced (at least 1 year of experience) direct support staff members (including one African American, one Native American, and one Hispanic participant) were recruited to evaluate the clarity and validity of the assessment vignettes and the clarity and face validity of the related test questions. Each vignette was described to the group and each test question was read to the group by project staff. The participants provided quantitative data through written responses to the items and offered qualitative feedback in the form of comments during the discussion. These comments were transcribed for later thematic analysis. Participants in this evaluation were paid \$30. Although not part of the original proposal, project consultant, Dr. Agosta, also reviewed the vignettes and questions, providing feedback.

Following this first evaluation, test items were refined and rewritten and the assessment vignettes were modified. To evaluate items for appropriate difficulty and test-retest reliability, the video vignettes were shot and edited, and a group of 19 newly hired (less than 1 year experience) direct support staff members were recruited to watch each vignette and respond to written test questions. They returned 5 days later to repeat the process. All participants in these activities were paid \$30.

The final instrument consists of four brief video assessment vignettes presenting interactions between direct support staff and service users interspersed with a total of 39 questions (8 to 11 per vignette) requiring subjects to provide answers on a paper answer sheet.

Conduct an evaluation.

The purpose of the evaluation was to test our video training materials against the type of training often used in the field; a selection of relevant written materials. To evaluate the video training materials, we used a two-group pre-post test design. The Intervention Group received the video training materials and a Contrast Group received written materials covering attitudes, concepts, and skills regarding self-determination for individuals with developmental disabilities.

Subject Recruitment.

Newly hired (less than 1 year experience) direct support staff working in residential and vocational facilities in the Portland, Oregon area were recruited via flyers distributed to service providers by The Arc of Multnomah County. Interested participants contacted the IRIS Media office and were signed up for one of two group sessions at The Arc office in Portland. Four additional groups of subjects were recruited at the annual Statewide Developmental Disabilities (DD) Inservice. This four-day training opportunity is sponsored by the state DD program office for direct support staff and was attended by 1,200 people from throughout the state of Oregon. 101 people participated in the evaluation study, 47 in the Contrast Group and 54 in the Intervention Group. No significant differences were found between the two groups on gender, age distribution, ethnic background, work settings, type of work, length of time at current jobs, educational attainment, training in special education, specific training on self-determination, and hours of in-service training in general. Participants in the Intervention group, however, had significantly more overall experience in the field of developmental disabilities than participants in the Contrast group. The demographic variables are presented in Table 1.

Table 1 - Demographics

	Contrast Group (%)	Intervention Group (%)	Total Sample (%)
Age			
18-20 years	10.9	5.7	8.1
21-30 years	47.8	49.1	48.5
31-40 years	32.6	37.7	35.4
41-50 years	2.2	5.7	4.0
Gender			
Male	23.4	29.6	26.7
Female	76.6	70.4	73.3
Educational Background			

H.S. Diploma	25.5	25.9	25.7
Some college	51.1	51.9	51.5
BA/BS	17.0	14.8	15.8
Some grad work	4.3	3.7	4.0
Graduate degree	2.1	3.7	3.0
Ethnicity			
Caucasian	95.7	75.9	85.0
African American	2.2	3.7	3.0
Hispanic	0	9.3	5.0
Native American	0	5.6	3.0
Asian American	2.2	5.6	4.0
Type of Workplace			
Vocational	12.8	29.6	21.8
Residential	76.6	64.8	70.3
Recreational	8.0	2.0	5.0
Other	2.1	3.7	3.0
Type of Work			
Direct Support (DS)	53.2	63.0	58.4
DS & some Management	38.3	37.9	37.6
Management	8.5	0	4.0
Time with current organization			
0-6 months	21.03	27.8	24.8
6 mo - 1 year	61.7	53.7	57.4
1-2 years	12.8	13.0	12.9
2-3 years	2.1	1.9	2.0
over 3 years	2.1	3.7	3.0
Experience in DD Field			
0-6 months	23.4	13.2	18.0
6 mo - 1 year	53.2	34.0	43.0
1-2 years	17.0	20.8	19.0
2-3 years	6.4	11.3	9.0
over 3 years	0	20.8	11.0
Courses in Special Education			
Yes	29.8	25.9	27.7
No	70.2	74.1	72.3
Training in Self Determination			
Yes	29.8	35.2	32.7
No	70.2	64.8	67.3
Hours of general in-service training			
0-6 hours	4.3	13.0	8.9
6-12 hours	10.6	11.1	10.9
12-24 hours	34.0	16.7	24.8
24-36 hours	8.5	13.0	10.9

more than 36 hours	42.6	46.3	44.6
	* $\chi^2(4) = 14.19$, Pearson $p = .007$		

Evaluation Procedures.

The study participants read and signed the consent form, completed a brief demographic questionnaire, viewed the video assessment vignettes, and responded to related questions. After completing this pretest, subjects were randomly divided into a Contrast and an Intervention group. The

Intervention group viewed the video training materials, and the Contrast group read selected articles on self-determination: Sharing Power and a System of Support (Smull,1993), A Vision of What Can Be (Nerney and Crowley, 1998), and Whose Decision is it Anyway: A Workbook for Service Providers Supporting Self-Determination (Thorin, 1997b). After 20 minutes, each group of subjects filled out a consumer satisfaction questionnaire and completed the post-test by viewing the video assessment vignettes and responding to the related questions. Participants were paid \$40 for completing these activities.

Results.

Outcome scores were computed as the sum of correct answers to the assessment vignette

questions. There was a significant difference between the Contrast and Intervention groups on one of the demographic variables: overall experience in the field of developmental disabilities. A repeated measures ANCOVA, therefore, was performed on outcome scores, with overall experience as the covariate. There was no significant main effect for Group, meaning that the difference in experience between the two groups did not affect the outcome scores. There was, however, a significant main effect for Time, $F(1, 98) = 17.32$, $p < .001$, indicating that, collapsing over groups, the sample as a whole changed between the two administrations of the outcome test. That is, the Intervention and Contrast groups increased their scores on the outcome measure. In addition, there was significant interaction effect for Group x Time, $F(1, 98) = 4.55$, $p < .05$, indicating that, as we hypothesized, the Intervention Group showed a larger increase in correct answers than the Contrast Group. The means and standard deviations for the outcome scores are presented in Table 2.

Table 2 - Outcome Scores

	Contrast Group (n=53)		Intervention Group (n=47)		Total Sample (n=100)	
	Mean	s.d.	Mean	s.d.	Mean	s.d.
Pretest	31.87	4.58	30.49	5.26	31.14	4.98
Post test	32.43	4.61	32.21	4.88	32.31	4.73

User Satisfaction.

To evaluate viewer satisfaction (Appendix C) in the Intervention Group and user satisfaction (Appendix D) in the Contrast Group, two questionnaires were developed. Four questions were asked of both groups:

- How meaningful was the information presented?
- How practical or useful was the information?
- How much of the information was new to you?
- Do you think you'll do anything differently after seeing the video or reading the material?

On the response scale for these questions, low numbers indicated the most positive response, and high numbers the most negative response. The results indicated significant differences between the two groups on three questions: the Intervention Group rated the information in the video more meaningful and practical than the Contrast Group rated the readings and indicated that they were more likely to act differently in the future. There was no difference between the two groups when asked how much of the material was new to them; both groups indicated only some of the information presented was new.

The Intervention Group was asked four questions related only to the video:

- Was anything confusing?
- How would you rate the overall quality of the video?
- Would you recommend the video to other support staff?

∴ · Would you like to see more training videos like this in the future?

Ratings on these four questions were uniformly positive. The Contrast Group was asked one question related only to the readings: How much of the three readings were completed? Results indicated that only 40% of the group completed all the readings while 89.3% completed all or most of it. The results of the User Satisfaction questions are presented in Table 3.

Table 3 - User Satisfaction (Contrast Group and Intervention Group)

	Contrast Group (n=53)		Intervention Group (n=47)		F (1, 99)
	mean	s.d.	Mean	s.d.	
How meaningful was the information? (a)	1.43	.65	1.19	.48	4.54*
How practical or useful was the information? (b)	1.70	.75	1.33	.48	8.94**
How much information was new to you? (c)	3.04	.72	2.85	.63	2.02 (ns)
Do you think you will do something different after viewing the video/reading materials? (d)	1.38	.49	1.14	.36	7.66**
Note. (a) 1 (very meaningful), 4 (meaningless); (b) 1 (very practical), 4 (useless); (c) 1 (completely new), 4 (not at all new); (d) 1 (yes), 2 (no).					
* p < .05. ** p < .01.					

Table 4 - User Satisfaction (Intervention Group only)

	%	Mean	s.d.
Was there anything confusing about the videos?			
Yes	1.9		
No	98.1		
Rate the overall quality of the video			
Great	59.3		
Pretty good	37.0		
Not very good	3.7		
Would you recommend the video to other direct-support staff?			
Yes	98.1		
	1.9		
Would you like to see more training videos like this in the future?			
Yes	96.3		
No	3.7		

Participants in both groups responded to several open-ended questions regarding use of and satisfaction with the materials. Of the 53 participants in the Intervention Group, 49 (92%) responded to a question about their first reaction to the video as positive (vs. neutral or negative); 50 (94%) provided examples of how the video had meaning to them; 47 (89%) gave examples of how the information was useful to them; and 45 (85%) provided examples of things they would do differently after watching the video. Comments on the usefulness of the information included the following:

- ∴ "I learned an effective way to help people learn to make life choices."
- ∴ "It reminded me that each person has to be their own voice and we cannot make all decisions for them."
- ∴ "To allow DD folks the time it may take them to ask for what they want."
- ∴ "It made me look at the other side of the picture?put myself in their shoes."

Examples provided on the types of things that staff would do differently included the following:

- ∴ "I always thought I gave choices but I realize I can be doing much more."
- ∴ "Encourage my company and house to include participants in decision making more often."
- ∴ "I think I will take a few more moments to gather my thoughts when I am faced with difficult choices like these."
- ∴ "Encourage more choices even if it is not the exact choice I would make for myself or the other person."

Of the 47 participants in the Contrast Group, 32 (68%) gave examples of how the materials they read were useful to them, and 29 (62%) provided examples of ways they would do things differently after reading the materials. Examples of comments on usefulness included the following:

- ∴ "I learned about self determination and goal setting honoring everyone's choices regardless of disability or ability."
- ∴ "To emphasize the importance of choice."

Comments on the types of things respondents would do differently included the following:

- ∴ "I will think about ways to invite more choice for my clients."
- ∴ "Check what I'm thinking before I actually say it."
- ∴ "Change the way I think and act."
- ∴ "Change how I approach our clients about ideas."

Discussion.

Results from the outcome measure and the satisfaction survey show that the video training materials are more effective than the written materials in teaching the process of promoting self-determination. It is clear from the comments provided by the Intervention Group that the intended message of the video was seen and heard every interaction with an individual with developmental disabilities can provide an opportunity to promote self-determination if staff are willing to take the time to think about what they are going to say and do. In addition, the Contrast Group's comments about usefulness and intended behavioral change lack the specificity of those of the Intervention Group. The video materials provided relevant examples from which to draw applications to real life experiences of direct support staff. In spite of demographic differences in the Intervention and Contrast groups that could have had a negative affect on the outcome, we obtained significant results that support the use of video training for direct support staff on promoting self-determination.

Subjects in the Intervention Group had significantly more experience in the field of developmental disabilities than the Contrast Group; more than 50% of the Intervention Group had more experience than we preferred for study participants. In addition, the Intervention Group closely approximated the proportional national distribution for cultural diversity, whereas the Contrast group did not. Finally, both groups indicated that only some of the information presented to them was new. Each of these variables could have made it more difficult to achieve significant outcomes. The significant outcomes achieved indicate that the video materials are effective even for people who have been working in the developmental disabilities field for some time, for people of diverse cultural backgrounds, and for people who already have some knowledge of self-determination for people with developmental disabilities.

The Intervention Group rated the video as more meaningful and practical and indicated a greater inclination to change behaviors than did the Contrast Group. Written comments from the Intervention

Group included the following:

- ∴ "I feel I learned a lot today in such a short time."
- ∴ "Different situations, different approaches! Great way to learn!"
- ∴ "Great improvement from old training videos!"

In contrast, one subject in the Contrast group wrote, "I felt the need for more practical info. The readings seemed to be more of a pep talk & introduction." In the Contrast Group, 40% of the participants read all of the reading materials while almost half read "most of it" during the time that the Intervention Group was watching the video. The readings were carefully selected to include current, comprehensive, and engaging material, including some of the Principal Investigator's recent work. The fact that a majority of the Contrast Group did not read all of the material could indicate a lack of reading ability or interest; either speaks well for video as an efficient and engaging alternative.

People in both the Contrast and Intervention groups indicated that only "some" of the material presented was new to them, although only one third of the group indicated that they had received any training in self-determination. Two noteworthy activities in Oregon likely produced this outcome. In 1997, Oregon was awarded a RWJ Foundation grant to develop and evaluate a model of self-directed supports for people with developmental disabilities based on principles of self-determination. The project was conducted in only one area of the state; however, that area includes

the largest city in the state, and project information has been widely disseminated throughout the developmental disabilities community. In addition, in 1998, the state DD program office directed each county throughout the state to develop a model of self-directed supports. Each county included service providers as well as family members and service users in the development of their programs and promoted a process to keep local constituencies informed of activities and decisions. This broad-based dissemination of information exposed many in the DD field to the basic concepts and principles of self-determination.

The participants in our study responded very favorably to the assessment video vignettes, and many subjects requested additional time to discuss the issues brought up by the video vignettes. This experience, coupled with comments from practitioners in the field, convinced us that the video vignettes and related questions could be a very valuable interactive teaching tool when used in group trainings and discussions. For this reason, we have included the video assessment vignettes with the intervention video, Supporting Self-Determination: Strategies for Direct Support Staff, an Introduction. The program, including the assessment vignettes with their related questions in the "user's guide" is currently being marketed through IRIS and through Program Development Associates in New York . The video has been closed-captioned, which, though not budgeted for in the Phase I proposal, was deemed an important component of marketability.

Significant input was received from focus group participants, project consultants, and study participants about the need for more in-depth treatment on the topic of promoting self-determination. Recommendations included such topics as overcoming barriers to supporting choice, balancing risk and choice, and promoting true informed decision-making. These topics will all be addressed during Phase II activities.

In summary, we believe that we have effectively completed the specific aims of our Phase I proposal.

The results of the evaluation indicate that Intervention Group participants, who viewed the video training materials, had a greater increase in knowledge of strategies for supporting the self-determination of people with developmental disabilities than Contrast Group participants, who read written materials. These outcomes, combined with user satisfaction with the video materials, call for the development of more comprehensive materials on promoting the self-determination of people with developmental disabilities.

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