

Self-determination and people with intellectual disability: A construct analysis from a professional perspective

Abstract

Research in the field of disability have stressed self-determination as a key construct, both at the individual level, because of its impact on quality of life, and at the organizational level, as it stands as a fundamental concept for programs and services design. As the construct comprehension and attributed importance may influence professionals' practices, this study aims to explore professionals' beliefs and knowledge about self-determination, and align them with the newest theoretical framework. Four discussion groups were held with professionals (teachers and educators working with adults) that were analyzed through thematic analysis, obtaining a total of 21 indicators. Results indicate that professionals are familiar with many of the more specific self-determination components. Professionals comprehension of the construct is fairly aligned with the newest theoretical framework, although greater abstraction is needed to embrace the whole model complexity. Finally, the implications raising how professionals' perspectives contribute to the promotion of self-determination of people with intellectual disability are discussed, and future lines of research are outlined.

Keywords: Self-determination; intellectual disability; perspectives; professionals; focus groups, comprehension, development, beliefs

Introduction

In the field of intellectual disability (hereafter ID), the concepts of quality of life, self-determination, and supports provision play an important role in the development of quality services and the evaluation of personal outcomes. The promotion of quality of life and self-determination within organizations stands thus as a crucial issue. To generate innovation in organizations through the new conception of quality of life, the individual and/or family should be placed at the center of the process, with an emphasis on inclusion, equality, personal development, and self-determination (Schalock & Verdugo, 2014). Whereas the concept of quality of life and the heuristic model proposed by Schalock and Verdugo (2003, 2012) has been widely spread and shared in the field of disability, and to other groups as well as social services in general (Gómez, Verdugo, Arias, & Navas 2008), there is a need to spread a deep understanding of the concept of self-determination and its implications.

Several studies highlight a certain level of confusion and a tendency to misinterpret the construct of self-determination, equating it with independent performance, self-sufficiency and autonomy (Wehmeyer, 2005). In the Spanish context, Arellano and Peralta (2013) found that families were open to the idea of self-determination for their children, but they seemed to have a limited view of the concept, and mostly defined it as *“being autonomous”* or *“controlling the important aspects of one’s life”*.

Several researchers have attempted to define and operationalize the construct, as well as to analyze its impact on the lives of people with disabilities, their families and direct-care professionals. The Functional Theory of Self-Determination (Wehmeyer, 1999), which understands self-determination as “acting as the primary causal agent in one’s life and making choices and decisions regarding one’s quality of life” (Wehmeyer, 1999, p. 56) is one of the theoretical frameworks the most internationally spread and used. This functional model has recently been reconceptualized under the name of Causal Agency Theory (Shogren,

Wehmeyer, Palmer, Forber-Pratt, Little, & Lopez, 2015), which is based on the recent advances of positive psychology and the conceptualization of disability from a strengths-based approach. Within Causal Agency Theory, self-determination is defined as “a dispositional characteristic manifested as acting as the causal agent in one’s life” (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015, p. 258).

Beyond this definition, it is useful to further explore the operationalization of the construct. Under this theoretical framework, self-determined actions can be defined through specific characteristics grouped into three dimensions or essential characteristics: volitional actions, agentic actions, and action-control beliefs (Shogren et al., 2015). This model describes the dimensions and subdimensions that underlie the construct and that builds upon the understanding of causal agency (Table 1).

[Table 1 near here]

Research suggests that professionals highly value the promotion of self-determination (Carter, Lane, Pierson, & Stang, 2008; Mason, Field, & Sawilosky, 2004; Thoma, Nathanson, Baker, & Tamura, 2002). Further, empirical evidence has established a relationship between the use of programs and strategies to promote self-determination and the achievement of desired outcomes in the school setting (Palmer, Wehmeyer, Shogren, Williams-Diehm, & Soukup, 2012; Shogren, Palmer, Wehmeyer, Williams-Diehm, & Little, 2012; Wehmeyer, Palmer, Lee, Williams-Diehm, & Shogren, 2011), as well as in the immediate postschool years and adult life (Martorell, Gutierrez-Recacha, Pereda, & Ayuso-Mateos, 2008; Shogren, Wehmeyer, Palmer, Rifenshark, & Little, 2015). However, as Muñoz-Cantero and Losada-Puente (2018) have pointed out, professionals admit to be less competent in enhancing students’ quality of life, especially in terms of interpersonal relationships, inclusion, rights and self-determination.

Most of the initiatives and programs designed to promote self-determination focus primarily on a series of specific skills and component elements that are observable (e.g., problem solving, decision making, self-management and self-instruction, goal setting, choice making, self-observation, self-evaluation and self-reinforcement, control of expectancies, self-advocacy, self-knowledge). Several studies have explored the prevalence of instruction in these skills in educational contexts, as an indicator of the importance of self-determination promotion as an educational objective (e.g., Wehmeyer, Agran, & Hughes, 2000). These component elements, which underlie the dimensions of self-determination described above, are learned incidentally from childhood, through interaction with the environment or through structured learning processes (Wehmeyer, Agran, & Hughes, 1998; Wehmeyer, 2003).

However, further research is needed to expand knowledge in this area. Emerging research directions include exploring how the construct is understood by professionals, relatives, and people with disabilities, and checking if this understanding is aligned with the current theoretical perspective. The implications and challenges of understanding self-determination as a key component of professional practices must also be examined given the impact that these perspectives can have on the promotion of self-determination (Vicente, Mumbardó-Adam, Coma, Verdugo, & Giné, 2018). This is actually an emerging field of research aiming to delve into professionals, families and people with ID comprehension of self-determination and self-determination related construct and skills, as a strong relationship between beliefs, perceptions and parental attitudes towards self-determination has recently been ascertained (Álvarez, Vega, Spencer, González, & Arriagada, 2019).

This study aims to add to this emerging body of literature by identifying the beliefs and knowledge that professionals hold about self-determination, since their knowledge of the construct and the importance they attach to it can influence the degree to which the component elements of self-determination (e.g., decision making, problem solving) are

incorporated into their professional practices. The specific objectives of this research are threefold: first, the study focuses on analyzing how professionals working with adolescents and adults with ID conceptualize self-determination; then it explores the importance that professionals attach to the different dimensions or component elements; and it finally compares the results with the model proposed by Shogren et al. (2015).

Method

Research scenario

A qualitative study was conducted using a focus group (hereafter FG) methodology, with the aim of bringing out relevant aspects pertaining to self-determination based on the experiences of professionals working in the field of ID in Spain. This knowledge has the potential to highlight training and practical needs existing in a specific sociocultural context where perspectives are built. Further studying the construct and model understanding in different contexts ensures a holistic and comprehensive approach to self-determination.

The objective of FGs should be to understand how people feel or think about an issue, so as to obtain a wide range of perceptions or ideas on the issue (Krueger & Casey, 2014). Another notable benefit is that they can provide insight into complex issues (e.g., lack of consensus, non-observable aspects).

Thus, the four FG were intended to deepen into the perception of direct-care professionals regarding self-determination. To this end, a series of questions was proposed, including: What do you understand by self-determination?; What actions do you think that need to be undertaken to enhance self-determination and how important are these actions for you?; What are the barriers and facilitating elements of self-determination?

This study focuses on the information obtained for the first two questions, by investigating, analyzing, and interpreting the verbal expressions, debates, and statements (Creswell & Clark, 2011) that emerged in the groups. Results for the third question, regarding

elements that professionals identify as barriers and facilitating elements in their professional practices towards self-determination promotion, are presented in the work by Mumbardó-Adam, Vicente, Simó-Pinatella and Coma (in press).

Participants

This study involved the participation of 30 professionals (2 men and 28 women), all experts in the field of disability (working either in education or in adult occupational health, vocational assistance or living support). Their age ranged from 31 to 58 ($M = 47.03$; $SD = 8.53$). The professionals came from 14 different centers: 7 centers working with children and young people with disabilities (special education centers); and 7 working with adults (occupational centers, special employment centers and day centers). Participants had extensive professional experience (17% had less than 10 years' experience; 60% had between 10 years and 30 years; and 23% had more than 30 years).

The 30 professionals were divided into 4 FGs (6 to 10 participants per group): 2 groups comprised professionals working in educational settings for children and young people; and the other 2 groups comprised professionals working with adults in occupational centers, special employment centers or day centers. All efforts were made to ensure that the groups included professionals with different profiles (i.e., working with people with ID who have different support need or who have different associated conditions), with the aim of having a broad spectrum of insightful perspectives. The distribution of the groups by type of population, participants, and day is shown in Table 2.

[Table 2 near here]

Participants were selected by convenience sampling. Centers were contacted and invited to participate; in order to be selected, professionals had to meet the following criteria: being involved in the direct care of people with ID (in educational settings, in occupational,

special employment or day centers); having a degree (e.g., in teaching, social education, psychology, or occupational therapy); and having at least 2 years' experience.

Materials and information-gathering procedure

This study followed the recommendation of Krueger and Casey (2014), who suggest planning 3 or 4 groups in order to reach adequate levels of saturation, and then to check if saturation has in fact been reached or if a further FG is necessary. The 4 FGs were conducted in March 2018; no further groups were needed because data saturation had been reached on completion and analysis of the final group, since no new opinions or different relevant ideas were obtained.

The FG questions (Figure 1) were developed by the research team and was composed of 3 blocks, and then a closing question was designed to help prioritize the reflections of the group. Each of the blocks contained a set of open-ended questions that served as a starting point for discussion. Alternatives were designed for questions 2 and 6, to avoid participants difficulties in developing their reflections (Wilkinson, Joffe, & Yardley, 2004).

[Figure 1 near here]

The four researchers attended the FGs, two were acting as co-moderators (stimulating discussion, asking the questions, and keeping track of time) and the other two researchers acted as external observers so as to facilitate the process and avoided bias. Before beginning the FGs, each participant was informed about the study objective and the data collection (i.e., audio recording) and processing procedures, ensuring confidentiality and anonymity. Participants were asked to complete a socio-demographic questionnaire and to sign an informed consent form.

The process began with two open-ended questions, as recommended by Krueger and Casey (2014), thereby facilitating initial contact with the group and establishing a friendly working environment. In the introduction, moderators explained the dynamics of participating

in a FG, stressing that participants were the active protagonists, setting the pace, determining the content in an informal context, and with the freedom to intervene as they wished while respecting the other participants. Next, the first question was asked and the group's participation was encouraged for the duration of the process. All the FGs lasted less than 90 minutes.

Data analysis

We used thematic analysis as a method for identifying, analyzing, and reporting patterns (themes) within a set of data (Braun & Clarke, 2006). Braun and Clarke set out the phases: (1) familiarizing oneself with the data (transcribing data, reading and re-reading the data, jotting down some initial ideas); (2) generating initial codes (systematically coding data); (3) searching for themes (gathering codes into potential themes); (4) reviewing themes (checking the themes in relation to the codes and the data set; generating thematic maps); (5) defining the themes (refining the details of each theme, generating definitions and labels); and (6) producing the final report (selecting the most relevant extracts and relating them back to the research question and literature on the subject). In accordance with these phases, the first step was to transcribe and familiarize ourselves with the information collected (audio recordings in digital format), in order to ensure rigor in the raw data.

Analysis of the transcripts then began with the process of coding the information from each FG in Atlas.ti 8.0, using segments, phrases or words that reflected the same theme as a unit of analysis. Initial codes were generated using inductive analysis, a bottom-up process of coding that does not try to fit the data into a pre-existing coding frame or according to the researcher's analytical preconceptions. The inductive approach was used according to our main aim (i.e. identifying the beliefs and knowledge that professionals hold about self-determination) which was to gain an extended phenomenological understanding beyond the existing theory (Patton, 2002). These codes reflected how professionals understood self-

determination and which aspects were part of the construct. In the next step, codes were grouped into categories and subcategories. The whole process was conducted by 3 researchers who made relevant adjustments, using investigator triangulation as a criterion to verify the rigor of the research (Creswell, 1994; Sandín, 2000).

This process of reviewing and contrasting the codes and categories informed the subsequent formal coding frame by identifying recurring patterns. During this phase, the researchers agreed on and adjusted the categories that brought together similar ideas and beliefs, as well as the subcategories (Rubin & Rubin, 1995), so that some of the initial codes were discarded, while others were collapsed into others; and also some subcategories were reformulated or renamed. In this process, 3 categories were merged with other categories, 5 were eliminated, and a further 5 were renamed. In addition, 18 extracts were re-coded, 10 extracts were attributed to an additional code, and 12 extracts had a code removed.

In order to answer to the second aim of the study, which was comparing the results to the newest self-determination theoretical approach, the categories and codes were compared to the theoretical model operationalization under the self-determination Causal Agency Theory (Shogren et al., 2015).

Results

Relevant aspects related to self-determination construct from practitioners' perspective

The resulting categories (21), that reflected how professionals understood the concept of self-determination, are presented in Table 3, ranked from highest to lowest based on the number of corresponding extracts, and including a description and an example extract. The description of each category enables ideas to be grouped and expanded for analysis, so each category is described as a unit of meaning.

[Table 3 near here]

The five categories the most cited by the professionals are closely linked to developing the ability to choose between various options, to know oneself and to value one's worth, as well as to act autonomously. The ability to express one's opinions and to assume responsibility were also often cited. These appear to be the categories that professionals most associate with the concept of self-determination, either by incorporating them into the concept or by affirming that those were focus areas in their professional practice when they wished to promote self-determination. Analyzed as a whole, the relevant quotes demonstrated incipient-level actions or choices. For example, the "choice" category alludes to simple choices with alternatives (choosing between 2 things); stressing also the important role that supports may have in this process.

"Volition"—to show initiative and a desire to act—is also relevant for professionals. In some extracts, professionals suggested that a person being able to show what they want represents an essential process in self-determination (one professional stated "*... the desire part is perhaps the first step*"). Moreover, some of the extracts linked to "choice" are interconnected with "volition", "self-knowledge" and "adjusting to the environment".

Results showed that professionals also included in their concept of self-determination categories that in different ways relate the people to the context or to their representation in that context in order to lead and manage their actions: "adjusting to the environment", "empowerment", "adjusted expectations", "life plan choices", "decision making", "self-control and self-regulation", and "informed decisions". Although in some categories, such as "self-regulation/self-control", professionals made little reference to the process of regulation or to the learning process for this competence, but merely reflected on whether it was present or not.

Finally, despite having fewer mentions, other relevant categories should be highlighted: "analyzing the consequences", "self-observation", "persistence", "awareness of

supports”, “planning”, and “outcome expectations”. These categories imply expanding the spatio-temporal scope of the experience and seem to be related to more complex metacognitive processes. For example, when referring to “self-observation”, professionals indicated that experiences of success and failure are conceived as a source for the process of learning and adjusting for the future. In relation to this point, some categories contained only barriers to action, as was the case with the one and only extract for “outcome expectations”, which highlighted that fear of failure may be the reason for inaction (and ultimately, for showing less self-determination).

In this regard, there is another category with only a small number of extracts (“causal agent”), but which stands out for its relevance, since it could be considered a concept or way to define self-determination that encompasses all of the above. This category refers to the ability to be in the driving seat of our own lives, to be the responsible of things that happen in our lives. So, while the quotes on this point are few, they relate to the fundamental core of the construct when they affirm that self-determination is the *“ability we all have to be in the driving seat of our own lives”* (FG1) or that *“everything that we are saying is so that they are able at some point to direct their own lives”* (FG3).

Finally, the “communication skills” category could be considered a prerequisite for self-determination. Professionals stressed that the ability to be understood (in other words, that people express themselves and professionals are able to understand them) is vital for the existence and development of self-determination, especially if there are no straightforward forms of communication.

Differential aspects of self-determination depending on support needs

Two other categories emerged during the FGs, although they are not directly related to the concept of self-determination, but rather to the needs of the people with disabilities. These categories were “people with a lower level of support needs” (when professionals were

alluding to persons with ID who have a milder degree of disability and dependency) and “people with a higher level of support needs” (when professionals were alluding to persons with ID who have severe support needs, a higher level of dependency or multiple severe disabilities). It is interesting to observe how these categories interact with the understandings of the construct provided in Table 3; Figure 2 offers a different perspective, adapted to the situation and population, giving rise to different priorities in the development of self-determination.

With people with higher level of support needs, communication skills (considered as a prerequisite) become the foundation for the establishment of interaction in the process, enabling the development of self-determination. In addition, these skills are associated with five categories: “self-knowledge/self-esteem”, “autonomy”, “volition”, “choice”, and “decision making”, in the sense that professionals consider these as necessary building blocks to promote self-determination. Decision making was a common aspect to both groups. However, in the case of people with a lower level of support needs, rather than simply choosing, it relates to a more elaborated form of decision making, using informed decisions, therefore requiring the person to look for and select the relevant information to be used in the process.

[Figure 2 near here]

From professional practice to the conceptual reference model (Shogren et al., 2015)

Finally, it is interesting to reflect on how the information extracted from the FGs aligns with the theoretical model proposed by Shogren et al., 2015 (as described in Table 1), which currently serves as a reference for understanding the construct of self-determination. To this end, one side of Table 4 presents and aligns the dimensions and subdimensions of the theoretical model; the other side does the same with the categories resulting from the FGs, and relates them back to the model. In addition, a distinction is made between categories that

directly match a particular component of the model, and those that are related but not mentioned as such in the model.

[Table 4 near here]

In relation to the volitional actions dimension of the theoretical model, two FG categories (“autonomy” and “volition”) are a clear match to its two subdimensions, namely autonomy and self-initiation. Respectively, these subdimensions are understood to mean acting without undue influence from others, and initiating actions as and when one decides; these definitions match the extracts included in both FG categories. Comments from two professionals illustrate this relationship: “*self-determination is, at the end of the day, doing and saying as much as a person can, according to their possibilities*” (“autonomy” category; FG1); “*self-determination is to foster the desire to be able to decide about yourself*” (“volition” category; FG2); both clearly reflect the subdimensions mentioned above. Other categories “choice”, “preference-based choice”, “decision making”, “informed decisions”, and “expression of opinions”—are also related to this dimension, which involves not only acting with autonomy and intentionality, but also choosing goals based on one’s own preferences and initiating actions when and how one chooses.

The second dimension (agentic actions) is composed of 3 subdimensions (self-direction, self-regulation and pathways thinking); only one of these can be directly associated with one of the FG categories (“self-regulation and self-control”). However, considering that this subdimension involves regulating the action process, decision making, and problem solving, depending on the obstacles that arise during the process, it could then be related to other categories, such as “analyzing the consequences” and “self-observation”, which describe the actions to be undertaken in this process of self-regulation and adjusting for obstacles. Take as an example the professional who thought that “... *self-determination is about going further, and is not just about choosing between black or white, [...], but about*

seeing the consequences that come with choosing black, that choosing black is not what matters, what are the consequences, the impact, and well, discerning something about the black and about the white” (“analyzing the consequences” category; FG2).

Similarly, other FG categories (“planning” and “assuming responsibility”) could be related to the self-direction subdimension if we understand this as acting by directing one’s own actions towards the achievement of one’s freely chosen goals; this is because the processes of planning, along with the act of showing commitment and assuming our decisions, lay down the foundations for any action we perform to achieve our goals. It should also be noted that the pathways thinking subdimension (identifying different options for action in order to overcome and adjust the action in the face of possible obstacles) did not match any of the FG categories. That said, it could be related to the “adjusting to the environment” category, because one of the ways of adjusting to the limitations of the environment is to think about or know about alternative courses of action.

The third dimension of the model (action-control beliefs) includes the more metacognitive and attitudinal aspects underlying the action; in other words, the thoughts of the person about his or her level of action-control, if the person thinks or feels that he or she has what is needed to drive actions aimed at achieving goals. In this dimension, only one FG category (“empowerment”) matches one of the model’s 3 subdimensions (empowerment, control expectancy, and self-realization). However, the set of FG categories associated with the underlying attitudinal profile of self-determination (“persistence”, “adjusted expectations”, “outcome expectations”, “self-knowledge/self-esteem”, and “awareness of supports and one’s needs”) are related to the description of this dimension.

On the one hand, there are comments from professionals who suggest that people with ID “... *often do not act for fear of failure*” (“outcome expectations”; FG1); and that as well as promoting expectations of success, it is equally important to adjust these expectations and to

focus on “... *being realistic with your expectations because it is a task then that you have to keep doing with the people*” (“adjusted expectations” category; FG4).

On the other hand, further comments linked to this dimension highlight the importance “... *of the people knowing themselves and knowing what things they can do, what things they believe they can't do so well, their own limitations*” (“self-knowledge/self-esteem” category; FG3) and also recognition of “... *where we need help and where we don't need help or where we can move forward*” (“awareness of supports and of one's needs; FG1); a component that professionals maintain they pursue when promoting self-determination is “... *also focusing on knowing yourself, in the part about self-determination, like knowing something about your limits, differentiating what you'd like from what you can and things like that*” (“self-knowledge/self-esteem”; FG3).

Discussion

Overall, while teachers and educators highly value the promotion of self-determination, there is a disconnect between the importance they attach to it and the degree to which they feel familiar with the concept and the confidence they have in the effectiveness of the strategies they are using (Thoma, Nathanson, Baker, & Tamura, 2002). The objective of this study was to consider how professionals understand the construct of self-determination through their remarks made in FGs. The statements produced in the groups revealed that professionals know many of the components underlying the concept of self-determination, managing to identify more than 20 skills, competencies or attitudes related to it.

It is significant that many of the elements considered in the research (Carter et al., 2015; Stang, Carter, Lane, & Pierson, 2009; Wehmeyer, 2003), like the instructional domains linked to self-determination and the most basic components of the construct (such as choice making, decision making, problem solving, goal setting, self-management, self-knowledge or self-advocacy) emerged in the discussion groups. The knowledge of the professionals

suggests a way of understanding self-determination that is highly focused on specific, observable aspects, that is, on elements they observe day-to-day in the persons they work with; or on the behaviors, thoughts or feelings that they wish to develop in them.

It was also observed that professionals had a tendency to largely simplify the concept of self-determination, identifying it with choice and autonomy capabilities, as these were the two categories most frequently referred to in the groups. Wehmeyer (2005) pointed out this tendency to misinterpret the construct, by assuming that the concept is synonymous with making choices and being self-sufficient. Simplifications such as these have been observed in families (Arellano & Peralta, 2013) as well as in professionals.

Personal self-knowledge also appears to be a relevant component of self-determination for professionals. This area and the elements mentioned above (i.e., autonomy and choices) were associated with people with a higher level of support needs. In this regard, Carter et al. (2008) found that, when compared with their general education colleagues, special education teachers attached greater importance to instruction in self-knowledge skills. The challenge of ensuring, as Wehmeyer (2005) stressed, that self-determination is not understood differently depending on the extent or severity of the disability remains, as “the role of teachers is not to teach students to control their lives; it is to enable students with severe disabilities to become more self-determined” (p.119).

Given that a number of elements were mentioned, it would be inaccurate to say that professionals identify self-determination solely as being related to choices and autonomy. It is important to highlight other elements that professionals believe define self-determination (e.g., volition, expression of opinions, empowerment, and informed decisions), which suggest a more complete and up-to-date comprehension. For example, the references to volition (i.e., showing intentionality, desire, and initiative in order to act and make conscious decisions)

echo a term that Wehmeyer (2005) and Shogren et al. (2015) consider central to understanding the construct.

Similarly, the fact that the theoretical model proposed by Shogren et al. (2015) could be aligned to the FG results suggests that professionals' awareness of the construct is fairly current and consistent; that they are both involved and interested in this area. Professionals are taking important steps to ensure that self-determination and its elements stand as a key point in the lives of people with disabilities and in professional practices.

This study is not exempt of limitations, such as the fact that it focuses solely on the perspective of professionals or that convenience sampling was used. However, this decision regarding the focus of the study allowed us to delve deeper into the professional perspective; although the challenge of extending the research to include the perspectives of the different stakeholders (people with disabilities, families, etc.) still remains. Future research should combine efforts to extend the scope, to understand the perception of all stakeholders (relatives, people with disabilities, carers, etc.), with the aim of obtaining a more complete and shared overview of the construct and of determining the challenges and needs of each group. Behaviors and attitudes of carers (their perception, resilience, etc.) can reinforce the strengths and abilities of people with disabilities (Oñate & Calvete, 2017).

In conclusion, this study highlights the knowledge and tendencies among professionals with regard to self-determination, as well as the elements they regard as high priority. One of the key challenges could be for professionals to admit a higher level of abstraction in order to achieve a self-determination reference model that gives them what they need, as well as to plan and monitor development and promotion processes. Professionals should provide support and instruction to improve all the components underlying self-determination (many of them identified by professionals), without only focusing on autonomy and choice-making promotion, since they would be simplifying and misunderstanding the

construct (Wehmeyer, 2005). Moreover, knowing how self-determination is conceived or misunderstood, as well as which are the facilitators, barriers or needs that professionals encounter in their daily efforts to promote self-determination (Mumbardó-Adam et al., in press), sheds new light on the training needs for direct-care professionals related to self-determination understanding and related skills promotion. This could, in turn, give rise to a sustainable improvement in practices, as a complete approach to the construct lays the foundations for effective and individualized intervention programs and sustainable outcomes for people with ID.

Given the significance of self-determination for the promotion of quality of life in different organizations (Schalock & Verdugo, 2014), it seems necessary that both these constructs should form part of a shared conception. Ultimately, only when organizations, professionals, relatives, and the people with disabilities themselves all work towards the same goal and share the same language, will the impact be seen in the design of good practices, the promotion of opportunities, and an enhanced quality of life.

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Table 1. Dimensions/essential characteristics and subdimensions of self-determination.

Self-determination from the professional perspective

ESSENTIAL CHARACTERISTICS		SUBDIMENSIONS	
Name	Definition	Name	Definition
Volitional characteristic	To act with autonomy and intentionality, choosing goals based on one's own preferences and initiating actions when and how one chooses to do so.	<i>Autonomy</i>	To act without undue influence from others.
		<i>Self-initiation</i>	To initiate actions when one decides to do so.
Agentic characteristic	To act by managing one's own actions to achieve specific goals, monitoring and self-regulating the process followed to reach the goals	<i>Self-direction</i>	To act directing one's own actions towards the achievement of one's freely chosen goal.
		<i>Self-regulation</i>	To regulate the action process, decision making and problem solving, managing obstacles as they occur.
		<i>Pathways thinking</i>	To identify different options for action in order to overcome and adjust actions.
Action-control beliefs	To have action-control beliefs or thoughts, to have a sense of empowerment, believing that one has what it takes to achieve one's goals	<i>Empowerment</i>	To be aware of one's own abilities and skills to achieve specific objectives.
		<i>Control expectancy</i>	To be able to adjust expectations to one's capabilities and limits
		<i>Self-realization</i>	To use the awareness of one's strengths and weaknesses to achieve one's goals.

Table 2. FG design by area and age.

Focus groups	Population cared for by the professionals	
	Children and adolescents	Adults
	FG 1	FG 2
	10 participants	7 participants
Day 1	10 women	1 man and 6 women
	8 teachers; 1 support teacher; and 1 center director	4 educators; 1 psychologist; 1 pedagogue; 1 director
	FG 3	FG 4
	7 participants	6 participants
Day 2	7 women	1 man and 5 women
	6 teachers and 1 educator	4 psychologists; 1 pedagogue; and 1 director

Table 3. Relevant categories from the FG analysis.

Category	Description	Extract
Choice	To choose between different options, with or without the use of supports.	<i>"It's about deciding between one thing or another, choosing. It could be through pictograms, [...] pointing, [...] looking..." FG1</i>
Self-knowledge/Self-esteem	To know oneself and to have confidence in one's own worth.	<i>"... they have sufficient knowledge of themselves and they know their capabilities." FG1</i>
Autonomy	To act autonomously and to function in everyday life in context.	<i>"... to be able to do things on their own." FG1</i>
Expression of opinions	To express and show one's opinions, on likes and dislikes, on what is or is not of interest.	<i>"... it's when they can express what they really feel, what they like." FG3</i>
Assuming responsibility	To show commitment and to assume the consequences of one's decisions and actions.	<i>"And they feel like they are helping, like they have a responsibility." FG1</i>
Volition	To show initiative and a desire to act.	<i>"To get to the volitional part, the desire part is perhaps the first step [...]." FG1</i>
Communication skills	The person's ability to communicate and express through language or another system; and the ability of the professional to understand that person, as a prerequisite for self-determination.	<i>"That is being self-determined, saying that something is happening to me and being able to express it." FG3</i>
Adjusting to the environment	To adjust to the possibilities and limitations of the environment.	<i>"... there are boundaries, there are limits. At home, in the center, in society [...] in your country [...] you have to move around as freely as you can." FG2</i>
Empowerment	To feel or to believe that one can achieve chosen goals by maintaining a sense of purpose.	<i>"... feeling like they can do things, that's invaluable." FG1</i>
Adjusted expectations	To align expectations with the abilities of the individual.	<i>"... being realistic with your expectations [...] it is a task then that you have to keep doing with the people." FG4</i>
Life plan choices	To make choices about one's own life plan.	<i>"... the ability to choose at a given point in time what they want to do, or to make a choice about what they want to devote their lives or their studies to..." FG3</i>
Decision making	To be able to go through a decision-making process.	<i>"... learning how to decide [...] there's a whole learning process behind this. Not choosing for the sake of choosing, or because someone else chose it [...] there's a lot of preparatory work." FG3</i>

Self-determination from the professional perspective

Self-regulation and self-control	Capacity for personal regulation and control.	<i>"... it's a challenge, self-control or self-regulation... for people with disabilities [...] it's very much linked to self-determination, to that capability." FG2</i>
Informed decisions	To make decisions based on relevant and necessary information.	<i>"... that they have all the information they could possibly have to be able to make a real choice and knowing what it's for." FG3</i>
Analyzing the consequences	To reflect on the consequences of actions.	<i>"... self-determination [...] is not just about choosing between black or white [...] but about seeing the consequences [...] and discerning." FG2</i>
Self-observation	To observe and evaluate oneself in order to learn from experience.	<i>"... it's amazing when someone gets it." FG1</i>
Persistence	To maintain focus and effort on a chosen target.	<i>"Maybe regulate this level of effort and associated fatigue, [...] when we consider what the challenges are." FG1</i>
Causal agent	To be responsible for the things that happen, to be involved in one's life.	<i>"... the ability we all have to be in the driving seat of our own lives." FG1</i>
Awareness of supports	To be aware of the supports that one needs and that can be provided by one's environment.	<i>"... where we need help and where we don't need help or where we can move forward." FG1</i>
Planning	To be able to organize oneself.	<i>"Having the ability to: now I have to do this task, then it will be time to rest." FG1</i>
Outcome expectations	To believe that one can or cannot achieve goals.	<i>"...often they do not act for fear of failure." FG1</i>

Table 4. Alignment of the categories and the theoretical model (Shogren et al., 2015)

Dimensions and subdimensions of the theoretical model		Associated FG categories	
Dimension	Subdimension	Matching categories	Related categories
Volitional actions	1. Autonomy	Autonomy	Choice Preference-based choice Decision making
	2. Self-initiation	Volition	Informed decisions Expression of opinions
Agentic actions	3. Self-direction	---	Planning Assuming responsibility
	4. Self-regulation	Self-regulation and self-control	Analyzing the consequences Self-observation
	5. Pathways thinking	---	Adjusting to the environment
Action-control beliefs	6. Empowerment	Empowerment	Persistence
	7. Control expectancy	---	Adjusted expectations Outcome expectations
	8. Self-realization	---	Self-knowledge/Self-esteem Awareness of supports and one's needs