



Enhancing staff attitudes, knowledge, and skills in supporting the self-determination of adults with intellectual disability in residential settings in Hong Kong - A pretest-posttest comparison group design

Journal:	<i>Journal of Intellectual Disability Research</i>
Manuscript ID:	JIDR-02-2007-0025-OM.R2
Manuscript Type:	Original Manuscripts
Keywords:	self-determination, Intellectual Disability, staff training, attitude-knowledge-skills model, instructional strategies, Hong Kong



Review

1
2
3
4
5
6
7
8
9
10 Enhancing staff attitudes, knowledge, and skills in supporting the self-determination
11
12 of adults with intellectual disability in residential settings
13
14
15
16
17 in Hong Kong—A pretest-posttest comparison group design
18
19
20
21
22

23 Principal author: Ms. Phyllis King Shui WONG, Fieldwork Supervisor, Department of Social
24
25 Work and Social Administration, The University of Hong Kong.
26
27

28
29 Corresponding address: Room 1318, KK Leung Building, The University of Hong Kong,
30
31 Pokfulam Road, Hong Kong.
32
33

34
35 Tel: (852) 2859 2072; Fax: (852) 2858 7604
36
37

38 Email: pks Wong@hkucc.hku.hk
39
40
41
42
43

44 Co-author: Dr. Daniel Fu Keung WONG, Ph.D., Associate Professor, Department of Social
45
46 Work and Social Administration, The University of Hong Kong.
47
48

49
50 Corresponding address: Room 1317, KK Leung Building, The University of Hong Kong,
51
52 Pokfulam Road, Hong Kong.
53
54

55
56 Tel: (852) 2859 2096; Fax: (852) 2858 7604
57
58

59 Email: dfkwong@hkucc.hku.hk
60

1
2
3
4 Abstract
5
6

7 *Background* The ecological perspective recognizes the critical role that is played by
8 rehabilitation personnel in helping people with intellectual disability (ID) to exercise
9 self-determination, particularly in residential settings. In Hong Kong, the authors developed
10 the first staff training program of its kind to strengthen the competence of personnel in this
11 area. The purpose of this study was to examine the effectiveness of staff training in enhancing
12 residential staff's attitudes, knowledge, and facilitation skills in assisting residents with ID to
13 exercise self-determination.
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

29 *Methods* A pretest-posttest comparison group design was adopted. Thirty-two participants in
30 an experimental group attended a six-session staff training program. A 34-item
31 self-constructed scale was designed and used for measuring the effectiveness of the staff
32 training.
33
34
35
36
37
38
39
40

41 *Results* The results showed that the experimental group achieved statistically significant
42 positive changes in all domains, whereas no significant changes were found in the comparison
43 group.
44
45
46
47
48
49

50 *Conclusions* The findings provided initial evidence of the effectiveness of staff training that
51 uses an interactional attitude-knowledge-skills model for Chinese rehabilitation personnel.
52
53
54
55
56
57
58
59
60
The factors that contributed to its effectiveness were discussed and recommendations for
future research were made.

1
2
3
4 Keywords: self-determination, staff training, intellectual disability,
5
6
7 attitude-knowledge-skills model, instructional strategies, Hong Kong.
8
9

10 11 12 13 Introduction

14
15
16 In recent years, organizations that represent people with intellectual disability (ID) (e.g.,
17
18
19 People First and the Arc) have become increasingly outspoken about the need for people with
20
21
22 ID to have personal control and self-determination. The Arc (1998) stresses that people with
23
24
25 ID can become self-determined if they are given adequate support, learning opportunities, and
26
27
28 experience from significant people in their lives, such as family and paid carers. This belief is
29
30
31 shared by those who support the ecological perspective. Abery and Stancliffe emphasize that
32
33
34 people's face-to-face interactions within the microsystem environment greatly affect
35
36
37 individuals' attainment and exercise of self-determination (Abery, 1994; Abery & Stancliffe,
38
39
40 1996). In a residential setting, interacting with residents around the clock, residential staff
41
42
43 inevitably play a vital role in influencing residents' daily experiences and opportunities
44
45
46 (Larson et al., 1994). Hence, effective staff training programs are necessary to help staff
47
48
49 members become competent in facilitating residents' self-determination. Although staff
50
51
52 training is vital, there are very few studies that concern staff training for self-determination in
53
54
55 the disability field (Cooper & Browder, 2001). In Hong Kong, the present study is the first of
56
57
58 its kind. The purpose of this study was to examine the effectiveness of a staff training
59
60

1
2
3
4 program for enhancing the competence of residential staff members in supporting the
5
6
7 self-determination of adults with moderate grade ID.
8
9

10 Perspectives in Self-Determination 11

12
13 The concept of self-determination arose in the early 1940s in the field of personality
14
15 psychology (Wehmeyer, 1998). There appears to be two major interlocking perspectives of
16
17 self-determination. While one perspective focuses on self-determination as an intra-personal
18
19 construct that involves motivation, attitudes, and skills in exercising self-determination, the
20
21 other perspective stresses the importance of environmental factors in influencing
22
23 self-determination. According to Deci and Ryan (1985), self-determination is a motivational
24
25 construct that is regarded as an intrinsic need. Essentially, the exercise of self-determined
26
27 behaviors is influenced by a person's intrinsic motivations, extrinsic motivations (involving a
28
29 continuum of degrees of autonomy – integration, identification, introjection, and external
30
31 regulation), or amotivation (Deci & Ryan, 1985). Wehmeyer and colleagues propose a
32
33 functional theory of self-determination and suggest that a self-determined person possesses
34
35 specific attitudes (i.e., psychological empowerment and self-realization) and abilities (i.e.,
36
37 behavioral autonomy and self-regulation), and consistently performs self-determined actions
38
39 (Wehmeyer, 1996; Wehmeyer, 2003; Wehmey et al., 1998). They categorize self-determined
40
41 behaviors into 12 components, which include choice-making skills, goal-setting and
42
43 attainment skills, and independence. This functional model of self-determination emphasizes
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4 that self-determined behaviors are intrinsic and can be learned and enhanced. Mithaug et al.
5
6
7 (2003) suggest that this learning process is self-regulatory. In other words, an individual will
8
9
10 try to maximize his or her self-determination learning by actively negotiating with the
11
12
13 environment to create learning opportunities.
14

15
16 On the other hand, Abery and Stancliffe (2003a) emphasize the role of environment
17
18 in facilitating self-determination. They describe an ecosystem that consists of four levels of
19
20 environmental factors that influence self-determination: the microsystem, mesosystem,
21
22 exosystem, and macrosystem (Abery & Stancliffe, 1996; Stancliffe et al., 2000b). They
23
24 propose that self-determination occurs as a result of ongoing interplay, across the life span,
25
26 between individuals and their multiple environments (Abery & Stancliffe, 2003a). In a
27
28 residential setting, which is considered a microsystem, an individual's self-determination can
29
30 be enhanced in the following ways: (1) fulfillment of a basic need, (2) respect and acceptance,
31
32 (3) opportunities for self-determination, (4) positive reinforcement for attempts to exercise
33
34 personal control, (5) participation and inclusion, (6) the availability of role models, and (7)
35
36 individualized programming and support (Abery & Stancliffe, 2003b). This study adopted
37
38 the environmental perspective that is proposed by Abery and Stancliffe, and attempted to
39
40 modify a major environmental factor – staff of residential services – at the microsystem level
41
42 by enhancing their attitudes, knowledge, and skills in facilitating the self-determination of
43
44 residents with ID.
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

The Roles of Environment and Staff in Self-Determination

Stancliffe et al. (2000b) compared the degree of personal control that is exercised by adults with ID who had no guardian or conservator with that of adults who had a guardian or a conservator. Their findings suggested that individuals with no guardian or conservator exercised more personal control than those with a conservator, and those with a conservator exerted more personal control than those with a guardian. The authors suggested that people who were close to individuals with ID (e.g., support staff) might consciously and/or unconsciously provide fewer opportunities for personal control to individuals with ID.

Other studies conducted by Stancliffe and colleagues examined staff-related and environmental factors that contributed to self-determination and personal control (Stancliffe, 1997; Stancliffe et al., 2000a; Stancliffe et al., 2000b). In one study, Stancliffe (1997) found that the presence or absence of staff was significantly related to residents' choice making. This might be because residents felt free to do what they liked and no permission from staff was needed. In another study to identify the microsystem environmental variables (i.e., living environmental variables, staff autonomy, and staff characteristics) that are associated with self-determination, Stancliffe and his colleagues (2000a) found that living environmental variables (e.g., program operation and daily routines) made a significant contribution to residents' personal control. Residents who exercised more personal control in settings in which the policies and practices supported residents' autonomy demonstrated greater

1
2
3
4 individualization. The authors recommended that environmental interventions such as staff
5
6
7 training and improving staff working practices be implemented in these community settings.
8
9

10 With regard to the relationships between the size of a living unit and the degree of
11
12 restrictiveness in the environment and self-determination, studies suggest that a small-sized
13
14 living unit (i.e., 1 to 5 persons) is significantly related to self-determined behaviors (e.g.,
15
16 Stancliffe, 1997; Tossebro, 1995). In a longitudinal study that was conducted by Stancliffe
17
18 and Abery (1997) to compare the level of opportunity for choice making between a group of
19
20 “movers” (participants with severe/profound developmental disabilities who had moved from
21
22 the institutions to community residential settings), and a group of “stayers” (those who stayed
23
24 behind in the institutions), the researchers found that the movers had more opportunities to
25
26 exercise choice making than had the stayers. In another study, Wehmeyer and Bolding (1999)
27
28 found that there were significant differences in the levels of self-determination, autonomy,
29
30 and opportunities to make choices between those individuals who lived or worked in
31
32 non-congregate community-based settings and those who lived in institutions. Wehmeyer
33
34 and Bolding (2001) also examined the level of change in self-determination that was reported
35
36 by individuals with ID who had moved from a more restrictive to a less restrictive work or
37
38 living setting. Their findings suggested that there was significant positive change in
39
40 self-determination after a move to a less restrictive environment. The cited studies show that
41
42 individuals with ID enjoy a higher degree of self-determination in a smaller sized and less
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4 restrictive living environment.
5
6

7
8 In Hong Kong, the community-based residential services for people with ID are usually
9
10 larger in size. The hostels under consideration in our present study have a standard
11
12 provision of 56 adults with moderate ID per hostel. Each resident lives with 6 to 7 other
13
14 residents in one of the several quarters that are housed in a block in a public housing estate.
15
16
17 Communal facilities for dining and social activities are standard practice in a hostel. Under
18
19 these conditions, there is a need to ensure the proper functioning of the hostels and residents
20
21 involved. Indeed, the staff members of these residential services have to be creative in
22
23 facilitating self-determination among the residents. Moreover, the concept and practice of
24
25 self-determination on people with ID are relatively new in Hong Kong. **Traditionally,**
26
27 **‘Chinese socialization was described as including training for obedience to authority, for**
28
29 **proper conduct, for impulse control, while a relative lack of emphasis is given to**
30
31 **independence, assertiveness and creativity’ (Wu, 1996, p.148). In addition, in order to**
32
33 **preserve interpersonal harmony and avoid open conflicts, the Chinese tend to adopt an**
34
35 **unassertive style of communication in interpersonal interactions (Gao, Ting-Toomey &**
36
37 **Gudykunst, 1996). Indeed, according to Wu (1996), these traditional values appear to**
38
39 **have ‘an enduring historical and cultural continuity’ (p. 154). These traditional values**
40
41 **may affect the facilitation of self-determination among the staff who are working with**
42
43 **people with ID in the following ways. First, the staff adhering to these traditional**
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4 values of “discipline and obedience” would need to learn to understand and accept the
5
6
7 importance of such values as choice making and assertiveness for people with ID.
8
9
10 Secondly, staff may need to learn the actual skills in facilitating self-determination as
11
12
13 many of them have not been culturally socialized to do so. Lastly, people with ID may
14
15
16 need a lot of encouragement and opportunities for them to learn the concept and
17
18
19 practices of self-determination as they are not culturally prepared to do so. Thus, staff
20
21
22 training to improve the working attitudes and practices of facilitating self-determination is
23
24
25 perhaps especially important in Hong Kong, because a facilitative environment enables
26
27
28 residents to have more opportunities to exercise self-determination.
29

30 31 32 An Interactional Attitude-Knowledge-Skills Model 33

34
35 Historically, studies on staff training in the rehabilitation field focus on skills
36
37 enhancement of staff (e.g., Cooper & Browder, 2001; Parsons et al., 1993; Sigafoos et al.,
38
39 1992). However, skills training without enhancing attitudes and knowledge may not be able to
40
41
42 foster the commitment of the individual staff members who are involved (Tittnich, 1986).
43
44
45 Because self-determination is a relatively new concept in the field of intellectual disability in
46
47
48 Hong Kong, residential staff have very little knowledge or skills in facilitating the
49
50
51 self-determination of people with ID. Moreover, they may not see the importance of fostering
52
53
54 self-determination and may resort to their own values and behavioral patterns to handle
55
56
57 residents’ daily issues. Taking reference from the cognitive dissonance theory (Festinger,
58
59
60

1
2
3
4 1957), this staff training program recognizes that staff look for consistency in their own
5
6
7 attitudes, beliefs, knowledge, and behavior. Thus, an effective staff training program enables
8
9
10 staff to evaluate their old values and behavioral patterns, and develop new values and
11
12 behavioral patterns that are consistent with the new knowledge that has been acquired during
13
14 the training (Tittnich, 1986). In the case of staff training for workers in facilitating
15
16 self-determination for people with ID, the training must provide opportunities for
17
18 self-examination of one's attitudes and practices in facilitating self-determination for people
19
20 with ID. It must also help staff members to acquire the knowledge and skills to recognize and
21
22 respond to their residents' spoken and unspoken preferences, and become proficient in
23
24 supporting residents in decision making, goal setting, problem solving, and so on.
25
26
27
28
29
30
31
32
33

34
35 Our approach to staff training stresses the interaction of attitudes, knowledge, and skills.
36
37 It covers the rationales for supporting the self-determination of people with ID, knowledge on
38
39 self-determination (e.g., personal preferences, choice making, decision making, problem
40
41 solving, goal setting, and attainment), and staff skills in facilitating residents to exercise
42
43 self-determination.
44
45
46
47
48
49

50
51 The objective of this study is to examine the effectiveness of a staff training program that
52
53 uses an interactional attitude-knowledge-skills model. The hypothesis is that participants in
54
55 the experimental group will have significantly higher scores in positive attitudes, knowledge,
56
57 and skills in facilitating self-determination than will the participants in the comparison group.
58
59
60

Method

Research Design and Participants

This study adopted a pretest-posttest comparison group design. The study participants were 45 hostel staff members. This was the entire complement of staff (including social workers, direct carers, and support staff) from three hostels that are operated by the same non-governmental organization. Each of these three hostels has the same service nature and size, and provides residential service for 56 adults with moderate ID who are working in supported employment settings or sheltered workshops. Two hostels out of three were randomly chosen and all of the thirty-two staff members from the two hostels became members of the experimental group, and attended a six-session staff training program, while the thirteen staff members of the third hostel comprised the comparison group and did not receive any training during the research period. The researcher provided the same training to participants who were in the comparison group after the research was completed.

Instrumentation

All participants completed a questionnaire before and after the staff development program. Based on the work of Abery and Stancliffe (1996), Deci and Ryan (1985), and Wehmeyer et al. (Wehmeyer, 1996; Wehmeyer et al., 1998), and with the Hong Kong context in mind, a self-constructed scale on attitudes, knowledge, and skills in facilitating the self-determination of people with intellectual disabilities (abbreviated to the 'scale on

1
2
3
4 self-determination') was established and was administered by the trained interviewers. The
5
6
7 scale had 34 items and was used to assess participants' attitudes towards, knowledge of, and
8
9
10 skills in facilitating the self-determination of residents. A seven-point Likert scale and
11
12 vignette scenarios were used in this scale. The use of the vignette scenarios aimed to reduce
13
14 the social desirability effect. They were carefully developed for the Hong Kong context, and
15
16
17 were based on ideas that were generated by a focus group that consisted of residential staff
18
19
20 and on the authors' clinical experiences. The vignettes were written to reflect local conditions
21
22
23 and practices. For examples, in one vignette, the typical daily routine of a hostel when
24
25
26 residents have to go out for physical exercise at night was used. Participants were tested on
27
28
29 the extent to which they allowed the residents to choose to go or not to go out for physical
30
31
32 exercise. In another vignette, we selected a typical regular meeting in the hostel as the
33
34
35 scenario and asked the participants how they would facilitate the expression of
36
37
38 self-determination of the residents.
39
40
41
42

43 44 The Attitudes Domain

45
46
47 The *attitudes* domain contained 19 items that examined the participants' attitudes
48
49
50 towards the self-determination of people with ID. Sixteen items were presented in a
51
52
53 seven-point Likert scale. Each of these items consisted of a statement (e.g., "People with ID
54
55
56 have the right to self-determination") and the participants were invited to answer to what
57
58
59 extent they agreed with the statement. On the scale, '1' represented 'absolutely disagree' and
60

1
2
3
4 '7' represented 'absolutely agree.' The other 3 items were questions that concerned the
5
6
7 participants' attitudes towards the vignette scenarios (e.g., "What would you do if their
8
9
10 decision involves a certain amount of danger?"). The participants were invited to answer in
11
12
13 their own words. These answers were then evaluated according to the scoring scheme that was
14
15
16 developed by the authors. A high score reflected a positive attitude towards the
17
18
19 self-determination of people with ID. The maximum score for this domain was 118.
20
21

22 The Knowledge Domain

23
24
25
26 The *knowledge* domain contained 7 items that examined the participants' fundamental
27
28
29 and practical knowledge of facilitating people with ID to exercise self-determination. Six
30
31
32 items were presented in a seven-point Likert scale. Each item consisted of a statement (e.g.,
33
34
35 "Self-determination is a sign of being mature and independent") and the participants were
36
37
38 invited to answer to what extent they agreed with the statement. This domain also contained
39
40
41 an open-ended question that concerned the participants' knowledge of the component
42
43
44 elements of self-determined behavior. The participants' answers were again evaluated
45
46
47 according to the scoring scheme. A high score reflected a high level of knowledge of
48
49
50 facilitating people with ID to exercise self-determination. The maximum score for this
51
52
53 domain was 54.
54

55 The Skills Domain

56
57
58
59 The *skills* domain contained 8 items that examined the participants' skills in facilitating
60

1
2
3
4 people with ID to exercise self-determination. All items were related to the participants'
5
6
7 facilitation skills in responding to the vignette scenarios (e.g., "A resident told you he/she
8
9
10 dislike the current job in the sheltered workshop. What would you do?"). The participants
11
12
13 were invited to give their own answers. These answers were then evaluated according to the
14
15
16 scoring scheme. A high score reflected a high level of facilitation skills. The maximum score
17
18
19 for this domain was 23 (see Appendix A).
20
21

22 Validity and Reliability of the Scale 23 24

25
26 The face and content validity of this scale was reviewed by a panel of experts that
27
28 consisted of professorial staff in social work, two social workers, and two welfare workers
29
30 who have much experience in the field of ID. They were invited to comment on the relevance
31
32 and appropriateness of the scale. A pilot test was also carried out to explore the content
33
34
35 validity. A hostel that is run by another agency and that has the same service nature and
36
37
38 capacity as the participating hostels was used to carry out the pilot test. No major problems
39
40
41 were encountered in the pilot test, but it was decided that some minor changes in the wording
42
43
44 of the questionnaire would give the participants a more concrete understanding of the
45
46
47 questions. The vignette scenarios were also tested. The participants in the pilot test
48
49
50 consistently agreed that the vignette scenarios typified the difficult situations that concern the
51
52
53 self-determination issues which are faced by residents with ID in their hostel life. The scoring
54
55
56 scheme of the questionnaire was also finalized after taking into account the comments that
57
58
59
60

1
2
3
4 were received following the pilot test. The preliminary validation of the scale was thus
5
6
7 carried out through these review processes.
8
9

10 In this study, the scale achieved good reliabilities. The Cronbach's alpha coefficient of
11
12 the *attitude* domain was 0.76; of the *knowledge* domain, 0.71; and of the *skills* domain, 0.60;
13
14 and the total score was 0.83.
15
16
17

18 19 20 Training of Interviewers

21
22 To prevent the potential bias that is inherent in the self-reported format, with the
23
24 participants casting favorable results to the training, we decided to recruit independent
25
26 interviewers to administer the questionnaire to the participants. A three-hour training
27
28 session for interviewers was held in late March 2003. All interviewers were social workers
29
30 who were working or had previously worked in the field of ID. During the training session,
31
32 participants studied the interviewing manual and the scoring scheme, discussed these items,
33
34 practiced interviewing and scoring, reviewed the session, and gave relevant feedback. In the
35
36 pretest, all interviewers rated the staff of the hostel together with the principal researcher and
37
38 author. Further analyses showed a high concordance rate of 93% between the interviewers
39
40 and the principal researcher.
41
42
43
44
45
46
47
48
49
50
51
52

53 To strengthen the reliability of data, a second training session for interviewers was held
54
55 in late June 2003 to give the interviewers a revision session before the posttest.
56
57
58
59
60

Data Collection

Forty-five participants, members of both the experimental and comparison groups, took part in the pretest in late March 2003. They were individually interviewed by the trained interviewers. The average time for completing the scale was 45 minutes. Forty-four participants participated in the posttest in early July 2003. One participant in the experimental group left the job in the time between the tests.

Intervention

Structure of the Staff Training

The entire intervention consisted of six 3-hour sessions that were held biweekly. Each staff member in the experimental group was required to attend all six sessions. The intervention was implemented in a workshop format. The training workshops were run between early April and the end of June 2003.

Curriculum of the Staff Training

The objectives and content of the staff training program are to help participants (i.e., staff members) (1) to build positive attitudes towards self-determination; and (2) to enhance both fundamental and practical knowledge. The fundamental knowledge includes basic assumptions of self-determination: what self-determination is, why self-determination is important for people with ID (Deci & Ryan, 1985; Loon & Hove, 2001; Nirje, 1972; O'Brien, 1981; Wehmeyer & Schalock, 2001; Wehmeyer & Schwartz, 1998), and how environment

1
2
3
4 influences people's self-determination (Abery, 1994; Abery & Stancliffe, 1996). The practical
5
6
7 knowledge includes how to promote a supportive environment for residents, what
8
9
10 self-determination skills are (Wehmeyer et al., 1998), and how to learn effective
11
12
13 communication and facilitation skills. In the area of communication skills, both verbal and
14
15
16 non-verbal feedback are covered. Verbal feedback encompasses non-controlling feedback,
17
18
19 recognition, encouragement, rationale giving, and acknowledging feelings (Deci & Chandler,
20
21
22 1986). Non-verbal communication includes gestures, postures, touch, social distance, facial
23
24
25 expression, eye contact, and vocal cues (e.g., tone, pitch and volume, inflection and accent)
26
27
28 (Noels et al., 2003). Effective facilitation skills include: a) engaging skills—engaging
29
30
31 residents and understand their needs and unspoken preferences; b) visual cues and pictorial
32
33
34 presentation—presenting choices to residents; c) effective presentation skills—helping
35
36
37 residents understand situations; d) participation enhancement techniques—facilitating
38
39
40 residents' involvement in the activity process; and e) win-win negotiating
41
42
43 techniques—reaching a commonly accepted decision among conflicting needs.
44
45
46

47 *Instructional Strategies for Staff Training*

48
49

50
51 Instructional strategies for staff training are as important as the training model and its
52
53
54 training contents. Jurow (2001) suggests a climate for learning that includes five conditions:
55
56
57 level of participation, respect, collaboration, reflection and practice, and empowerment.
58
59
60 Others suggest that multiple instructional techniques for staff training are more effective than

1
2
3
4 a single technique (Cooper & Browder, 2001; Demchak, 1987). Scholars in the staff training
5
6
7 field suggest that effective training should take into consideration the learning style (i.e.,
8
9
10 activist, reflector, theorist, pragmatist) and characteristics (e.g., past experience and
11
12
13 behavioral patterns, personal belief system and attitudes, task-oriented) of adult learners
14
15
16 (Knowles, 1990; Rogers, 2001). Moreover, personal control and self-determination are not
17
18
19 the dominant cultural values that are adopted by the Chinese (Sha, 1988; Wu, 1996), so we
20
21
22 designed many experiential and interactive activities in the staff training to maximize
23
24
25 participants' learning. For example, stimulating & experiential games, group exercises, and
26
27
28 group discussions were used to encourage the active participation of participants; role-play
29
30
31 and videotaped episodes of daily hostel life were used to facilitate reflection; and homework
32
33
34 assignments between sessions served to empower participants by providing them with
35
36
37 opportunities for application. Three strategies are discussed below.

41 Role-play

42
43
44 Role-play is an efficient method that allows participants to directly practice their skills in
45
46
47 a simulated real-life situation in which they can make mistakes without having to worry about
48
49
50 the consequences (Rogers, 2001). The interaction and feedback giving between role-players
51
52
53 and observers can help generate a number of solutions to a problem (Milroy, 1982; Rogers,
54
55
56 2001). For example, we conducted a role-play exercise for which the scenario was a room
57
58
59 meeting among a number of residents. One of the volunteer role-players acted as a staff
60

1
2
3
4 member, while others acted as residents and assumed different personalities and
5
6
7 characteristics. In the debriefing section that immediately followed the role-play, the author
8
9
10 first invited the role-players to share their feelings about playing the part of a resident or staff
11
12
13 member. Then all of those who observed the role-play were invited to share their feelings and
14
15
16 suggestions about how self-determination could be facilitated. The participants had the chance
17
18
19 to see a situation from the residents' point of view, and to experience what a resident might
20
21
22 feel in that situation. They could then differentiate between the kinds of interactions that
23
24
25 support autonomy and those that do not, thus leading to a change in their attitudes.
26
27
28

29 Reflection sessions using videotaped episodes

30
31
32 Based on the idea of 'visual playback' in social skills training, a research assistant
33
34
35 randomly and freely videotaped episodes of day-to-day interactions between the residents and
36
37
38 the participants (staff). These episodes included mealtimes, leisure activities, group activities,
39
40
41 room meetings, and residents' meetings. The authors then selected relevant episodes that were
42
43
44 related to the concept of self-determination and used them as good or bad examples of
45
46
47 self-determination.
48
49

50
51 One advantage of this type of activity over a role-play is that the episodes that were
52
53
54 videotaped were real-life situations that involved the participants and residents. It was a
55
56
57 powerful way to facilitate self-reflection and increase the self-awareness of the participants.
58
59
60 Another advantage is that the videotape of the episode could be rewound and reexamined

1
2
3
4 (Milroy, 1982). This method also provided a valuable opportunity for peer exchange. In the
5
6
7 reflection session, a discussion following the playback was initiated to foster collaboration
8
9
10 among the participants. Participants who performed well in the video acted as role models for
11
12
13 others. Those who appeared in the videos could seek comments and suggestions for further
14
15
16 improvement. Brainstorming for creative alternatives could also take place. It is believed that
17
18
19 such peer exchange gives staff a fresh and exciting learning experience.
20
21

22 Homework Assignments

23
24
25
26 Homework assignments help learners transfer the skills learned in the training session to
27
28
29 their real-life situations (Wilkinson & Canter, 1982). The trainer giving feedback on learners'
30
31
32 homework assignments in a following session enable learners to gain a *powerful incentive to*
33
34
35 *improve* (Wilkinson & Canter, 1982).
36
37

38
39 The authors gave participating staff a homework assignment in every session, offering
40
41
42 them the chance to immediately put into practice what they learned about facilitating their
43
44
45 residents' self-determination. Equally, the assignment itself helped give the residents the
46
47
48 experience of exercising self-determination. At a subsequent session, staff members were
49
50
51 required to report on their homework assignments. During the debriefing, staff shared and
52
53
54 discussed their experiences in applying the new skills and methods.
55

56 Results

57 Profile of Participants

58
59
60

1
2
3
4 In total, 45 staff members completed the pretest, but only 44 completed the posttest. The
5
6
7 average attendance rate was 96%. There were 39 female and 6 male participants, who held
8
9
10 various positions at the hostels. Most of them provided direct care and support to the
11
12
13 residents in daily hostel life (n = 33, 73.3%), and 5 participants (11.1%) held top managerial
14
15
16 or middle managerial positions. The remainder included supporting staff members such as
17
18
19 clerks, cooks, and cleaning staff.
20
21

22
23 Twenty-nine of the participants had been working in the field of ID for over 5 years
24
25 (64.4%), and the rest had less than 5 years' experience (n = 16, 35.6%). Half of the
26
27
28 participants had not obtained secondary school qualifications (n = 23, 51.1%). Nine
29
30
31 participants had a secondary or matriculation education (20%), and 13 participants held
32
33
34 diplomas or degrees (28.8%). Half of the participants were middle-aged, between 40 and 49
35
36
37 years old (n = 25, 55.6%). Six participants were aged between 20 and 29 (13.3%), eight
38
39
40 between 30 and 39 (17.8%), and six between 50 and 59 (13.3%). Nearly half of the
41
42
43 participants had never heard of the concept of self-determination for people with ID (n = 21,
44
45
46 46.7%). Table 1 shows that the mean scores of the participants who were previously aware
47
48
49 of the concept of self-determination were significantly higher than the mean scores of those
50
51
52 who were not in the *Attitude* domain (p=0.01), the *Skills* domain (p=0.00) and the total score
53
54
55 (p=0.00). **However, further analysis shows that there was no statistical significance**
56
57
58 **between participants who had and had not heard of the concept of self-determination,**
59
60

1
2
3
4 **with 40.6% (13 out of 32) of the participants in the experimental group and 61.5% (8 out**
5
6
7 **of 13) of the participants in the comparison group who had never heard of this concept**
8
9
10 **(Chi-square = 0.20).** Thus, the profile of our participants is comparable to that of the staff
11
12 of a standard hostel for adults with moderate ID in terms of staffing composition and
13
14 educational levels.
15
16
17

18
19 Pre- and Post-training Change

20 21 22 *Comparison of Pre-test Mean Scores for Experimental and Comparison Groups*

23
24
25
26 Independent samples *t*-tests were used to examine the differences at pretest between the
27
28 experimental and comparison groups. The results show that there was no difference between
29
30 the two groups in all domains or in the total scores (see Table 2), which indicates that the
31
32 performances of the two groups at pre-test were comparable.
33
34
35
36
37

38 39 *Between-group Differences between Experimental and Comparison Groups at Posttest*

40
41 The differences between the experimental and comparison groups were examined
42
43 employing analysis of covariance (ANCOVA), with the baseline value of each dependent
44
45 variable treated as the covariate, so that the post-group outcome could be adjusted with
46
47 respect to the baseline severity. The tests for regression slope homogeneity were assessed
48
49 before ANCOVAs were performed. For all analyses of post-training outcomes, there was no
50
51 evidence for the homogeneity of regression assumption to be violated, which indicates that
52
53 the baseline severity was not differentially predictive of the outcomes for the experimental
54
55
56
57
58
59
60

1
2
3
4 and comparison groups. The ANCOVAs show significant differences between the two groups
5
6
7 in the *attitude* domain, the *knowledge* domain, the *skills* domain, and in the total score (see
8
9
10 Table 3).

11
12
13 Further effect size analyses showed a medium magnitude of change in the *attitude*
14
15
16 domain (Cohen's $d = .48$), the *knowledge* domain (Cohen's $d = .70$), the *skills* domain
17
18
19 (Cohen's $d = .66$), and the total score (Cohen's $d = .63$) between participants in the
20
21
22 experimental and comparison groups at posttest (see Table 4).
23
24

25 26 Discussion

27
28
29 The findings of this study suggest that 24 participants (53.3%) were aware of the concept
30
31
32 of self-determination. However, their actual scores in the knowledge domain were not
33
34
35 significantly greater than those of the participants who had never heard of the concept before
36
37
38 the training. This echoes the findings of the study that was conducted by Wehmeyer et al.
39
40
41 (2000), which revealed that although over 90% of the teachers realized that self-determination
42
43
44 is important to students with disabilities, 41% admitted that they did not have sufficient
45
46
47 knowledge in the area. Thus, even though rehabilitation personnel in this study might have
48
49
50 come across this concept through brief talks and/or basic training in rehabilitation, they might
51
52
53 not have obtained a full comprehension of this concept, such as “the component elements of
54
55
56 self-determined behaviors” proposed by Wehmeyer (1996).
57
58
59

60 The preliminary findings of this study suggest that our staff training program was able to

1
2
3
4 help participants gain the knowledge, attitudes, and skills to facilitate the self-determination
5
6
7 of residents with ID. The results of our focus group interview of participants after the
8
9
10 training indicate that the participants considered that the training enhanced their competence
11
12
13 in supporting residents to exercise self-determination (Wong, 2003). On a scale of 1 to 5 (5
14
15 = “have learnt a lot”) the participants said that they had experienced substantial increases in
16
17
18 their attitudes ($M = 4.20$), knowledge ($M = 4.27$), and skills ($M = 3.97$) to facilitate
19
20
21 self-determination. One reason that may be ascribed to these positive changes is the creative
22
23
24 use of the multiple instructional strategies. The results are consistent with those of prior
25
26
27 studies in which positive changes in staff performance were demonstrated after staff received
28
29
30 staff training that used multiple instructional techniques (Coopers & Browder, 2001; Parsons
31
32
33 & Reid, 1995). Effective staff training may also result from connecting the content of the
34
35
36 program to the daily and ongoing activities of the workplace, and by providing participants
37
38
39 with opportunities for application between sessions (Field & Hoffman, 1996). In this study,
40
41
42 the authors used the daily events and routines that took place in the hostels to devise role-play
43
44
45 scenarios, and designed homework assignments that helped participants to immediately apply
46
47
48 what they had learned in the sessions to their daily work. In addition, Huang (1996) asserts
49
50
51 that visualization helps Chinese people to learn abstract concepts. It is believed that the
52
53
54 reflection sessions that used videotaped episodes which were used in this staff training
55
56
57 program provided a stimulating way for the participants to learn. Through the playback of
58
59
60

1
2
3
4 videotaped episodes, the participants could visualize how they could support or might hinder
5
6
7 residents in expressing themselves and exercising self-determination. Golden & Reese (1996)
8
9
10 discovered that staff responded positively to training when they found that their newly learned
11
12
13 skills were acceptable to other colleagues. During training, their newly acquired thoughts and
14
15
16 skills were shared and recognized in the workplace during that period. Indeed, the agency's
17
18
19 strong commitment and support to its staff who received training possibly contributed much
20
21
22 to the positive results. Therefore, it is recommended that the design of any staff training
23
24
25 program on self-determination adopt this interactional attitude-knowledge-skills model and
26
27
28 use multiple instructional strategies.
29
30
31

32 This study did not measure self-determination among the residents of the hostels, nor did
33
34
35 it measure whether the size of the living unit affected self-determination among the residents.
36
37
38 Despite the fact that there is an international trend to provide small group homes or hostels for
39
40
41 people with ID, there is no indication that the Hong Kong government is going to downsize
42
43
44 the number of residents in a hostel. Given the fact that studies have demonstrated that a
45
46
47 larger size residential unit might limit the opportunities for self-determination (e.g., Stancliffe,
48
49
50 1997; Stancliffe & Abery, 1997; Stancliffe et al., 2000a; Wehmeyer & Bolding, 1999; 2001), it
51
52
53 is necessary for the agency personnel who work with people with ID to develop creative
54
55
56 means to facilitate the exercise of self-determination of residents. In Hong Kong, a key
57
58
59 worker system has been established to provide individualized attention to people with ID in
60

1
2
3
4 many hostels. These key workers have frequent and personalized contact with individual
5
6
7 residents. It would seem logical for these agencies to provide staff training to all key
8
9
10 workers so that they can be equipped with the knowledge, attitudes, and skills to facilitate
11
12
13 self-determination among residents with ID.
14
15

16 **Despite the positive findings of this study, caution must be taken when interpreting**
17
18 **the results that relate to the skills domain. Although the Cronbach's alpha for the skills**
19
20 **domain reached an acceptable level for an exploratory study (0.6), it was lower than the**
21
22 **recommended coefficient of 0.7 for a good and reliable scale or subscale. One reason**
23
24 **that may ascribe to this relatively low reliability score is that, the study sample was not a**
25
26 **homogenous one (Shrout, 1998). Since the participants in the training were comprised**
27
28 **of social workers, direct carers, and support staff, there might be a greater chance of**
29
30 **variation in their responses. To increase the reliability of this skills domain, it would be**
31
32 **advisable to focus our training on one specific group of staff in the hostels and to**
33
34 **increase the sample size of the participants.**
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4 were randomly assigned to the experimental and comparison groups, biased findings could
5
6
7 have resulted from the culture and everyday practices of the individual hostels. It is
8
9
10 recommended that randomization of individual staff be carried out in future research.
11
12
13 Although the self-constructed self-determination scale underwent initial reliability and
14
15
16 validity tests, the use of other validity tests, such as construct validity, is highly recommended
17
18
19 for further and more rigorous testing of the scale. Likewise, other reliability tests such as
20
21
22 inter-rater reliability and test-retest reliability are recommended in future studies. Lastly,
23
24
25 this study measured the staff outcomes only, and did not examine the change in
26
27
28 self-determination among the residents as a result of the staff training. Future studies are
29
30
31 suggested to test the changes in residents in the hostels.
32
33
34
35
36
37

38 Acknowledgement

39
40
41 This research project was made possible by the participation of three hostels of the Mental
42
43
44 Health Association of Hong Kong.
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
- Abery, B. H. (1994). A conceptual framework for enhancing self-determination. In M. F. Hayden & B. H. Abery (Eds.), *Challenges for a service system in transition: Ensuring quality community experiences for persons with developmental disabilities* (pp. 345-380). Baltimore: Paul H. Brookes Publishing Co.
- Abery, B., & Stancliffe, R. (1996). The ecology of self-determination. In D. J. Sands & M. L. Wehmeyer (Eds.), *Self-determination across the life span: Independence and choice for people with disabilities* (pp. 111-145). Baltimore: Paul H. Brookes Publishing Co.
- Abery, B., & Stancliffe, R. (2003a). An ecological theory of self-determination: Theoretical foundations. In M. L. Wehmeyer, B.H. Abery, D.E. Mithaug & R.J. Stancliffe, *Theory in self-determination: Foundations for educational practice* (pp. 25-42). Springfield, Illinois: Charles C Thomas Publisher, Ltd.
- Abery, B., & Stancliffe, R. (2003b). A tripartite-ecological theory of self-determination. In M. L. Wehmeyer, B.H. Abery, D.E. Mithaug & R.J. Stancliffe, *Theory in self-determination: Foundations for educational practice* (pp. 43-78). Springfield, Illinois: Charles C Thomas Publisher, Ltd.
- Cooper, K. J., & Browder, D. M. (2001). Preparing staff to enhance active participation of adults with severe disabilities by offering choice and prompting performance during a community purchasing activity. *Research in Developmental Disabilities, 22* (2001), 1-20.
- Deci, E. L., & Chandler, C. L. (1986). The importance of motivation for the future of the LD field. *Journal of Learning Disabilities, 19*(10), 587-594.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behaviour*. New York: Plenum Press.
- Demchak, M. (1987). A review of behavioural staff training in special education settings. *Education and Training in Mental Retardation, 27*, 205-217.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Evanston, Ill: Row-Peterson.
- Field, S., & Hoffman, A. (1996). Increasing the ability of educators to support youth self-determination. In L. E. Powers, G. H. S. Singer, & J. Sowers, *On the road to*

- 1
2
3
4 *autonomy: Promoting self-competence in children and youth with disabilities*. Baltimore:
5 Paul H. Brookes Publishing Co.
6
7
8 Gao, G, Ting-Toomey, S., & Gudykunst, W. (1996). Chinese community processes. In
9 Bond, M.H. (Ed.), *The Handbook of Chinese Psychology* (pp. 280-293). Hong Kong:
10 Oxford University Press.
11
12
13
14 Golden, J., & Reese, M. (1996). Focus on communication: Improving interaction between
15 staff and residents who have severe or profound mental retardation. *Research in*
16 *Developmental Disabilities, 17*(5), 363-382.
17
18
19
20
21 Huang, J. T. (1996). Visual perception in Chinese people. In M. H. Bond (Ed.), *The handbook*
22 *of Chinese psychology* (pp. 15-29). Hong Kong: Oxford University Press.
23
24
25
26
27 Jurow, S. (2001). How people learn: Applying adult learning theory and learning styles
28 models to training sessions. In E. F. Avery, T. Dahlin, & D. A. Carver, *Staff development:*
29 *A practical guide* (pp. 6-9). Chicago: American Library Association.
30
31
32
33 Knowles, M. S. (1990). *The adult learner: A neglected species* (4th ed.). Houston, TX: Gulf
34 Publishing Co.
35
36
37
38 Larson, S. A., Hewitt, A., & Lakin, K. C. (1994). Residential services personnel: Recruitment,
39 training, and retention. In M. F. Hayden & B. H. Abery (Eds.), *Challenges for a service*
40 *system in transition: Ensuring quality community experiences for persons with*
41 *developmental disabilities* (pp. 313-341). Baltimore: Paul H. Brookes Publishing Co.
42
43
44
45
46 Loon, J. V. & Hove, G. V. (2001). Emancipation and self-determination of people with
47 learning disabilities and down-sizing institutional care. *Disability & Society, 16*(2),
48 233-254.
49
50
51
52 Milroy, E. (1982). *Role-play: A practical guide*. GB: Aberdeen University Press.
53
54
55
56
57
58
59
60 Mithaug, D.E., Mithaug, D.K., Agran, M., Martin, J.E. & Wehmeyer, M.L. (2003).
Self-determined learning theory: Construction, verification, and evaluation. Mahwah,
New Jersey: Lawrence Erlbaum Associates, Publishers.
- Nirje, B. (1972). The right to self-determination. In W. Wolfensberger (Ed.), *The principle of*
normalization in human services (pp.176-193). Toronto: National Institute on Mental

1
2
3
4 Retardation.
5

6
7 Noels, K. A., Giles, H., & Poire, B. L. (2003). Language and communication processes. In M.
8 A. Hogg & J. Cooper (Eds.), *The SAGE handbook of social psychology* (pp.232-257).
9 London: SAGE Publications Ltd.
10

11
12 O'Brien, J. (1981). *The principle of normalization: A foundation for effective services*.
13 London: Community and Mental Handicap Educational and Research Association.
14

15
16
17 Parsons, M., & Reid, D. (1995). Training residential supervisors to provide feedback for
18 maintaining staff teaching skills with people who have severe disabilities. *Journal of*
19 *Applied Behavior Analysis*, 28(3), 317-321.
20
21

22
23 Parsons, M. B., Reid, D., & Green, C. (1993). Preparing direct service staff to teach people
24 with severe disabilities: A comprehensive evaluation of an effective and acceptable
25 training programme. *Behavioral Residential Treatment*, 8, 163-185.
26
27

28
29 Rogers, J. (2001). *Adults learning* (4th ed.). Buckingham: Open University Press.
30

31
32 Sha Lianxiang (Ed.) (1988). 《中國民族性》 Zhongguo min zu xing. Beijing: Zhongguo Ren
33 Min Da Xue Chu Ban She.
34

35
36
37 Sigafos, J., Robert, D., Couzens, D., & Caycho, L. (1992). Improving instruction for adults
38 with developmental disabilities: Evaluation of a staff training package. *Behavioral*
39 *Residential Treatment*, 7, 283-297.
40
41

42
43 Stancliffe, R.J. (1997). Community living-unit size, staff presence, and residents'
44 choice-making. *Mental Retardation*, 35, 1-9.
45
46

47
48 Stancliffe, R.J. & Abery, B.H. (1997). Longitudinal study of deinstitutionalization and the
49 exercise of choice. *Mental Retardation*, 35 (3), 159-169.
50

51
52 Stancliffe, R.J., Abery, B.H., & Smith, J. (2000a). Personal control and the ecology of
53 community living settings: Beyond living-unit size and type. *American Journal of*
54 *Mental Retardation*, 105 (6), 431-454.
55
56

57
58 Stancliffe, R.J., Abery, B.H., Springborg, H. & Elkin, S. (2000b). Substitute decision-making
59 and personal control: Implications for self-determination. *Mental Retardation*, 38 (5),
60 407-421.

- 1
2
3
4 ShROUT, P. E. (1998). Measurement reliability and agreement in psychiatry. *Statistical*
5 *Methods in Medical Research*, 7, 301-317.
6
7
8 The Arc (1998, October). *Self-determination: Position statement #25*. Retrieved October 2,
9 2002, from <http://www.thearc.org/posits/selfdetpos.html>
10
11
12
13 TITTNICH, E. (1986). Training that takes: Adult learning and adult teaching are the key. In K. V.
14 Ven & E. Tittnich, *Competent caregivers—competent children: Training and education*
15 *for child care practice*. N.Y.: The Haworth Press.
16
17
18
19 TOSSEBRO, J. (1995). Impact of size revisited: Relation of number of residents to
20 self-determination and deprivatization. *American Journal on Mental Retardation*, 100
21 (1), 59-67.
22
23
24
25 WEHMEYER, M. L. (1996). Self-determination as an educational outcome: Why is it important
26 to children, youth, and adults with disabilities? In D. J. Sands & M. L. Wehmeyer (Eds.),
27 *Self-determination across the life span: Independence and choice for people with*
28 *disabilities* (pp. 17-36). Baltimore: Paul H. Brookes Publishing Co.
29
30
31
32
33 WEHMEYER, M.L. (1998). Self-determination and individuals with significant disabilities:
34 Examining meanings and misinterpretations. *JASH*, 23 (1), 5-16.
35
36
37
38 WEHMEYER, M. L. (2003). A functional theory of self-determination: Model overview. In M. L.
39 Wehmeyer, B.H. Abery, D.E. Mithaug & R.J. Stancliffe, *Theory in self-determination:*
40 *Foundations for educational practice* (pp. 182-201). Springfield, Illinois: Charles C
41 Thomas Publisher, Ltd.
42
43
44
45 WEHMEYER, M. L., AGRAN, M, & HUGHES, C. (1998). *Teaching self-determination to students*
46 *with disabilities: Basic skills for successful transition*. Baltimore: Paul H. Brookes
47 Publishing Co.
48
49
50
51 WEHMEYER, M.L., AGRAN, M, & HUGHES, C. (2000). A national survey of teachers' promotion
52 of self-determination and student-directed learning. *The Journal of Special Education*,
53 34 (2), 58-68.
54
55
56
57 WEHMEYER, M.L. & BOLDING, N. (1999). Self-determination across living and
58 working environments: A matched-samples study of adults with mental retardation.
59 *Mental Retardation*, 37 (5), 353-363.
60

- 1
2
3
4 Wehmeyer, M.L. & Bolding, N. (2001). Enhanced self-determination of adults with mental
5 retardation as an outcome of moving to community-based work or living environments.
6 *Journal of Intellectual Disability Research*, 45 (5), 371-383.
7
8
9
10 Wehmeyer, M. L., & Schwartz, M. (1998). The relationship between self-determination and
11 quality of life for adults with mental retardation. *Education and Training in Mental*
12 *Retardation and Developmental Disabilities*, 33(1), 3-12.
13
14
15
16 Wehmeyer, M. L., & Schalock, R. L. (2001). Self-determination and quality of life:
17 Implications for special education services and supports. *Focus on Exceptional Children*,
18 33(8), 1-16.
19
20
21
22 Wilkinson, J. & Canter, S. (1982). *Social skills training manual: Assessment, programme*
23 *design, and management of training*. Chichester: John Wiley & Sons Ltd..
24
25
26
27 Wong, P.K.S. (2003). Staff training programme on facilitating self-determination of adults
28 with intellectual disabilities – A Hong Kong experience. *Proceedings of the 16th Asian*
29 *Conference on Mental Retardation*, Japan, 205-215.
30
31
32
33 Wu, D.Y.H. (1996). Parental control: Psychocultural interpretations of Chinese patterns of
34 socialization. In Lau, S. (Ed.), *Growing up in the Chinese way* (pp. 1-28). Hong Kong:
35 The Chinese University Press.
36
37
38
39 Wu, D.Y.H. (1996). Chinese childhood socialization. In Bond, M.H. (Ed.), *The Handbook*
40 *of Chinese Psychology* (pp. 143-154). Hong Kong: Oxford University Press.
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

TABLE 1

Comparison of the Mean Scores of Participants Who Were Already Aware and Unaware of the Self-Determination Concept at Pretest

Domain	Aware (n=24)		Unaware (n=21)		p
	M	SD	M	SD	
<i>Attitude</i> Domain	80.17	11.10	73.62	7.07	0.01
<i>Knowledge</i> Domain	31.38	3.94	30.86	3.47	0.32
<i>Skills</i> Domain	12.08	4.05	8.29	2.78	0.00
Total Scores	123.63	16.09	112.76	9.82	0.00

Note. Significance level at $p < .05$

TABLE 2

Comparison of Pretest Scores for the Experimental and Comparison Groups

Domain	Experimental Group (n = 32)		Comparison Group (n = 13)		p
	M	SD	M	SD	
Attitude	76.22	10.28	79.31	8.89	0.49
Knowledge	30.75	3.25	32.08	4.63	0.10
Skills	10.50	3.69	9.85	4.72	0.15
Total Score	117.47	13.99	121.23	15.84	0.59

Note. Significance level at $p < .05$.

TABLE 3

Comparisons between the Experimental and Comparison Groups in All Domains and Total Score

Domain	Experimental Group (n = 31)		Comparison Group (n = 13)		F	p
	M ^a	SD	M ^a	SD		
Attitude	80.48	8.99	76.47	7.69	3.96	0.05
Knowledge	32.23	3.45	29.68	3.93	5.33	0.03
Skills	11.44	3.78	9.10	3.28	4.74	0.04
Total score	123.92	13.55	116.20	10.98	6.36	0.02

^a Adjusted means after the effect of the covariate (i.e., the baseline value of each outcome variable) was statistically removed.

Note. Significance level at $p \leq .05$.

TABLE 4
Effect Size of the Training at Posttest

Domain	Cohen's <i>d</i>
<i>Attitude</i> domain	0.48
<i>Knowledge</i> domain	0.70
<i>Skills</i> domain	0.66
Total score	0.63

Note. Small magnitude of change = 0.0 – < 0.3.

Medium magnitude of change = 0.3 – < 0.8.

Large magnitude of change = 0.8 – 2.0.

Appendix A

Sample Items of the Scale on the Attitudes, Knowledge, and Skills in Facilitating the Self-Determination of People with Intellectual Disabilities

The instrument has a total of 34 items arranged in 3 domains and was used to assess residential staff's attitudes towards, knowledge of, and skills in facilitating the self-determination of residents. A 7-point Likert scale ('1' represents 'strongly disagree' and '7' represents 'strongly agree'), vignette scenarios, and an open-ended question were used. A few sample items with their means and standard deviations are shown below for each domain.

Item	M	SD
Examples from the <i>Attitude</i> domain (19 items)		
● People with ID have the right to self-determination.	5.84	1.21
● When you let residents make decisions, you are afraid that they may make mistakes or may not choose what is best for them.	4.93	1.29
● When the behavior of a resident is out of bounds according to your own standard, you put a stop to it.	4.07	1.32
● Residents do not ask for self-determination.	2.87	1.31
● In a meeting, you are planning an outdoor activity with the residents for next month. What would you do if their decision involved a certain amount of danger? (Vignette item with scoring key.)	0.36	0.48
■ 0 – Staff member shows that he/she would not allow residents to take any risk.		
■ 1 – Staff member shows his/her open-mindedness and actively seeks a win-win solution.		

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Examples from the *Knowledge* domain (7 items)

- | | | |
|------------------------------------------------------------------------------------------------------------------|------|------|
| ● The self-determination ability of a person with ID can be enhanced through learning. | 5.89 | 0.96 |
| ● The self-determination of a person with ID is affected by whether the people around him/her support this idea. | 6.07 | 0.96 |

Examples from the *Skills* domain (8 items)

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| ● When a resident tells you happily, “I have a crush on so and so – I want to date him/her,” what is your usual verbal response? (Please use exact wording.) | 1.18 | 0.96 |
| ■ 0 – Controlling or negative feedback; demeaning terms. | | |
| ■ 1 – Positive but controlling feedback. | | |
| ■ 2 – Positive feedback; listens to and acknowledges the resident’s needs and feelings | | |
| ● In a meeting, you are planning an outdoor activity with the residents for next month. The cognitive ability of individual residents varies. How do you start the discussion? | 0.14 | 0.33 |
| ■ 0 – Staff member gives only a verbal introduction, and does not use any visual cues/pictorial presentation. He/she does not invite every resident to speak. | | |
| ■ 1 – Staff member encourages and invites every resident to express his/her preferences and ideas, but does not use visual cues/pictorial presentation. | | |
| ■ 2 – Staff member uses visual cues/pictorial presentation to facilitate the understanding and expression of every resident. | | |
-