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Self-Advocacy at the University Level: Teaching Students with Autism Spectrum Disorder to Advocate for Their Needs

Committee:

Mark O'Reilly, Co-Supervisor

Laura Estep, Co-Supervisor

Terry Falcomata

Jessica Toste

Jena Randolph

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Disorder to Advocate for Their Needs

by

Mark Antonio Tapia

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Dedication

I dedicate this work to my support team, who has guided me to reach the pinnacle of my academic career. Thank you to everyone who has helped me along the way.

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Abstract

Self-Advocacy at the University Level: Teaching Students with Autism Spectrum Disorder to Advocate for Their Needs

Mark Tapia, Ph.D.

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Supervisor: Mark O'Reilly, Laura Estep

Increasingly, students with ASD are attending tertiary education levels. Data indicates the numbers are increasing, but it is difficult to certify the percentage of students diagnosed with ASD attending postsecondary education. Rates vary across studies about how many students with ASD attend postsecondary education because many do not graduate compared to individuals without disabilities. This information signifies an important area of study in that research needs to address how we can best support adults with ASD attending postsecondary education programs to ensure their graduation rates are in line with those who do not have disabilities. Research provides some evidence to support self-advocacy skills, but little has occurred to explore how best to teach these skills at the postsecondary level. To that end, there is a positive model that emphasizes the unique needs of persons with autism, and it is the video model. Video modeling has a solid evidence base; however, studies involving video modeling for undergraduate students to advocate on college campuses are non-existent.

The current study sought to explore how the use of video modeling, paired with a task analysis and role-play, impacted the ability of undergraduate students with ASD to use self-determination and self-advocacy skills in a university setting successfully. The video modeling intervention covered four essential areas of self-advocacy identified by the literature, including a) requesting accommodations from disability services, b) talking to a professor to disclose accommodations, c) locating services/supports throughout campus, and d) handling situations when a professor is not accommodating.

Participants were required in the baseline phase to check in on their progress by completing a questionnaire about self-advocacy skills related to an intervention package consisting of a video model, a task analysis, and role-playing about specific components related to self-advocacy. Although there is a paucity using precise psychometric scales towards self-advocacy, the Self-Management Self-Test (SMST) was used as a template to create the questionnaire utilizing the four components of self-advocacy skills. The methodology used was a complex reversal (ABACADAE) design. For each phase, the participants watched a video model about four elements of self-advocacy and role-played the skill until mastery. A second questionnaire was completed afterward as a means of self-monitoring alongside questions that are not directly targeting self-advocacy components as a means of experimental control. The process occurred until the interventionists assessed all four components.

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Chapter 1: Introduction

Cases of autism spectrum disorder (AS) have dramatically risen over the past 30 years, with the current rate of 1 in every 44 (Maenner et al., 2021) born with the condition. Much emphasis rests on the need for various interventions, practices, and therapies during childhood to improve quality of life and success across multiple settings. Nonetheless, as they age, all children advance through the education system and eventually leave the school system. Consequently, it should not be surprising that these children must grow up and face realities after high school. For some, this may include residential placements, living at home with family members, or working part or full-time. For others, this comes in the form of postsecondary education. However, many individuals with autism might not be prepared to handle the requirements future education entails. As stated in articles by Chiang et al. (2012) and Blackorby and Wagner (1996) suggest, persons with disabilities, regardless of type, do not have successful transitions after high school compared to individuals without disabilities—even with having access to many resources in school and the community. Barriers, therefore, exist that prevent successful outcomes for students with autism from attending college and obtaining a postsecondary degree.

Autism and Postsecondary Education

Education research has not thoroughly examined the effects of academic accomplishments on college students with autism because of the disparity in statistics for both admittance and graduation. Even the most generous rates (e.g., White et al., 2011; Shattuck et al., 2012; Chiang et al., 2012; Nasamran et al., 2017) show significantly

fewer students with autism are graduating, let alone applying for college (Van Hees et al., 2015) than their neurotypical peers.

This information is accurate beyond the standard academic requirements of primary and secondary grades because universities are not usually within walking distance or a short school bus ride. College life entails the ability to function as independently as possible and increases the social, cognitive, physical health, and daily living demands (Hewitt, 2011; Test, Smith, & Carter, 2014; VanBergeijk, Klin, & Volkmar, 2008). One study by Cullen (2015) emphasized specific social needs, including making new friends, assisting with social interactions during group work, prioritizing crucial daily living skills (e.g., hygiene, when and where to eat and sleep, and navigating transportation needs). Consequently, there are many personal responsibilities for succeeding in postsecondary education, not just speaking from an academic viewpoint.

Non-Academic Predictors and Factors of Postsecondary Success

Qualitative studies suggest a significant key for college students with autism is support from parents, friends, and organized groups (e.g., fraternities and religious affiliations) during their transitions. Examples of assistance include emotional and financial support and transportation needs from parents (Anderson & Butt, 2017; Elias & White, 2008; Dymond et al., 2017). Other methodologies (e.g., meta-analyses and correlation/regression models) have observed predictors for postsecondary success for students with disabilities, including autism. Both external and internal influences impacted success. External influences are things provided by schools, communities, or other means like a) transitional programs, b) vocational education, c) interagency, d)

community experiences, and e) parental involvement. Internal influences, meanwhile, are factors coming from inside an individual, such as a) self-determination/self-advocacy, b) career awareness, c) independent living, and d) social skills (Haber et al., 2016; Test, Mazzotti, et al., 2009). Thus, combining these factors promotes success for adults with ASD transitioning into postsecondary education.

Academic Achievement Predicting Postsecondary Success

Past academic accomplishments can predict future ones. The American Institutes for Research review listed factors including higher scores of the following, a) IQ, b) GPAs, and c) standardized test scores on local/national assessments (Hein et al., 2013; Chiang et al., 2012). This trend led to relationships between enrollment and persistence in community colleges and campuses (Nasmran et al., 2017). Simultaneously, academic achievement could also hinder (Camenera & Sanrgaini, 2009) people who want to apply for postsecondary education because of concerns about the capacity to function independently or be accepted socially. While academic achievement seems to support postsecondary success in some cases, the opposite is true in other cases. Thus, no relationship seems to exist between academic achievement and postsecondary success.

Self-Advocacy and Self-Determination

The desire for success beyond high school for all persons with autism is essential, but now it rests solely on individuals to speak up on their behalf. This terminology goes by several names, including *self-determination* and *self-advocacy*, and some might find it challenging to decipher between the two based on the context. Raley, Shrogen, and McDonald (2018) define *self-determination* as “acting or causing things to happen by

setting and taking the steps necessary to achieve one's goals" (p.63). Brinckerhoff (1994) defines self-advocacy as "the ability to recognize and meet the needs specific to one's disability without compromising the dignity of oneself or others" (p.229). Furthermore, the applications of self-determination and self-advocacy vary because of their uses in diverse circumstances. For example, even after someone has learned how to request things, the steps to order off a menu differ significantly from requesting academic accommodations and thus may need to be taught separately. Additionally, self-determination has even more components. Wehmeyer, Argan, and Hughes (1998) provided five standard features of self-determination, including the ability to a) make decisions, b) solve problems, c) have self-control, d) self-awareness, and e) have self-knowledge.

History of Self- Determination and Self-Advocacy in Psychology

Psychologically speaking, self-determination and self-advocacy originate as concepts in the literature on motivation, particularly from the 1970s onward. Self-determination then branches into other themes about autonomy, including self-advocacy. Renowned behaviorist B.F. Skinner viewed self-determination as a variation of operant conditioning and self-control. He postulated all humans have the mental capabilities to guide, direct, and regulate their behaviors which leads to the recognition of internal motivations and needs. Behaviors surrounding self-determination, therefore, stem from choosing proper strategies to meet these motivations and needs. Albert Bandura created his Social Cognitive Theory that suggests individual competence results in persistence (Wehmeyer, 1992). Here, student achievement and learning rely on cognitive perceptions

about what achievement means. Lastly, Edward Deci and Richard Ryan postulated (Wehmeyer, 1992) controlling the environment is not beneficial; instead, it is self-determination and choice. In other words, they hypothesized human beings' primary motivation is to adapt to environmental surroundings. Additionally, they suggest those who are more motivated are also more competent.

Michael Wehmeyer: Self-Advocacy and Self-Determination's Origins in Education

Just as the definition of self-advocacy and self-determination, research in the field has evolved; during the 1980s and 1990s, Michael Wehmeyer investigated the role self-determination played, particularly in students with intellectual disabilities or, at the time, mental retardation. Dr. Wehmeyer introduced self-determination, as proposed by Deci and Ryan (1985), as “the capacity to choose and to have those choices the determinants of one’s actions” (p.38) without the influence of external coercion. Self-determined individuals are, therefore, independent. Wehmeyer’s impressive publication repertoire in self-determination and self-advocacy continues today. At the same time, it is impossible to list a comprehensive chronology of individual works and collaborations, so several of his most meaningful pieces are worthy of discussion.

The Functional Model of Self-Determined Behavior. Despite the growth of information about self-determination and self-advocacy, there was a lack of theoretical applications for those concepts. Consequently, Wehmeyer et al. (1996) refined the definition and paradigms of self-determination and self-advocacy. They did so by revisiting four operational terms of self-determination, a) self-regulation, b) psychological empowerment, c) autonomy, and d) self-realization (Wehmeyer et al.,

1996). *Self-regulation*, according to Whiteman (1990), is the desirability for individuals to “examine their environments and their repertoires of responses for coping with those environments to make decisions about how to act, to act, to evaluate the desirability of the outcomes of the action, and to revise their plans as necessary.” (p. 373) The authors continued by defining behavior as *autonomous* “if the person acts a) according to his or her preferences, interests, or abilities and b) independently, free from undue external influence or interference” (p. 632). *Psychological empowerment* includes cognitive, personality, and motivational pieces of (self) control; finally, *self-realization* lets individuals with disabilities use personal knowledge to identify strengths and struggles (Wehmeyer et al., 1996).

To test the newly constructed model, Wehmeyer and colleagues (1996) conducted a randomized control trial alongside structured interviews with self-advocacy groups for persons with intellectual disabilities. Results indicated statistically significant differences between individuals who involved themselves with self-determination behaviors and those who did not. It was especially true on measures of behavioral autonomy and choice-making. They a) concluded autonomy predicted differences between control and experimental groups and b) asked individuals to state the amount of control and choice in various aspects of life.

Causal Agency Theory. This concept is an extension of the definitions of self-determination alongside Wehmeyer’s initial self-determination research in education.

Causal agency theory

(Shogren et al., 2017) proposes how persons define their actions and beliefs necessary “to engage in self-caused, autonomous behavior (e.g., causal action) in response to basic psychological needs and autonomous motivation as well as contextual and environmental challenges.” (p.63). This theory relies on The Functional Model of Self-Determined Behavior and emphasizes agentic action (i.e., something is done or achieved) and action-control beliefs. The former is when something is done or achieved. At the same time, the latter focuses on three things, a) beliefs about the link between the self and the goal, b) beliefs about the link between the self and the means for achieving the goal, and c) beliefs about the utility/usefulness of a given means for attaining a goal. (Wehmeyer et al., 2017).

“Self-Determination and Positive Adult Outcomes: A Follow-up Study of Youth with Mental Retardation or Learning Disabilities.” Eighty recruited students with cognitive disabilities from schools in four states to examine comparisons in self-determination levels using the Arc’s Self-Determination Scale (Wehmeyer & Kelchner, 1995). Follow-up mail/telephone interviews to gather student outcomes (e.g., paying telephone bills or utilities, maintaining a checking or savings account, and independently conducting grocery shopping and using transportation) also happened. There were significant differences when comparing high-determination versus low-determination groups in specific variables. In one case, persons with higher levels of self-determination were more likely to maintain a checking and savings account than those in the low-determination group.

“Relationships Between Self-Determination and Postschool Outcomes for Youth with Disabilities.” Seven hundred seventy-nine secondary school students from six Midwestern and Southern states participated in randomized control trials that examined self-determination. Each high school campus served as either a control or treatment. Students then went into adulthood (i.e., at 1- and 2 years post-school graduation) to see whether these interventions could be helpful in five adult outcomes, a) employment, b) community access, c) financial independence, d) independent living, and e) life satisfaction (Shogren, Wehmeyer, et al., 2015). Outcomes were measured at five different times and yielded different results. The authors concluded that self-determination interventions influence adult outcomes, but the connections were complicated for straightforward interpretations. For instance, someone with autism might be able to live independently and locate short-term employment, but poor financial judgments could lead to problems in the long term.

Karrie Shogren and David Test: Continuing the Legacy of Wehmeyer

Self-determination became part of the educational sphere because of the early efforts of Michael Wehmeyer. However, his self-determination descendants' inspirations were those who conducted their research and even collaborated with Wehmeyer. Several prominent figures include David Test and Karrie Shogren, who applied the former's theories to new training paradigms of self-determination for individuals with disabilities, including autism.

Karrie Shogren

A graduate student and current professor alongside Wehmeyer at the University of Kansas (Shogren, 2021), Karrie Shogren followed in the footsteps of her mentor to learn about and expand on the growing self-determination research. Her initial publication focused on applying positive psychology, decision-making, and self-determination for individuals with intellectual disabilities. Since then, Shogren has been proactive in various areas, including how to implement self-determination strategies in general education classrooms—as before, providing a complete bibliography of Shogren’s works is difficult. Therefore, Shogren’s meaningful contributions to the self-determination literature are below.

“Effect of Intervention with the Self-Determined Learning Model of Instruction on Access and Goal Attainment.” Shogren and colleagues (2012) elaborated on results from group-randomized trials examining the Self-Determination Learning Model (SDLMI). It applies the Functional Model of Self-Determined Behavior and Causal Agency Theory) in the classroom. Here, 312 high school students from school districts in three states who received special education services under the intellectual or learning disability labels took part in a two-year study looking at a) academic and transition-related goal attainment, b) access to the general education curriculum, and c) self-determination. During the first year of the study, students in the treatment condition received lessons using the SDLMI of Instructions, while the control group did not. The following year, students in the treatment condition continued to receive the SDLMI, and the control group received the SDLMI. Individuals with learning disabilities in the treatment condition benefited the most because of higher levels of attaining academic

goals at the end of each year of the study, but no differences in accomplishing transition-related goals. The opposite series of patterns were true for students with intellectual disabilities. The authors could not certify the rationale for these results. Still, they theorized teachers focused on one specific skill set over the other (i.e., academic over a transition or vice-versa).

“Establishing a Causal Relationship Between Intervention to Promote Self-Determination and Enhanced Student Determination.” Three hundred seventy-one adolescents with learning and intellectual disabilities volunteered in a randomized placebo-control group trial. Students in the intervention condition received multiple instructional interventions over three years to promote self-determination (Shogren et al., 2013). The authors hypothesized that the experimental group would outperform students in the control group. All participants increased their scores on the AIR Self-Determination Scale with a tremendous increase in the intervention group.

David Test

Dr. Test began his academic and research careers several years before Wehmeyer. What originally started as crosswalk and traffic safety for students with learning disabilities (Test & Heward, 1983) grew into printed cues and or written materials to teach various academic and daily living skills. Examples included multiplication, cooking, and purchasing (Book, Gwalla-Ogisi, & Test, 1990; Frederick-Dugan, Varn, & Test, 1991; McIntyre, Test, et al., 1991). Eventually, he collaborated with education and public health professionals to explore ways for individuals with disabilities to increase self-determination and self-advocacy skills.

In 2000, Test and colleagues released the first of several self-determination curriculums detailing The Self-Determination Synthesis Project. This experimental approach looked at ways to “improve, expand, and accelerate the use of this knowledge by the professionals who serve children and youth with disabilities, parents who rear, educate, and support their children with disabilities, and the students themselves” (p.48). The authors identified 60 curricula promoting self-determination skills within the scope of eight self-determination components (Test et al. 2000), a) choice/decision-making, b) goal setting/attainment, c) problem-solving, d) self-evaluation, observation, and reinforcement, e) self-advocacy, f) inclusion of student-directed individualized education plans, g) relationships with others, and h) self-awareness. Afterward, they provide samples of self-advocacy lessons such as *I-PLAN*, *Next Student Transition Education Planning (S.T.E.P.)*, *Take Action, Take Charge*, and *Whose Future Is It Anyway?* This publication paved the way for additional pieces on the topic and ultimately led to a 2005 article about the outline of self-advocacy for individuals with disabilities.

“A Conceptual Framework of Self-Advocacy for Students with Disabilities.”

The article begins by listing four components of self-advocacy, a) knowledge of self, b) knowledge of rights, c) knowledge of rights, and d) communication, and how they connect to let students advocate for themselves. They are as follows.

Knowledge of Self. Understanding oneself is more than wants and needs, which includes recognizing what a specific disability looks like for everyone (Test et al., 2005). It also provides for the identification of how disability can affect academic abilities and social or personal relationships. Students with disabilities also need to explain their

desires to other pertinent personnel, such as teachers or parents, at home. Recognizing abilities, strengths, and challenges can help students identify potential resources to succeed in their future endeavors (Test et al., 2005).

Knowledge of Rights. State and federal laws assist students with disabilities. Such mandates include the Americans with Disabilities Act of 1990 and the 2004 amendments to the Individuals with Disabilities Education Act (Test et al., 2005). They have the right to know the guidelines of these mandates to ensure they succeed in school and, ultimately, the workforce.

Communication. Effective communication relies upon subskills like negotiation, persuasion, compromise, and the ability to say *no* (Test et al., 2005), which leads to meaningful interactions on the individual and group levels. Talking about disability and discussing ways to help others with disabilities can foster personal growth. Likewise, interpersonal communication can forge new friendships and professional relationships.

Leadership. Students can be active in groups and individually. They can participate and make decisions involving the individualized education plan. Leadership entails the responsibilities of students' commitments to learning the roles and the dynamics of a group to function appropriately in a group (Test et al., 2005). The performance of advocacy skills leads to essential and meaningful tasks, improving their and others' lives (Caldwell, 2010). Students can thus conduct their advocacy by themselves without the assistance of parents, teachers, or others.

Disability Disclosure: Self-Determination After High School

Preliminary findings suggest that self-determination is crucial for academic success in secondary education and beyond, particularly in adolescence. Both students and teachers value this as necessary (Wehmeyer et al., 2011). Wehmeyer and colleagues (2018) describe how advocacy is part of the transition into life after high school. Specifically, students who self-advocate can be actively involved in whatever they do in life in high school.

Self-determination became part of the educational sphere because of the successes of professionals Wehmeyer, Test, and Shogren. It continues to be an evolving line of research. Recent trends have started to reveal the importance of self-advocacy, but unfortunately, there are hurdles to overcome. For example, Daly-Cano et al. (2015) cite other authors who imply the existence of an alarming trend in universities—many students with disabilities do not choose to reveal their condition to professors or disability services. Yet, to receive the help they need, the students must disclose their disabilities. Henceforth, this is an issue for both students because they are not receiving the tools they need for success. Researchers cannot investigate the roles of self-determination and self-advocacy via research.

Video Modeling

An innovative intervention popular with ASD is the video model (VM), which has improved academics, social skills, and daily living skills. For instance, a meta-analysis conducted by Bellini and Akullian (2007) analyzed 33 single-subject designs that addressed social skills, daily living skills, and behavioral functioning in children and adolescents with autism. The authors imply the effectiveness of video models is because

of visually cued instruction with an evidence-based intervention (Sherer et al., 2001; Bellini & Akullian, 2007) technique (i.e., modeling). Another review by Gardner and Wolf (2013) looked at the various skills that VMs can teach. Most of the skills were daily living (e.g., table setting, washing clothes, preparing microwavable foods). The VM is a terrific intervention due to its versatility. Still, it is predominately for teaching children and adolescents with autism in school or other cases, teaching employment skills for adults with autism (e.g., Bross et al., 2019). In other words, research has not used the model in postsecondary settings. Henceforth, there is potential for its use with self-advocacy and self-determination abilities for college students with autism.

Research Purpose and Research Questions

The need for self-advocacy is an onus to thrive in the 21st century for individuals with autism attending postsecondary education. Identifying the components of self-advocacy in college for this population is difficult, but the proper intervention can help. VMs are an effective tool for persons with autism, but the literature has not mentioned their usage for college students to teach advocacy skills. This study aims to use a VM to teach undergraduate students at a large public university. The video modeling intervention will cover four essential areas of self-advocacy identified by the literature, including a) requesting accommodations from disability services, b) Locating supports on campus and in the community, c) disclosing accommodations to a professor, and d) Handling when a professor does not recognize the student's accommodations. Specifically, this study attempted to answer three questions.

- Is a video model intervention package successful at teaching self-advocacy skills to autistic college students?)
- Will students' self-ratings of confidence surrounding self-advocacy skills improve following the video model intervention?
- Will autistic college students find the intervention helpful in their learning of self-advocacy skills?

Chapter 2: Literature Review

The beginning of the 21st century has brought an ever-increasing need in the field of self-advocacy research, as exemplified in the ample number of studies about self-advocacy related to positive outcomes in education and stated in systematic reviews in special education (e.g., Burke et al., 2020; Test et al., 2005). Self-advocacy is a skill set learned at home, but a greater emphasis is within the school setting. Examples of self-advocacy skills learned at school include Individualized Education Plan (IEP) participation (McCarthy, 2007; Barnard-Brak, & Fearon, 2012). Meanwhile, students can learn self-advocacy skills in postsecondary education (Ankeney & Lehmann, 2011; Finn, Getzel, & McManus, 2008) in the classroom or the community (Krajewski et al., 2010; Shama & Singh, 2006). Additionally, these studies describe the improvements in their respective topics of academia, the workplace, and the community.

In the first literature search, there were three inclusion criteria, a) studies must consist of individuals with any neurodevelopmental disability as stated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders; b) interventions using single-subject, quantitative, mixed methods designs, or quasi-experimental designs must include at least one component of self-advocacy (e.g., identification wants or desires), and c) were published between 2010 and 2020 in academic journals. A second literature search occurred afterward to update studies published from 2020 to 2022. The same inclusion criteria were for the search.

A summary of research demographics is below, followed by overviews of the interventions in each type of methodology (e.g., single subject, random-control trials,

etc.) that contains information from both literature reviews. Next comes a thorough analysis of each study's interventions or intervention packages. Afterward, there are comparisons regarding which studies have video models and their usages, as this is the intervention this specific research topic would utilize.

Literature Searches

Nine databases selected for both literature searches included a) Education Source, b) Academic Search Complete, c) CINAHL Plus, d) ERIC, e) MEDLINE, f) APA PsycArticles, g) Psychology and Behavioral Sciences Collection, h) PsycInfo, and i) SocINDEX. The following search terms were a) self-advoca* or self determin, b) student* or college student* or higher education or further education or university student*, c) disab* or impair* or special*, and d) intervention* or strategies or best practices. They were selected if articles were published from 2010 to 2020 in academic journals. This search yielded a result of 391 pieces (after the removal of duplicates). Upon applying the inclusion criteria, the 391 identified initial studies decreased to 11 articles that met the full inclusion criteria. Google Scholar assisted in conducting forward and backward reports leading to six more pieces. The total number of papers used for this review is 11 articles from the database searches and six additional from the forward and backward searches leading to 17.

An extension of the first review included the same databases and used the same search criteria. The second literature search added one additional study. The year range was from 2020 to 2022 to account for any recent studies published since the original investigation. Thus, the cumulative total of publications in this review to 18. A different

set of forward and backward searches led to no further articles. Table 1 and figure 1 have the corresponding demographic table and PRISMA diagram.

Research Designs

These two searches included seven single-subject, eight quantitative designs, two mixed-methods designs, and one quasi-experimental design. Nine of the 16 studies had students with learning disabilities, emotional/behavioral disorders, and other health impairments. Additionally, the 18 studies contained a large spread in sample sizes of individuals with learning disabilities ranging from 1 to 493. One of the ten studies explicitly mentioned participants having comorbid conditions.

Single Case Designs Overview

The seven single-case designs looked at self-advocacy within the confines of the high school and college environments. One (Cantly & Martin, 2020) used the *Me!* Lessons package to examine the impacts on student awareness and self-advocacy knowledge on high school students with learning disabilities (n=4), emotional-behavioral disorders (n=1), and autism spectrum disorder (n=1). Another (Neale et al., 2010) examined the *I Can Use Effort* strategy on the quality of spoken contributions of 3rd and 4th-grade students during individualized education plan involvement. The third (Prater et al., 2014) taught four high school students with learning disabilities to request appropriate accommodations in their English classes. The fourth (Walker & Test., 2011) looked at the impacts of a self-advocacy intervention that helped three African American male college students request academic accommodations with learning disabilities or attention-deficit-disorder (ADD)/attention-deficit-hyperactivity disorder (ADHD). The fifth (Wood et al.,

2010) compared the effects of audio-supported text and explicit instruction on students' knowledge of their capacities and rights in postsecondary education settings. The sixth (Kelly & Shrogen, 2014) used the Self-Determined Learning Model of Instruction to verify its impact on increasing on-task behaviors while decreasing off-task behavior. The last (Brendilli et al., 2021) studied the effect of a virtual learning self-advocacy intervention. The authors referenced SACR (Rumrill et al., 1999) utilized by Walker and Test (2011). Then, they modified the SACR to use it for three Black students with intellectual disabilities to request academic accommodations. Participants also received material guides from an academic advisor. A functional relationship existed between SACR and student abilities to request academic accommodations.

Breaking down the single-case designs further indicates the following, a) three studies used multiple baseline designs (Cantly & Martin, 2020; Brendili et al., 2021; Kelly & Shrogen, 2014), b) two used multiple probe designs (Neale & Test, 2010; Walker & Test, 2010), which is a variation of the multiple baseline design, c) one (Wood et al., 2010) used a simultaneous-treatments design, and d) one (Prater et al., 2014) did not specify the design used.

Quantitative Designs Overview

The eight quantitative designs were random control trials conducted in middle and high schools across the United States. Cuenca-Sanchez et al. (2012) examined the impacts of The Self-Regulated Strategy Development (SRSD) with a self-advocacy component for a writing instruction method to increase the quality, length, parts, and organization of writing persuasive essays. Lee et al. (2011) implemented the *Whose*

Future Is It Anyway? Curriculum with a computer-based reading support program in self-determination, self-efficacy, and transition planning knowledge of students with disabilities.

Mishna et al. (2011) used a repeated measures design to see if the immediate use of a self-advocacy intervention based on Bronfenbrenner's ecological model or withholding the intervention would impact self-advocacy knowledge toward anti-bullying at pre-test, post-test, and a follow-up at 6 and 12 months. Palmer (2012) wondered if the *Beyond High School* model could promote self-determination for 18–21-year-olds. Wehmeyer, Palmer, Lee, et al. (2011) used the *Whose Future Is It Anyway?* paradigm to determine whether improvements in self-determination scores would occur. Furthermore, the article investigated the differences between middle and high school student self-determination scores. A second study created by Wehmeyer, Palmer, Shrogen, et al. (2011) also implemented *Whose Future Is It Anyway?* alongside three additional interventions for teachers to train students to self-advocate. Just as before, the authors analyzed high school self-determination scores but not middle school scores. Another study conducted by Wehmeyer, and colleagues (2013) reported outcomes for students with learning disabilities who were placed in a self-determination intervention and compared those findings to students in a control group. Finally, Woods et al. (2010) wanted students to direct their transition planning to determine whether their active involvement would increase self-efficacy in the transition planning process.

When looking at the quantitative studies by sample size, the largest (N=493) was from Wehmeyer, Palmer, Lee, et al. (2011), with the smallest (N=19) was from Woods et al. (2010).

Mixed Methods Designs Overview

There were two mixed methods designs in this review. The first was from Laarhoven-Meyers et al. (2016). The authors created a project entitled *Project Multimedia for Youth to Voice Outcomes Individually Created for Empowerment (MY VOICE)* to support students with developmental disabilities. This multimedia format included a presentation for students to develop and share with parents. Students had to think about what they liked about the presentation and why. Parents were required to do the same. Afterward, scorers compared the first 12 items on the parent satisfaction survey on a pre-test/post-test basis. The second mixed methods design was from Hagner et al. (2012), who were interested in whether a family-centered intervention affects self-determination in adults with autism spectrum disorder transitioning from high school to careers.

Further examination of the mixed-methods designs indicates a) one study utilized pre/post designs (Laarhoven-Myers et al., 2016), and b) the other (Hagner et al., 2012) used a randomized control and a structured interview.

Quasi-Experimental Designs Overview

The final study in the initial search was by Sheppard and Unsworth (2010), who investigated the effectiveness of a short-term educational residential program for persons with intellectual and developmental disabilities. The strategies used in the residential

program assisted with increasing autonomy and self-determination in individuals with intellectual and developmental disabilities.

Participant and Setting Characteristics

Participant Age

The ages of participants varied greatly, ranging from elementary school children to individuals 50 years and older. The most common age range was 11 years and older (n=15). One study had an age limit starting under age 11, and two other studies did not state the ages of participants. No intervention was more effective for one age group (i.e., elementary vs. middle vs. high vs. postsecondary) than another. In other words, 16 broadly examined self-determination and self-advocacy, and the other two focused more so on advocacy skills at the postsecondary level. For example, Cuenca-Sanchez et al. (2012) explored self-determination through writing, while Brendili and colleagues (2021) looked at self-advocacy by requesting academic accommodations. Still, all interventions showed either functional relationships or differences between groups regardless of participants' ages.

Participant Characteristics

Not all studies reported gender, but those that did (n=3) reported having more males than females. The same can be said for ethnicity/race, in that there were more Caucasians in studies that listed this characteristic (n=3) than not. Other races in the studies' samples included Hispanic (n=2), African American (n=5), Asian (n=2), Native American (n=2), and mixed (n=1).

Type of Disability

The predominant disability category prevalent was learning disabilities, as explicitly stated in 13 articles. Other disabilities common in the studies included intellectual (n=6), emotional-behavioral (n=5), cognitive (n=2), and ASD (n=3). Some articles did not specify which disability categories were part of their sample, so verifying a specific amount for other disability groups was difficult. Again, no intervention was more effective for one disability than another, but all helped improve self-advocacy skills regardless of disability type.

Setting

On the other hand, researchers executed these self-advocacy strategies differently across studies. All studies occurred in either the United States (n=15), Canada (n=1), or Australia (n=1). All but two studies (n=16) took place in schools (elementary to high), with the remaining two on college campuses (N=18). Studies in schools occurred in either a general classroom or a special education setting (e.g., a pullout room). Again, there were no critical differences in results across differences in backgrounds.

Intervention Type and Descriptions

There were various interventions targeting self-advocacy implemented by the researchers. All interventions were either used separately or as part of a larger package. Eleven studies had interventions individually created (e.g., *Me!* Lessons and POW+TREE). Six incorporated “golden standards” in the field of education. One used psychometrics (e.g., ARC Self-Determination Scale). Below are descriptions of the more prevalent interventions.

Self-Made Interventions and Packages

More studies applied self-made interventions as opposed to available ones already established available. Here is a list of several interventions created by researchers to use in their research.

Me! Lesson Plans

Cantly and Martin (2020) used the *Me!* Lessons package as their intervention. This socially validated curriculum assisted educators in teaching self-advocacy lessons. The entire package consisted of 10 units, a) *Getting Started*, b) *Learning about Special Education*, c) *Understanding My Individualized Education Program*, d) *Understanding My Rights and Responsibilities*, e) *Improving my Communication Skills*, f) *Increasing My Self-Awareness*, g) *Advocating for My Needs in High School*, h) *Advocating for My Needs After High School*, i) *Developing My Resources*, and j) *Assessing My Progress and Portfolio*. Each was estimated to be 45 to 60 minutes in length, with all the lessons completed in approximately 17-23 hours (Cantly et al., 2010). The ME! Lessons also contain a project (Unit 6) to encourage individuals with disabilities to define and describe the specific disability of interest, identify personal strengths, and propose ways to plan for after high school.

I-CAN

Neale and Test (2010) implemented an elementary school variation of the Self Advocacy Strategy (Van Reusen et al., 1994) called the *I Can Use Effort Strategy*. Six steps occurred during a 5-day timeframe, lasting about 25 minutes. Step 1 allowed students to discuss specific strengths and needs with the teacher. Students committed to the best of their ability, learned advocacy techniques, asked for help when needed, and

communicated additional needs. Step 2 introduced the *I CAN Strategy* and the EFFORT behavior. I CAN is an acronym, and each letter represents a step to help students identify personal strengths and needs and determine student goals (Van Reusen et al., 1994; Neale & Test, 2010). Step 3 instigated the I CAN strategy. *I* (“identify your skill”) asked students to look at a list of skills related to subjects in school (e.g., reading and math), social skills, and talents. *C* (“check your learning choice”) allowed them to pick from various learning preferences. *A* (“answer the inventory sheet”) expanded on the previous phase, where the students checked their answers on an inventory sheet. Lastly, *N* (“name your goal”) asked students to assess skills they need to learn and write personal goals. Once the student learned all letters of the acronym, the teacher taught the EFFORT behaviors. *E* stood for “eye contact,” *F* was “face the person,” *F* was “facial expression,” and *O* was “okay, posture.” *R* stood for “relax,” and *T* meant “tone of voice.” On day four, students turned in their skills and inventory sheets to the teacher. The teacher reminded students of the EFFORT behaviors and then practiced each behavior. The teacher gave feedback. Students role-played in front of the teacher on the last day and assessed their sessions using a 10-question feedback sheet. Instruction ended once the student reached a score threshold of 20 points at the end of the fifth day.

FESTA

Prater and colleagues (2014) utilized a 4-lesson plan alongside visual aids (a poster and handouts) to teach specific skills. They are a) *self-advocacy and accommodations*, b) *personal strengths and needs*, c) *steps for asking for accommodations*, and d) *appropriate accommodations*. During the first step, Prater and

colleagues (2014) state that each individual matches their needs to one of eight accommodations categories (see figure 1 in the article for a list of the accommodations). In step two, teachers told the students that everyone with disabilities has the right to identify and disclose academic needs. Additionally, teachers show them how to complete a skills inventory survey. Teachers also role-play to students how to request educational assistance. In step three, students learned the acronym FESTA to ask for accommodations. The letters of the abbreviation and meanings were as follows: *F* stood for “face the teacher,” *E* was “maintain eye contact,” *S* meant stating the accommodations, *T* was “thank the teacher,” and *A* meant “use the accommodations.” Finally, students learned how to implement all five parts of FESTA and self-monitor progress by a checklist with FESTA pieces.

POW+TREE

In three phases, Cuenca-Sanchez et al. (2014) authors utilized a self-made writing strategy known as the POW+TREE strategy. During phase 1, the teacher introduced the concept of self-determination by using guiding questions. Furthermore, the teachers also taught the Seven Powerful Self-Determination Behaviors (Wehmeyer, Argan, & Hughes, 1998). The seven behaviors were as follows, a) *decision-making* involved making good choices with the goal of meaningful decision-making, b) *goal setting and attainment* meant setting goals and making plans on how to achieve goals, c) *self-management* was the ability to start and finish a task while self-monitoring, d) *problem-solving* was applying strategies that will help in finishing the task, e) *self-awareness* was the ability to “identify and understand one’s needs, interests, strengths, limitations, and values” (p. 79),

f) *self-advocacy* referred to “one’s capability to express one’s needs, wants, and rights in an assertive matter” (p. 79), and g) *self-efficacy* was “having confidence in one’s abilities to attain a goal” (p.79). The POW part helped students plan and organize their ideas, while the TREE part taught students the elements of persuasive writing.

In phase two, teachers covered the required information to use POW+TREE in writing. Specifically, POW allowed students to organize their ideas, while TREE let them write their essays. During phase three, students obtained the materials they needed to write in graphic organizers, transition word charts, and the Seven Powerful Self-Determination Behaviors. The teachers also demonstrated how to self-monitor by completing a record sheet. Students then practiced persuasive writing in stage four. Next, stage five involved scaffolding instruction. In other words, students had to fill out self-determination contracts, complete the graphic organizer, write the essay, and review it with minimal teacher assistance. Students then continued writing papers without any supporting materials in stage six.

SACR

Walker and Test (2011) showed three men with ADD/ADHD a video called *Transitions to Postsecondary Learning for Students with Learning Disabilities and/or Attention Deficit Disorders* (Tabata, 1998) and a simplified version of a training program known as *The Self-Advocacy and Conflict Resolution Training (SACR): Strategies for the Classroom Accommodation Request* (Rumrill et al., 1999). The 48-minute showing consisted of three parts. The video began by describing why learning disabilities and

ADD/ADHD occur and how these students learn (e.g., visual and auditory cues, short-term, long-term, working memory, and facial expressions).

Afterward, the video contrasted high school and postsecondary education through documented interviews. The final part of the video defined and described self-advocacy and then stated the importance of self-advocating. SACR had six lessons that taught students to request accommodations, a) *Introduction*, which showed the importance of introducing oneself when meeting a professor. Phrases such as “good morning, good afternoon, or hello” were explicitly mentioned.

Project MY Voice

Project MY VOICE by Laarhoven-Meyers et al. (2016) was a three-year-long project to provide educational programming for students with developmental disabilities. An initial series of workshops taught teachers how to do four things, a) use project resources such as the MY VOICE template and other resource kits, b) conduct assessments published or free curricula, c) conduct choice and preference assessments, and d) use technology (e.g., Microsoft PowerPoint, video editing software, music software, and voice narration) as assistance tools. Students began by completing specific assessments that made them think of their futures by focusing on life domains (e.g., employment, postsecondary education or trading school, living arrangements, finances, etc.). Teachers, parents, and students then completed the Transition Planning Inventory (Clark & Patton, 2006). Each group received its variation of the inventory. The modified student version included five specific adaptations, a) reading questions to the student, b) giving the student a “smile” rating sheet to mark instead of numerical values, c)

rephrasing questions to produce yes/no responses, d) presenting line drawing pictures to represent questions, and e) asking parents and teachers to complete the form if students struggled with answering questions.

Beyond High School (BHS)

Palmer et al. (2012) implemented a multistage paradigm known as Beyond High School (BHS) Model, proposed by Wehmeyer and colleagues (2006). In the first stage, students explained both short-and long-term goals based on preferences and interests toward becoming proactive in IEP meetings. The WFA was incorporated into the stage as well. Then, students learned the SDLMI to direct their transition planning. THE BHS model was executed during stage two when the students collaborated with stakeholders to refine goals. Students, with their support, instigated their advocacy plans during stage three of the BHS model.

Walk a Mile in My Shoes

Mishna et al. (2011) applied an intervention package for grades 6 and 7 with learning disabilities. The first element was a 12-week group treatment pertained to bullying. The second piece was a workshop entitled Walk a Mile in My Shoes, which contained definitions of learning disabilities alongside various learning difficulties (e.g., reading problems, expressive language) followed by exercises for students to participate in (e.g., reading sentences at the phonetic level). The last component involved input from teachers of students in the experimental group in making suggestions about assisting students with learning disabilities.

Know Your Rights and Responsibilities

Wood et al. (2010) made scripted lesson plans adapted from a document released by the U.S. Department of Education, Office of Civil Rights (2007) titled “Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities.” All lesson plans included operational vocabulary definitions from the Office of Civil Rights document and examples of rights and responsibilities.

Students Directed Transition Planning

Woods and colleagues (2010) tried an original learning package called Student-Directed Transition Planning (Sylvester et al., 2007). Students learned transition terms and concepts while participating in discussions in IEP meetings. The students received a summary sheet to organize and present transition information.

Common Themes in the Interventions and Packages

An exciting find was the unique technologies used, whether videos (n=1) or software (n=2), to fit the specific situation. Another shared commonality included using scripted materials or personalized scripts to assist participants with navigating through the interventions (n=3). Thirdly, several studies (n=2) incorporated an element of reading within the interventions or packages (Cuenca-Sanchez et al., 2012; Mishna et al., 2011).

Established Interventions and Descriptions

Below are examples of self-advocacy interventions available at the time of research. The interventions were either utilized in a package (n=2) or separately (n=5).

The Self-Determined Learning Model of Instruction (SLDMI)

The Self-Determined Learning Model of Instruction (SDLMI), released by Wehmeyer and colleagues (2000), was “a model of teaching based on the component

elements of self-determination, the process of self-regulated problem solving, and research on student-directed learning” (p.199). The SDLMI consists of a three-phase instructional procedure involving letting students find a solution to a problem. Furthermore, students solved problems. There were four questions per phase. The questions related to objectives stated by teachers; moreover, they differ from one step to the next but still involve the four same problem-making techniques, a) identifying the problem, b) identifying potential solutions, c) identifying barriers to solving the problem, and d) identifying consequences to the solutions. The solutions to the problem in the previous phase led to the question in the next step. Additionally, the instructional stages have educational supports teachers can enable for student-led learning, and students are their representatives to make choices, decisions, and conduct actions. Students must answer questions to regulate individualistic problem-solving by a) setting goals, b) meeting needs, and c) completing plans.

Kelly and Shogren (2014) conducted interviews. They used the Self-Determination Learning Model of Instruction or SLDMI (Wehmeyer et al., 2000) to assess self-determination skills in adolescent students with adolescents with emotional-behavior disorders. The SLDMI is an instructional model that teaches self-determination components (e.g., problem-solving goal setting and attainment, self-monitoring, self-advocacy, and leadership). Typically, the SDLMI comprises three problem-solving strategies in a general education curriculum.

Whose Future is it Anyway?

Whose Future Is It Anyway? or WFIA (Wehmeyer et al., 2004) is a 36-lesson plan intended for training students to transition and transition planning through six areas as follows, a) *self- and disability awareness*, b) *making decisions about transition-related outcomes*, c) *identifying and securing community resources to support transition services*, d) *writing and evaluating transition goals and objectives*, e) *communicating effectively in small groups*, and f) *developing skills to become an effective team member, leader, or self-advocate*.

Lee and colleagues (2011) used the WFIA as part of an intervention package with a computer-based intervention known as Rocket Reader to help students with reading skills. Two paradigms were part of this study, a) a computer-based intervention, known as Rocket Reader, a reading support program to help students with reading skills, and b) the Whose Future Is It Anyway (WFIA) paradigm to promote self-determination. Unfortunately, the authors did not describe how they used WFIA in their study.

On the other hand, Wehmeyer and colleagues (2011) described the materials in WFIA were for student-led reading, writing, and verbal discussions. Section 1, Getting to Know You, introduced concepts of transition planning education planning and stated the transition requirements from the Individuals with Disabilities Education Act. Students also had the opportunity to say whether they attended planning meetings in the past and presented any transition-related goals during the session. The second section, Making Decisions, allowed students to learn a problem-solving process by mentally working through step-by-step decisions to determine possible living arrangements and other transitions. Section three, How to Get What You Need, Sec. 101, enabled students to find

resources in the community. Section four, Goals, Objectives, and the Future, lets students apply rules to recognize transition-related goals and objects, but not on an IEP transition planning form. Likewise, they evaluated personalized objectives and learned to track their progress in completing those goals. Plus, they made more goals for the next planning meeting. The fifth section was Communication, and students learned topics common for small group conversations (e.g., verbal vs. nonverbal communication, body language, differences between aggressive and assertive communication, when to use persuasion, etc.). The sixth session, Thank You, Honorable Chairperson, taught students about various meetings and why they occurred, the components of an effective appointment, and the roles of the chairperson and team members.

Wehmeyer, Palmer, Lee, et al. (2011) used the WFIA paradigm like the previous one but utilized it differently. The researchers wanted to know if the WFIA would improve self-determination scores on the WFIA knowledge test and other psychometrics, including The Self-Determination Scale (Wehmeyer & Kelchner, 1995) and the AIR Self-Determination Scale (Wolman et al., 1994).

Wehmeyer, Palmer, Shogren, et al. (2011) authors chose the WFIA as part of an intervention package. Three interventions alongside the WF to create a package for teachers to use in the experimental group, a) *ChoiceMaker Curriculum with Self-Directed IEP materials* (Martin et al., 1993), b) *The Self-Advocacy Strategy*, c) *Steps to Self-Determination*, d) *Whose Future Is It Anyway?*, e) *The Self-Determined Learning Model of Instruction*, and f) *The NEXT S.T.E.P. Curriculum*.

The ChoiceMaker Curriculum. ChoiceMaker consisted of three sections, 1) Choosing Goals, 2) Expressing Goals, and 3) Taking Action. There were two to four teaching goals and various lessons covering six transition topics. The authors only mentioned four of the six, i) an unnamed assessment tool, ii) Choosing Goals, iii) the Self-Directed IEP, and iv) Taking Action lessons. Choosing Goals allowed students to learn skills to express personal interests, skills, limitations, and goals when working on self-selected transitions. The Self-Directed IEP facilitated students in understanding self-advocacy both inside the confines of an IEP meeting and outside in other settings. Teachers gave students the ChoiceMaker materials to teach different disability categories, including behavioral disabilities, mild intellectual disabilities, and learning disabilities.

The Self-Advocacy Strategy. Van Reusen et al. (2002) established The Self-Advocacy Strategy to “enable students to systematically gain a sense of control and influence over their learning and development” (p.1). The paradigm guides students through seven stages, a) *Orient and Make Connections*, b) *Describe*, c) *Model and Prepare*, d) *Verbal Practice*, e) *Group Practice, and Feedback*, f) *Individual Practice and Feedback*, and g) *Generalization*. The first step, Orient and Make Connections, introduced transition planning with the IEP process and how active involvement can increase personal morale and autonomy. Step two was Describe, which provided information on transition processes and the advantages of participating in IEP meetings. The algorithm “I PLAN” was introduced here so students can self-monitor their participation via a visual chart. During step three, Model and Prepare, teachers illustrated the I-PLAN phases, and students completed the initial phase of I-PLAN by filling out an

inventory. Next, students asked questions in step four, Verbal Practice, to ensure they knew how to proceed with I-PLAN. In step five, Group Practice and Feedback, students showed their mastery of the I-PLAN phases and performed in a mock group conference afterward. The students also received feedback from group members and the teacher to consider what could be improved in the future and generate group discussions. Step six, Individual Practice and Feedback, lets students meet independently with teachers for practice, feedback, and mastery of the I-PLAN phases. Generalization was the seventh and last step when students generalized the I-PLAN phases to real conferences. This paradigm consisted of three segments, a) preparing for and conducting the conference, b) preparing for other uses of I-PLAN, although Wehmeyer, Palmer, Lee, and colleagues did not specify what these might look like, and c) preparing for subsequent conferences.

The Steps to Self Determination. The second edition of Steps to Self-Determination (Hoffman & Field, 2005) is a strategy package that contains modeling, cooperative, and experimental learning. It comprises a one-hour orientation session followed by a six-hour workshop and 16 classroom lessons on four areas, a) self-determination, b) self-advocacy, c) goal attainment, and d) decision-making.

NEXT S.T.E.P. The final piece of the intervention package was the NEXT S.T.E.P. Curriculum containing 16 lessons in four units for one hour. NEXT S.T.E.P. aimed to motivate students in these five areas, a) make transition plans, b) self-evaluate transition needs, c) set transition goals, d) conduct own transition planning meeting, and e) self-monitor the implementation of transition plans. Unit 1, Getting Started, provided transition planning overviews and encouraged students to do so themselves. Unit 2, Self-

Exploration and Self-Evaluation, taught six lessons on self-evaluation and self-monitoring. Students completed the 72-item scale known as the Transition Skills Inventory at the end of this unit. The form looked at four transition areas, a) personal life, b) jobs, c) education and training, and d) independent living. Unit 3, Developing Goals and Activities, had five lessons based on the areas of the Transition Skills Inventory about setting transition goals. Unit 4, Putting a Plan into Place, included three lessons in preparing for the transition meeting.

Lastly, Wehmeyer and colleagues (2013) performed a similar study published several years earlier (Wehmeyer, Palmer, Shogren, et al., 2011). Five previously used interventions, a) The Choicemaker, b) Steps to Self-Determination, c) The WFIA, d) NEXT S.T.E.P., and e) The SDLMI, were chosen.

Common Themes in the Interventions and Packages

Two studies used the same authors' interventions or packages (Wehmeyer, Palmer, Shogren, et al., 2011; Wehmeyer, Palmer, et al., 2013). An additional study (Lee et al., 2011) used the WFIA, leading to three studies implementing that intervention. Finally, three studies (Lee et al., 2011; Wehmeyer et al., 2011; Wehmeyer, Lee, et al., 2011) had a group feedback component as part of the intervention or package.

Other Interventions and Packages

Hagner et al. (2012) provided opportunities for parents to attend group training aimed at a) person-centered, b) networking, and c) “utilizing adult service options and resources to design and work toward a positive future beyond high school (p.44). The curriculum known as Specific Planning Encourages Creative Solutions (Cotton &

Boggis, 2007) had six learning modules, a) Orientation to Planning, b) Tools for Planning, c) Creative Problem-Solving, d) Quality Services, e) Creative Financing, and f) Getting to Action. Training personnel administered a 15-question quiz to assess knowledge acquisition.

Sheppard and Unsworth (2010) described students in an educational residence unit (ERU) program were eligible to participate by improving everyday living skills as stated in their IEP. The program began with lectures and workshops for students with intellectual disabilities. Afterward, students participated in a daily routine of daily activities. Students self-monitored roughly 50 everyday activities (e.g., brushing their teeth, making a snack, etc.).

Self-Advocacy Skills Targeted

The specific topic or theme (e.g., advocating through writing through POW+TREE) impacted how students learned self-advocacy skills in the articles and the targeted skills. However, although the skills centered on self-advocacy or self-determination, only four studies specified how advocacy or determination was generalized to specific scenarios. Two (Cuenca-Sanchez et al., 2012; Lee et al., 2011) looked at reading or writing abilities to self-advocate. The remaining two (Walker et al., 2011; Brendili et al., 2021) directly examined the ability to request academic accommodations at the university level. The others (n=14) did not generalize the self-advocacy skills learned to apply to life situations.

Table 1
Demographics Table

| Study | Design | Age and N | Description of disabilities | Setting | Interventions and Materials | Findings of self-advocacy |
|------------------------------|-----------------------|---|---|---|---|--|
| Brendili et al. (2021) | Single subject | N=3 Ages: NA | Intellectual | Virtual Learning | Self-Advocacy and Conflict Resolution Model | Students were able to request academic accommodations |
| Cantly & Martin (2020) | Single subject | N=6 (4 males and 2 females) Age: 15 | Learning Emotional-Behavioral Autism | Semi-rural high school in southwest USA | Knowledge quiz Me! Scores Parent Interviews | Me! increased students' self-awareness |
| Cuenca-Sanchez et al. (2012) | Random-control trials | N=21 (20 male and 1 female) 13.1 (average age) | Learning Emotional-Behavioral Autism Other health impairment | School on the East Coast of the USA | POW ^b +TREE ^c strategy | Students with severe emotional-behavioral problems outperformed the comparison group in the ability to write persuasive essays |
| Hagner et al. (2012) | Mixed-methods | N=98 Age: N/A | Cognitive Multiple Autism | Schools in New Hampshire and Maine | Student satisfaction survey Parent satisfaction survey | Students were satisfied with the projects and activities to help them identify personal preferences and interests. It also empowered them to explore their needs |

Table 1 (Continued)

| | | | | | | |
|--------------------------------|-----------------------|--|--|--|---|--|
| Kelly & Shrogen (2014) | Single-subject | N=4 Age: 16 | Emotional-Behavioral | Suburban high school in southwest USA | Self-Determined Learning Model of Instruction | Students increased on-task behaviors while decreasing off-task ones. |
| Laarhoven-Meyers et al. (2016) | Random-control trials | N=100 Ages: 18-21 | Cognitive Multiple Autism | Schools in suburbs of Chicago, IL | Student satisfaction survey; parent satisfaction survey | Students were satisfied with project activities in helping them identify personal preferences, interests, and empowerment to explore their needs |
| Lee et al. (2011) | Mixed-methods | N=162 13.29 (avg. age of the experimental group) 13.89 (avg. age of control group) | Attention-Deficit/Hyperactivity Emotional-Behavior Autism Learning | N/A | Whose Future is It Anyway? | Instructional, knowledge, and dispositional/belief factors predicted students' self-determination over personal predictor variables |
| Mishma et al. (2011) | Random-control trials | N=68 (50 male and 18 female) Grades: 6-8 | Learning | Urban Catholic school district in Canada | Self-Advocacy Interview; group intervention and manualized workshop | Increase ability to self-advocate for their needs |

Table 1 (Continued)

| | | | | | | |
|----------------------|-----------------------|----------------------|-------------------------------------|--|---|--|
| Neale et al. (2010) | Single-subject | N=4 Ages: 9-11 | Learning Behavioral Cognitive | Resource classroom | Self-Advocacy Interview; group intervention and manualized workshop | Extends literature supporting self-advocacy skills to students at younger ages and adds empirical evidence that students as young as 9 and 11 years of age can develop a sense of self-realization and begin self-determination skills |
| Palmer et al. (2012) | Random-control trials | N=109 Ages: 18-21 | Intellectual | 23 school districts in Texas, Kansas, and Missouri | Arc-Self Determination Scale ^c | The benefits of direct instruction in self-determination for individuals with Intellectual disabilities include choice and decision-making, goal setting, problem-solving, self-monitoring, and self-regulation. |
| Prater et al. (2014) | Single subject | N=4 Ages: N/A | Learning | High school setting in an unknown state | Skills Inventory Survey | Before learning to self-advocate, the students had little to do with their accommodations. Once they taught students how to advocate for |

Table 1 (Continued)

| | | | | | | |
|-------------------------------------|-----------------------|----------------------|--|---|---|--|
| Sheppard & Unsworth (2010) | Quasi-experimental | N=31 Ages: 5-18 | Intellectual Intellectual with autism comorbidity Intellectual with cerebral palsy comorbidity Intellectual with Down Syndrome comorbidity Intellectual with another comorbidity | Rural specialists-school in Australia | Social Skills Rating System ^d (Gresham & Elliot, 1990) American Institute of Research Self-Determination Scales ^e | <p>themselves, they became more responsible for their educational success.</p> <p>Personal goals in the performance of everyday activities related to autonomous functioning through systematic instruction to build skills in each individual, adapting tasks or environment where necessary.</p> |
| Walker et al. (2011) | Single-subject | N=3 Ages: 18-21 | Learning Attention-Deficit/Hyperactivity | Historically Black College | The Transitions Video | A functional relationship existed between self-advocacy intervention and students' ability to request accommodations in a role-playing situation. |
| Wehmeyer, Palmer, Lee et al. (2011) | Random-control trials | N=493 Ages: 11-21 | Emotional Behavioral Intellectual Learning Attention-Deficit/Hyperactivity Autism Other Health Impairment | Middle/High Schools in school districts in 6 states | Self-Determination Scale American Institute of Research Self-Determination Scale | All students showed gains in self-determination over time for both measures of self-determination, but students in the WFA group scored significantly more positively on AIR than did students |

Table 1 (Continued)

| | | | | | | |
|--|-----------------------|-----------------------|-----------------------|--|---|--|
| | | | | | | in the placebo control group. |
| Wehmeyer, Palmer, Williams-Diehm et al. (2011) | Random-control trials | N=194 Ages: 14-20 | Intellectual Learning | N/A | American Institute of Research-Student, ARC's Self-Determination Scale; Transition Empowerment Scale | All students showed gains in self-determination over time for both measures of self-determination, but students in the WFA group scored significantly more positively on AIR than did students in the placebo control group. |
| Wehmeyer, Palmer, Shrogen et al. (2013) | Random-control trials | N= 371 Ages: 14-20 | Intellectual Learning | 50 school districts in KS, MO, NE, OK, and TX | Arc-Self Determination Scale, American Institute of Research Self-Determination Scale; Whose Future is it Anyway; Self-Determined Learning Model of Instruction | On the AIR, all participants showed significant increases in their scores over the 3-year of the project. |
| Wood et al. (2011) | Single-subject | N=4 Ages: 17-20 | Mild disabilities | Large urban public high school in the southeastern USA | ADA Document; Scripted lesson plans | Students could generalize accommodations and rights, and responsibilities to a new situation. Likewise, social validity measures |

Table 1 (Continued)

| | | | | | | |
|---------------------|-----------------------|--|--|-------------------------------------|--|--|
| | | | | | | collected from members of the extended community and direct consumers indicated the ADA training package was successful. |
| Woods et al. (2010) | Random-control trials | N=19 (12 male and 7 female) Ages: 14-20 | Learning Intellectual Multiple Blindness Traumatic brain injury Other health impairment | 3 schools in southwestern USA state | Primary Transition knowledge test; student self-efficacy scale | Instruction in Student-Directed Transition Planning led to increased perceptions of participating in a transition planning IEP meeting actively. |

^a Barnard-Brak, Sulak, Tate, & Lechtenberger, 2010

^b POW: “Pick my idea,” “Organize my notes,” “Write and say more” (Cuenca-Sanchez et al., 2012)

^c TREE: “Topic sentence,” “Reasons,” “Explanations,” and “Ending” (Cuenca-Sanchez et al., 2012)

^d Wehmeyer et al., 1995

^e Gresham & Elliot, 1990

^f Wolman et al., 1994

Future Research

This literature review contained information to lay the groundwork for more research. It allowed the consideration of the self-advocacy interventions available when conducting the dissertation project but identified several key areas that require further exploration. There is substantial research to suggest the efficacy of video modeling such as the examples stated in the table (e.g., Walker et al., 2011). Thus, future research should

explore applying this evidence-based practice in teaching self-advocacy skills to individuals with disabilities. Another disparity was the distribution of male-to-female participants in studies that reported this descriptive statistic, with males outnumbering females. This gap is partially due to the higher incidence rates of some disabilities in males than females; however, differences between genders should be explored and documented in the literature.

Conclusions

Interventions about self-advocacy might be somewhat limited, but they provide meaningful information in various disability domains, particularly individuals with intellectual disabilities. Participants in the studies could speak for themselves through verbal and written means. Still, they needed help academically and socially. Logistically speaking, two studies used the same measures in an intervention package. The exact lead author, Dr. Michael Wehmeyer, published them. Still, he utilized the following four self-advocacy paradigms differently in each study, a) The Choicemaker, b) Steps to Self-Determination, c) The WFIA, d) NEXT S.T.E.P., and e) The SDLMI.

Overall, single-case designs in this systematic review showed functional relationships in the ability to self-advocate. Likewise, random control trials and mixed methods methodologies indicated participants in the experimental groups advocated for themselves better than those in the control groups. Furthermore, participants gained more knowledge of self-advocacy components, such as individual needs and identification of disability. Most studies were conducted in middle and high schools to apply what they learned at the secondary level. In one case, skills extended into the postsecondary

education world (Walker et al. 2011), where three African American undergraduates at a historically Black college learned how to request academic accommodations.

A necessary strength was that all interventions had high internal and external validity levels. All single-subject designs displayed functional relationships between the intervention and objectives (i.e., increasing self-advocacy to complete sets of tasks and the ability to reuse the learned self-advocacy skills in future situations/settings) via high levels of interobserver agreement. The same was true for random-control trials via post-hoc calculations. The available research provides a good foundation of concepts but leaves much room to explore further and expand the literature related to specific populations, intervention techniques, and settings.

Chapter 3: Methods

There is an evident need to teach self-advocacy skills to all persons with disabilities, especially students with ASD. The current study sought to explore how video modeling, paired with role-playing and behavior skills training (BST), would impact the ability of undergraduate students with ASD to use self-determination and self-advocacy skills in a university setting successfully. The video modeling intervention covered four essential areas of self-advocacy, including a) requesting accommodations, b) locating supports on campus and in the community, c) disclosing accommodations to a professor, and d) handling when a professor does not recognize the student's accommodations recognition of one's wants and needs.

Inclusion Criteria

Two criteria assisted in determining who could participate in this study. The first was that students were undergraduates enrolled at a university or community college, and b) students had confirmed diagnosis of ASD (either through an official diagnosis via documentation of the disability services or proof of self-diagnosis).

Participants, Setting, and Interventionists

This study included four autistic undergraduate students (officially documented or self-identified) affiliated with a program at a large Southern public university that assists autistic students at the collegiate level. Sessions occurred at the same university where the recruitment of participants occurred. During the intervention phase, the VM was offered in-person or virtually on Zoom. If the sessions were in-person, the interventionists implemented the VM on video software on a computer. If the sessions

were virtual, the participant watched the VM through screen sharing on Zoom or screen-sharing technology. The role-playing occurred either in person or virtually. Additionally, sensory items were available for participants if they wanted one.

Terry

Terry (*he/they*) was a 23-year-old undergraduate autistic Caucasian non-binary trans man with bipolar and obsessive-compulsive disorder comorbidity.

Skylar

Skylar (*he/him*) was an 18-year-old undergraduate autistic Caucasian male.

Drew

Drew (*they/he*) was a 20-year-old undergraduate autistic Caucasian male.

Jordan

Jordan (*she/they*) was a 21-year-old undergraduate autistic Black gender non-conforming female with an Attention-Deficit-Hyperactivity Disorder multimorbidity.

Materials

Sixteen sets materials were a part of this study, a) Participation Identification Sheet, b) Task Analysis Baseline Collection Sheet (all scenarios), c) Fidelity checklist #1: Baseline Introduction and Roleplay, d) Fidelity Checklist #2: Intervention Showing the Video Model, e) Task Analysis #2 Sheet for Scenario #1: Expressing Needs to Get Appropriate Accommodations, f) Task Analysis #3 sheet for Scenario #2: Expressing Broader Needs to TIES support/D&A office/Outreach Coordinator, g) Task Analysis #4 sheet for Scenario #3: Request Accommodations From Professors, h) Task Analysis #5 sheet for Scenario #4: Talking to SSD Officer When a Professor is Not Accommodating,

i) a Self-Advocacy Questionnaire (based on the Self-Management Self-Test or SMST by Wehmeier et al., (2019)) consisting of 16 questions, or four per self-advocacy component about the self- j) a social validity questionnaire used at the end of the study examining the skills taught in the video and the use of the intervention for future research, k) a visual that lists the steps for scenario 1 (i.e., expressing needs to get appropriate accommodations), l) a visual that lists the steps for scenario 2 (i.e., expressing broader needs including social, academic, daily living, etc.), m) a visual that lists the steps for scenario 4 (i.e., talking to a D&A Officer when a professor is not accommodating), and n) the video model. Refer to Appendices A to M for specific details. (There was no visual to discuss accommodations with the professor.) Participants watched the VM on a computer, and the interventionists employed Zoom software to conduct virtual training.

Experimental Design

This study utilized a reversal design across participants, specifically, an ABACADAE design. These components were the four scenarios teaching self-advocacy skills based primarily on recognizing one's wants and needs and personal decision-making. The four included scenarios were a) requesting appropriate accommodations from disability services; b) requesting additional supports or services (daily living, social, etc.) from disability services; c) presenting accommodations to a professor; and d) meeting with disability services in the event a professor is not accommodating student needs. There was also a pre-test/post-test comparison between scores on the self-advocacy questionnaire, with data displayed in the form of a bar graph that explored all four areas of self-advocacy.

Interobserver Agreement, Procedural Fidelity, and Data Collection

The interventionists collected data using two measures. The primary measure was a task analysis of the observed or not observed steps created for each role-play scenario. The secondary measure included a questionnaire at baseline and again at the end of the study to measure confidence ratings across the various self-advocacy skills directly targeted during VM and role-play sessions and the other related self-advocacy skills.

They conducted IOA for the role-play sessions with participants based on steps completed correctly on a task analysis specific to each role-play scenario. This process looked after steps completed using the traditional interobserver agreement formula, $\frac{\text{Agreements}}{\text{Agreements} + \text{Disagreements}} \times 100\%$. One interventionist videotaped the sessions to collect IOA on a random sample of 33%. A second interventionist collected live IOA data on at least 33% of sessions.

The interventionists created a procedural fidelity checklist to check on the researcher's implementation of the role-playing sessions and the VM. This checklist consisted of the behaviors the interventionists consistently implemented across each VM and role-play sessions for all scenarios.

Procedures

This study used three measures: a) video modeling training, b) a series of role-playing sessions coupled with behavior skills training (BST), and c) the self-advocacy and social-validity questionnaires as a set of secondary interventions.

Baseline Phase

Baseline data for each of the four participants occurred during the baseline phase to determine the current level of self-advocacy skills participants can demonstrate. The number of baseline probes varied on the efforts of each participant, as starting later in the multiple baseline design will have longer baseline phases. The baseline phase included cold probes of the scenarios taught through the VM and role-playing intervention. Specifically, each participant in this phase participated in a role-playing session to advocate. The interventionists provided provide no training or feedback. The role-training sessions varied depending on the element of self-advocacy assessed. For example, if the scenario presented *accommodations to a professor*, participants brought a copy of the accommodation letter to simulate sharing accommodations with a professor or were provided a sample accommodation letter. There was also a brief baseline probe between conditions in the ABACADAE portion of the design. The participant completed the “pre” self-advocacy questionnaire during the baseline condition to determine starting levels of confidence with the various self-advocacy components.

Intervention Phase

During the intervention phase, participants watched a video model demonstrating appropriate self-advocacy skills for the given scenario. Continuing with the same example of presenting accommodations to a professor, the participants viewed a VM illustrating the appropriate steps for providing accommodations to a professor. Following the VM, participants received BST and role-played the scenario with the interventionist. True to the procedures of BST, participants engaged in hearing the target material, seeing it modeled, role-playing, and receiving feedback. More specifically, following the VM,

participants had the opportunity to ask questions before answering a series of comprehension questions. The participant and interventionist then reviewed any missed questions. A separate role-playing session came next. The interventionist reviewed the steps if the participants missed any steps in the procedural fidelity checklist. This complete repetition of stages occurs until the participant reaches 100% mastery. Participants stayed in the same phase of intervention (i.e., with the same scenario) until demonstrating 100% mastery across two different days. Following this, participants moved to the next stage of the study. All participants had a chance to look at the task analysis steps before running through any scenario to ensure they felt comfortable completing the steps in the correct order.

After the study, participants completed the “post” self-advocacy questionnaire to determine their levels of confidence across the different self-advocacy components across all four scenarios.

Generalization Phase

After two consecutive sessions at 100%, the participants engaged in a generalization session in a different location with another person to practice the same skill set learned in the intervention phase. For example, for presenting accommodations to the participants, the generalization phase consisted of going to an actual professor’s office (who is not the participant’s professor) and pretending to disclose accommodations with that person in their office. There was one generalization probe for each of the scenarios.

Maintenance Phase

The interventionists collected maintenance data collected at one-month and three-month follow-up probes. This phase consisted of using the same role-playing scenarios used during the intervention and collecting data with the task analyses to determine if participants could maintain their skills via role-play following the completion of the study. During the maintenance phase, the participants could use a copy of the task analysis, just like in the intervention phase.

Social Validity

Upon completion of the study, participants received a social validity questionnaire to assess the VM's impact on real-world applications. This questionnaire included questions addressing the effectiveness, ease, and acceptability of the procedures and the content itself.

Chapter 4: Results

All four datasets overall indicated some level of experimental control, but two (Skylar and Drew) had more substantial indications, while the other two (Terry and Jordan) were weaker. Furthermore, two (Terry and Jordan) demonstrated generalization trends. Additionally, to support generalization trends, in the first baseline phase (i.e., when the experimenters ran all four scenarios), three participants had an incremental increase in the percentage of correct steps from scenario one to the other three scenarios.

Details on each participant's data and pre-and post-questionnaire contrasts are below. These comparisons display each participant's responses to the 16 questions on the self-advocacy questionnaire. Lastly, another set of bar graphs shows differences in the self-advocacy questionnaire at the pretest and posttest phases across all participants based on four questions that look at each of the four scenarios.

Terry

Data from Terry indicates the most substantial generalization effects across all participants, as seen in the stable trends across baseline and intervention conditions. Further extrapolation suggests during the initial baseline phase (i.e., all four scenarios), Terry completed all the steps for session four perfectly, a trend that occurs with another participant as well. The completion of steps increased during the initial baseline phase, starting at 46.15% during scenario 1 followed by an increase to 70% during the second scenario in the baseline phase. This value further increased to 100% during the third scenario and decreased to 81.82% in the fourth. The first return to the baseline phase indicated the rate of step completion equaling 90%. This value was the same in the other

two return-to-baseline stages. Meanwhile, during the intervention phases (i.e., phases B through E in Figure 1), Terry achieved two consecutive sessions of 100% mastery in scenarios 2, 3, and 4. They all remained constant at 90% during the return to baseline phases. Furthermore, maintenance data indicates the continuation of 100% accuracy of steps during both follow-up sessions, one month and three months, respectively. Terry completed all general sessions and the first maintenance session in person; he completed the second maintenance session on Zoom.

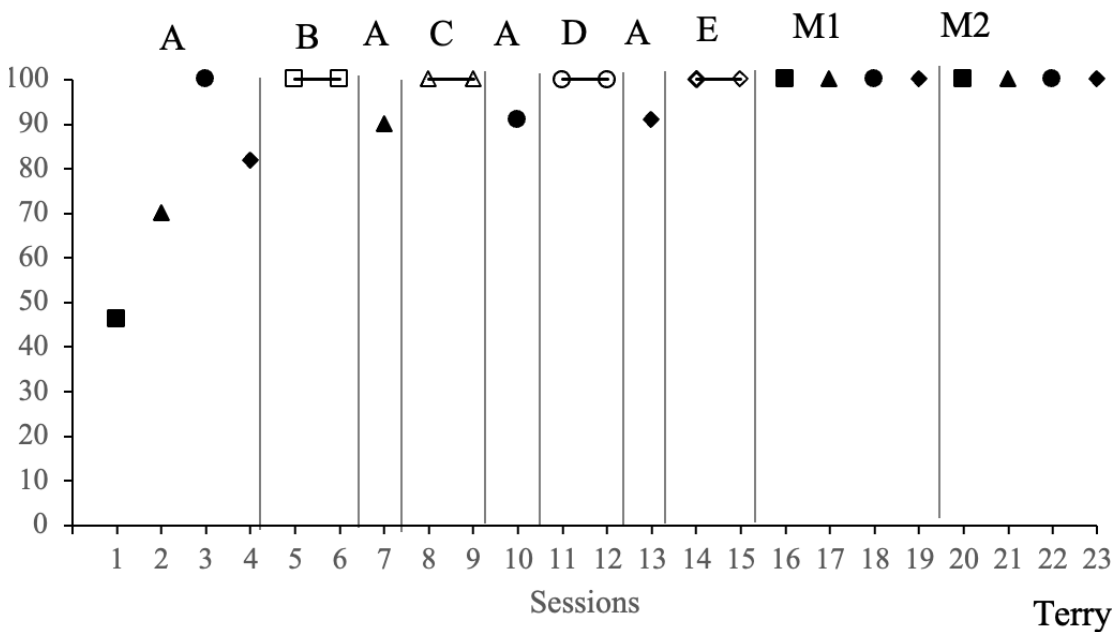


Figure 1: Terry’s Dataset

Skylar

Findings about Skylar reveal similarities between this dataset and Terry’s. At first glance, both participants had the exact same data points across all baseline phases and returned to baseline phases. However, there are minute subtleties between the two

participants. Skylar completed all the steps in the initial baseline phase with the following completion rates, a) 46.15% for scenario 1, b) 80.00% for scenario 2, c) 80.00% for scenario three, and d) 81.82% for scenario four. The three phases that required a return to baseline had the completion of steps as follows, a) 80.00% for scenario 1, b) 70.00% for scenario 2, and c) 90.91% for scenario 3, respectively. Furthermore, during the intervention phases (i.e., letters B to E in Figure 2), Skylar completed two consecutive sessions of 100% mastery in scenarios 2 to 4. Additionally, the completion steps for the first maintenance session equaled 100% for scenarios 1, 2, and 4, and 90% for scenario 3; during the second maintenance session, Skylar accomplished the four scenarios with 100% accuracy. Skylar completed all sessions (general and maintenance phases) in person.

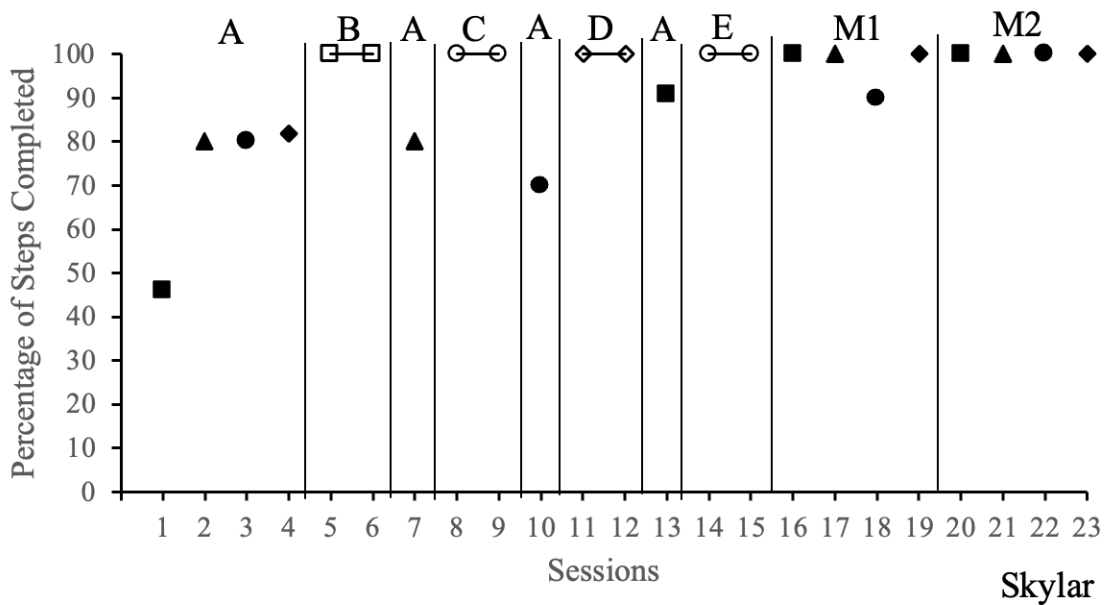


Figure 2: Skylar’s Dataset

Drew

Unlike the previous two participants, Drew's scores in the initial baseline phase differed, albeit with slightly lower percentages. The completion of steps in the initial baseline phase was a) 46.15 in scenario 1, b) 80.00% in scenario 2, c) 60.00 in scenario 3, and d) 90.91% in scenario 4. ranging from 46.15% in scenario 1 to 90.91% in scenario 4 respectively. Drew accomplished two consecutive sessions at 100% mastery during the intervention phases in scenarios 2 to 4 (i.e., letters B to E in Figure 3). Also, Drew's return to baseline phases resulted in values of a) 70.00% for scenarios 1 and 2, b) 90.00% for scenario 3, and c) 100.00% for scenario 4. During both maintenance sessions, all scenarios and values mirrored each other. In other words, the completion of steps in scenario 1 was 100.00% for both maintenance sessions, 90.00% in scenario 2 for both sessions, and 100% for scenarios 3 and 4 for both maintenance sessions. Drew completed all sessions except for the scenario 1 intervention session in-person.

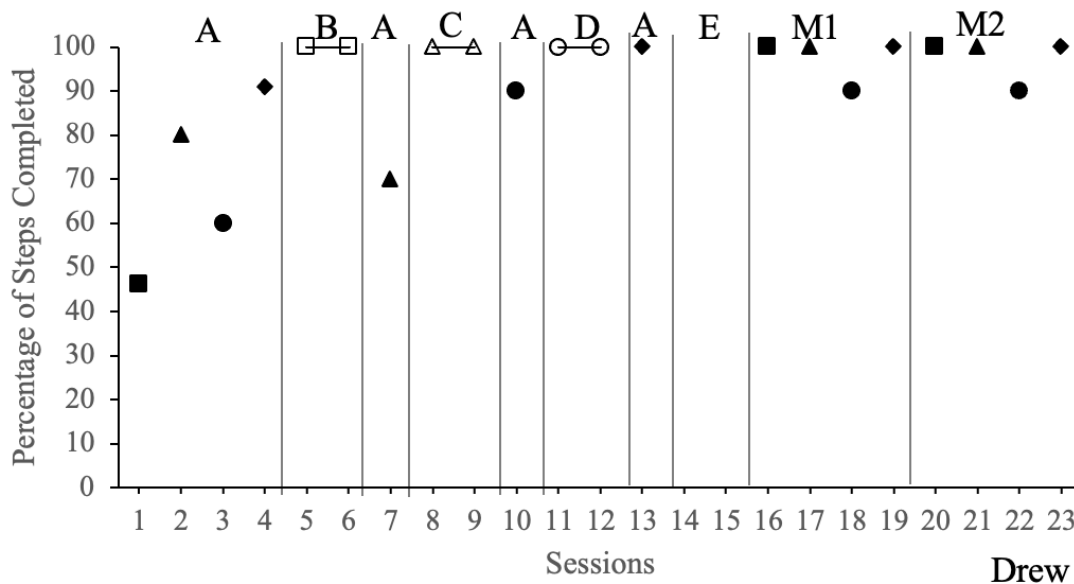


Figure 3: Drew's Dataset

Jordan

Contrary to the previous three initial baseline phases, Jordan's first A phase differed significantly from the others. The completed successful steps for the initial baseline session were a) 69.23% in scenario 1, b) 60.00% in scenarios 2 and 3, and d) 90.91% in scenario 4. Jordan completed two consecutive sessions of 100% mastery during the intervention phases in scenarios 2 to 4 (i.e., letters B to E in Figure 4). The return to baseline phases for Jordan equaled a) 80.00% for scenarios 1 and 2, and b) 90.91% for scenario 3. Jordan only completed the three-month maintenance session, and Figure 4 reflects the missing data. Nonetheless, the values for completed steps for the three-month maintenance session were a) 92.30% for scenario 1, b) 100.00% for scenario 2, c) 90.00% for scenario 3, and d) 100.00% for scenario 4. Jordan completed all sessions in person but again was unavailable for the 1-month maintenance session.

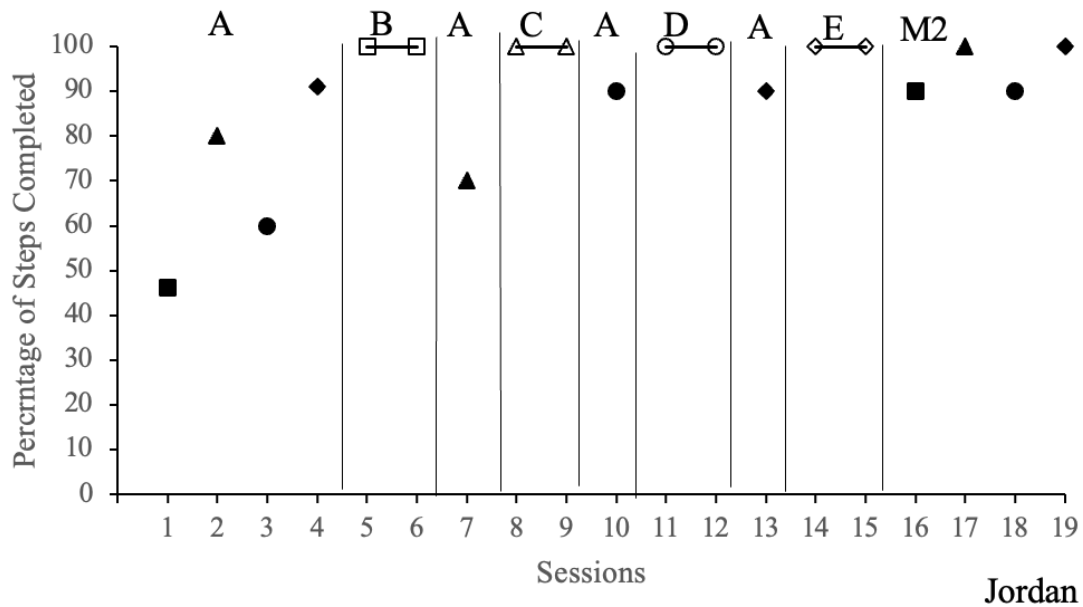


Figure 4: Jordan’s dataset

Self-Advocacy Pre and Post-Questionnaire Comparisons

As stated earlier, the self-advocacy questionnaire was given at the first meeting and after finishing the last session. Questions 1 to 4 of the self-advocacy questionnaire pertained to recognizing one’s wants and needs. Specifically, a) asking the participant how well classes were going at the time of completing the questionnaire, b) making the participant aware of specific struggles in the classes taken, c) the ability of the participant to communicate specific accommodations needed, and d) how well the participant was balancing academic with daily responsibilities. Questions 5 to 8 were about scheduling meetings in person. They included a) asking if the participant had an in-person or Zoom meeting within a specific timeframe. Responses ranged from the last week, the previous four weeks, the last three months, the last six months, or the last 12 months, b) how

confident did the participant at the time of filling out the questionnaire feel about setting up an in-person or Zoom meeting to discuss various needs to specific individuals such as disability services coordinators or professors, c) how confident the participant felt with identifying the correct person to assist with multiple questions or problems that might arise, and d) how confident did the participant feel with determining the proper personnel to answer such questions. Questions 9 to 12 discussed locating services and supports throughout campus. Notably, a) how aware the participant was of the location of the disability services office at the time of filling out the questionnaire, b) how aware the participant was of various services the disability services office offers at the time of completing the questionnaire, c) how aware the participant was with public transportation assisting in campus life, and d) how aware the participant was with amenities like dining halls around campus. Questions 13 to 16 looked at personal decision-making and disability disclosure. These included a) how confident the participant felt with making choices about classes, such as taking specific courses and finding their locations and times, b) how confident the participant was with making choices about living arrangements, such as finding a place to live, making decisions about living with roommates, other living accommodations, and what to do in an emergency, c) how comfortable the participant felt with disclosing to professors, and how confident the participant was with what to say when disclosing. Questions 17 to 18 asked about the role play's effectiveness and whether it is a proper learning tool for the future, and questions 19 to 20 asked about the efficacy and future use of the checklist. Lastly, question 21 asked the participant to numerically rank the preference of each component (i.e., video

model, visual checklist, and role-play) in the ability week, whether the content in the video model was essential to the participant, b) the use of video models as a future learning tool, c) the effectiveness of role-play to the participant, and d) asking whether the role-playing strategy is a valuable learning tool for future use.

Self-Advocacy Questionnaire Findings. Bar graphs delineate the differences in scores from each participant's pretest and posttest answers and associating the four scenarios to specific questions on the self-advocacy questionnaire. Letter responses were coded to number values (i.e., A=1, B=2, C=3, D=4, and E=5), then averaged to see changes in reactions. The blue bars in Figures 5 to 8 indicate pre-test scores, whereas the orange bars show post-test scores.

Terry. Terry's pretest scores were equal from questions 1-4 to questions 5-8 at a value of 3.50, followed by a drop to 2.75 from questions 5-8 to questions 9-12 and dipped by 1.75 from questions 9-12 to questions 13-16. Posttest scores slightly increased from questions 1-4 to questions 5-8 by 0.25 but dropped by 0.75 from questions 5-8 to questions 9-12 and lowered by 0.75 from questions 9-12 to questions 13-16.

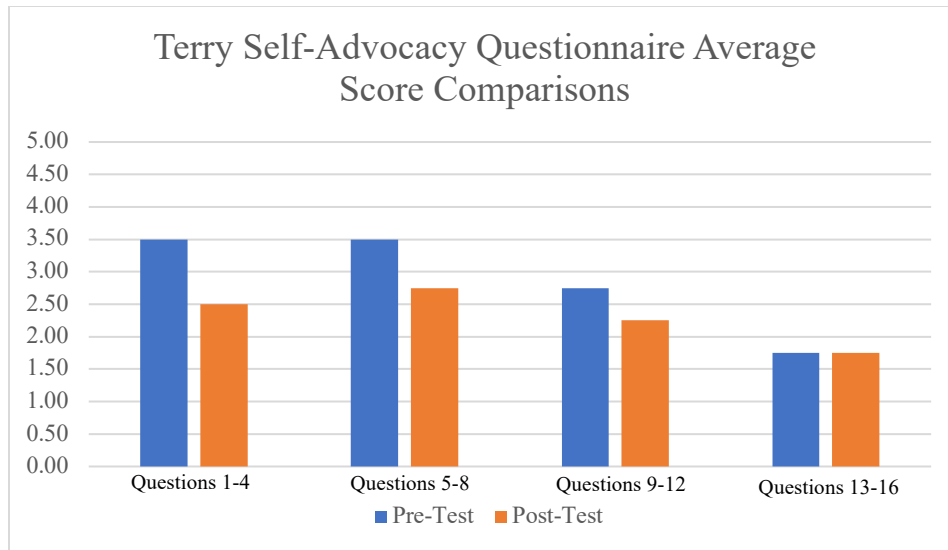


Figure 5: Terry's Self Advocacy Questionnaire Average Score Comparisons

Skylar. With Skylar, pretest scores showed either increases or no change. There was an increase of 0.50 from questions 1-4 to questions 5-8 and 5-8 to 9-12. However, the values were equal for questions 9-12 and 13-16. Questions 5-8 increased by only 0.50, and questions 12-16 decreased by just 0.25. Meanwhile, questions 1-4 and 9-12 showed no change in values. When comparing posttest scores, the value rose from questions 1-4 to questions 5-8 by a value of 1.0 and then decreased by 0.50 from questions 5-8 to questions 9-12 and by 0.25 from questions 9-12 to questions 13-16.

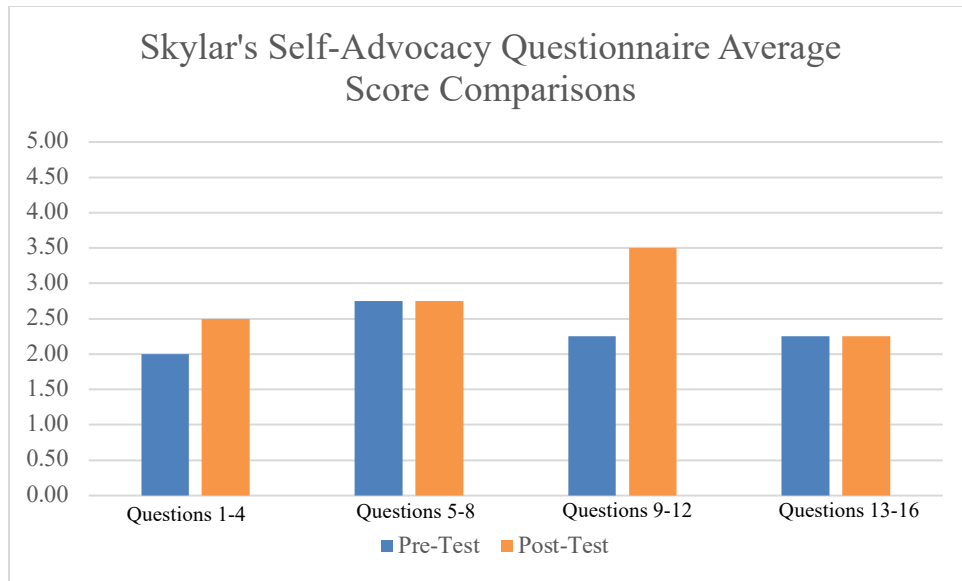


Figure 6: Skylar's Self-Advocacy Questionnaire Average Score Comparisons

Drew. Here, pre-test scores revealed either small changes or no change at all. Specifically, questions 5-8 increased by only 0.50, and questions 12-16 decreased by just 0.25. Meanwhile, questions 1-4 and 9-12 showed no change in values. However, when comparing pretest and posttest scores for each question category, only questions 1-4 showed an increased value of 0.75, while the others decreased by either 0.25, 1.75, or 0.25, respectively.

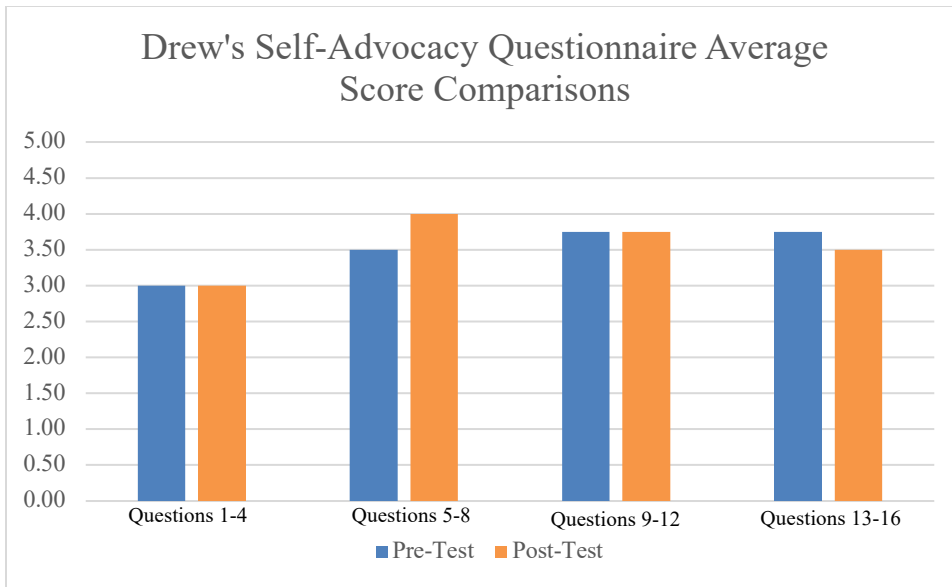


Figure 7: Drew's Self-Advocacy Pre-Post Questionnaire Score Comparisons

Jordan. The pre-test scores revealed lower values for questions 1-4 with incremental increases for each sequential group of questions, with the middle sets of questions (i.e., 5-12) yielding similar results and the highest scores in questions 13-16. Posttest scores showed varying increases (e.g., an increase of 0.75 in questions 1-4) and a decrease (e.g., a reduction of 0.75 in questions 5-8, 1.25 in questions 9-12, and 0.25 in questions 13-16).

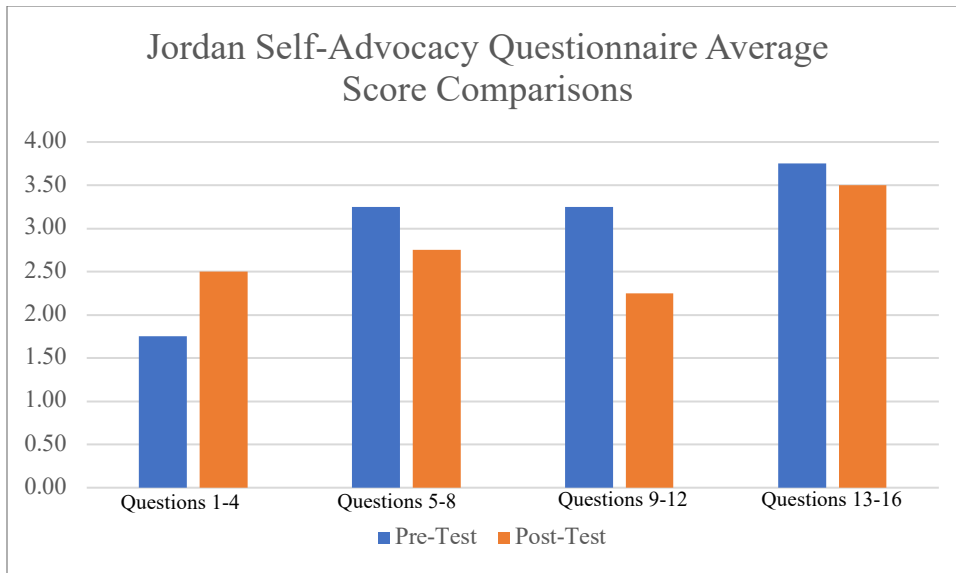


Figure 8: Jordan Self-Advocacy Pre-Post Questionnaire Score Comparisons

Social Validity Questionnaire

During the last session, participants filled out the social validity questionnaire to assess the quality of the components of the intervention package, i.e., a) video model, b) task analysis, and c) role-play. Just like the previous questionnaire, alphabetical letters changed to match specific numerical values and then added up and averaged. For example, question 1 asked participants how useful the intervention was. Results ranged from 1 (i.e., “strongly agree”) to 2 (i.e., “agree”) with $N=1.5$. Question 2 asked how the participant could personally relate to the four components stated in the video model. Results ranged from 2 (i.e., “agree”) to 3 (i.e., “neutral”) with $N=1.25$. Question 3 asked how comfortable the participant would use these new skills in everyday situations. Results ranged from 2 (i.e., “agree”) to 3 (i.e., “neutral”) with $N=1.25$.

Question 11 asked to rank the preference of the components, with the most preferred method shown in a horizontal bar graph. (Numerical values were not averaged

here, instead). To that end, the task analysis was the popular method according to the participants (n=3) whereas the video model (n=0) was the unpreferred choice.

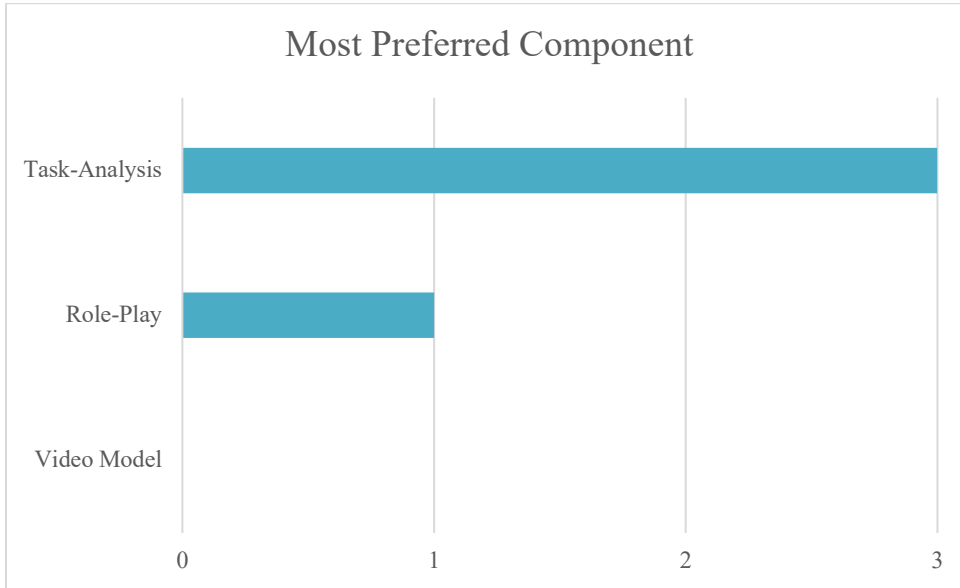


Figure 9: Social Validity Questionnaire Most Preferred Component

Interobserver Agreement

All sessions prior to maintenance follow-up sessions utilized video recordings to conduct interobserver agreement (IOA) using the traditional formula, where $IOA = \frac{\text{Number of agreements}}{\text{Number of agreements} + \text{Number of disagreements}} \times 100\%$. The interventionists conducted IOA for all general sessions. No disagreements occurred during these calculations yielding all IOA values equalling 100%.

Discussion

This pilot study was the first of its kind to examine the self-advocacy skills of autistic undergraduate students across four primary areas a) requesting accommodations, b) locating supports on campus and in community, c) disclosing accommodations to a professor, and d) handling when a professor is not recognizing the student's accommodations. It stemmed from personal experience to reflect the most common realities that autistic undergraduate students encounter at the university level. While not all inclusive, this study covered some of the most crucial skills autistic college students face when trying to get their needs met in the university setting.

Regarding research question 1 (Is a video model intervention package successful at teaching self-advocacy skills to autistic college students?), results demonstrated successful outcomes across the board for all participants. There were several similarities within and across participant data. Particularly, Skylar and Drew showed the best experimental control, with less generalization effects. Terry and Jordan did not show strong experimental control but did show stronger generalization effects across conditions. However, all four participants reached mastery criteria of 100% across all four conditions of the study. Results were also demonstrated quickly. For all participants, only a couple sessions were needed to achieve mastery of self-advocacy skills in each condition. This provides foundational evidence of the efficiency of this type of intervention in supporting autistic college students with acquisition of self-advocacy skills. Additionally, both the 1- and 3-month follow up results indicated that treatment effects maintained over time. For Terry, both 1- and 3-month follow-up data maintained

at 100% for all four conditions. For Skylar's 1-month follow-up, scenario 3 was at 90% and all others were at 100%, and when Skylar completed the 3-month follow-up all conditions were 100%. For Drew, scenarios 1,3, and 4 were at 100% for both the 1- and 3- month follow up, and scenario 2 was at 90% for both follow-up sessions. One participant, Jordan, was unable to complete the 1-month maintenance follow-up appointment due to personal reasons. However, Jordan's 3-month follow-up data was in line with other participants with conditions maintaining at 92% for scenario 1, 100% for scenario 2, 90% for scenario 3, and 100% for scenario 4.

Research question 2 (Will students' self-ratings of confidence surrounding self-advocacy skills improve following the video model intervention?) had interesting results. For most participants, ratings of confidence for self-advocacy skills did not change from pre- to post-test. In fact, for some participants, ratings even went down, indicating slightly less confidence in self-advocacy skills following intervention. For example, (insert one example of a participant whose rating dropped slightly including the number it dropped from and to).

Finally, research question 3 (Will autistic college students find the intervention helpful in their learning of self-advocacy skills?) was supported to some degree. Participants did find the intervention helpful overall and reported positive feelings regarding it. However, the most preferred element of the study was the handouts provided to participants that listed out necessary skills for each scenario and not the video model itself. This is something that can be explored more in the future.

Although individually unique, this pilot study shared commonalities with previously conducted research. It adapted certain frameworks of works of self-determination and self-advocacy proposed by Wehmeyer, Argan, and Hughes (1998). For example, Wehmeyer and colleagues (1998) (insert what they did here). The current study shared (insert what was the same from your study and Weymeyer here). However, the current study (insert how yours was different from Wehmeyer's framework). In addition, the current study also used script components from Wood and colleagues (2010). In their study, Wood et al. (2010) used scripts by (insert what they did). In the current study, scripts were used to (insert what you did here). Finally, the current study also used a video along with role-playing to teach certain skillsets like Walker et al. (2011). (Insert how your video/role play was similar/different to Walker here).

Previous research played a fundamental role in the creation of the current study. The current study incorporated elements of previous research into a novel application of these strategies on the impact and effectiveness of skills training to autistic individuals in higher education. While the current study expanded and combined elements from previous research, there are still many areas to explore to continue to discover the best approach for supporting autistic college students throughout their experiences both academically and socially. This is especially pertinent as the number of autistic college students continues to increase over time.

Limitations

This study demonstrated experimental control in several participants (Skylar and Drew), but this was not consistently demonstrated across all participants. Instead, all

participants, but particularly Terry and Jordan, showed carryover effects by generalizing skills from the first condition across the following conditions. While this generalization effect has positive implications for clinical practice, it does serve as a limitation to experimental control in this study. This study is also a pilot study; thus, it is impossible to compare as there are no other studies that have explored this topic yet. Therefore, this study should be considered exploratory in nature and its results interpreted with caution until more research is done on this topic.

When dissecting the data closer, there were specific steps the participants missed in the task analysis. Particularly, participants did not repeat or summarize takeaways from scenario 1 (i.e., requesting academic accommodations). This was the most notable omission and it occurred at both the initial baseline phase when the experimenter ran all four scenarios and the return to baseline phases. Other instances of missed steps included one participant not asking for a physical or electronic signature for an accommodation letter.

Another shortcoming was the pretest/posttest comparisons in the self-advocacy questionnaire. All participants' scores dipped in at least one question category, and in some cases they were notable. For instance, Terry's posttest scores dropped in three of four categories with the exception being the last one (i.e., questions 13-16); Jordan's posttest scores also decreased in all but the first category (i.e., questions 1-4). It was impossible to accurately certify why these numbers went downward, but one theory was the overestimation in the ability for the participants to self-advocate.

Additionally, all students were in a voluntary student support organization so participants might have been more motivated than others to take active steps to improve their skill sets compared to others. Consequently, these students' findings at this university may not generalize to others.

Future Research

First and foremost, as this was an exploratory pilot study, future research should seek to replicate the results of this study at different universities and with additional participants. Additionally, while this study explored several components of self-advocacy, it is important to note there are more self-advocacy/self-determination skills for this population to learn to optimize their success at the postsecondary level. Future research could expand upon the current study by exploring other elements of self-advocacy that would be helpful for autistic adults to learn. For example, future studies could look at resolving conflict, confronting others when being treated unfairly, and even handling situations outside the academic sphere (e.g., ordering medications). This study focused on the autistic college student experience. Future research could also examine how these same concepts apply in other contexts. Examples might include living arrangements and the responsibilities it entails (e.g., living with a roommate), common activities of daily living such as those used by David Test in his early works (i.e., Book, Gwalla-Ogisi, & Test, 1990; Frederick-Dugan, Varn, & Test, 1991; McIntyre, Test, et al., 1991).

The current study included multiple components to the intervention. Participants expressed their most useful component to be the task analysis they were given to assist

them in remembering the various skills needed in each scenario. Future research could complete a component analysis to determine which elements of this study are the most important for success of participants and if any of the components are unnecessary. For example, since the current data indicate the task analysis component as the most impactful part, the next logical idea is to conduct the study using the same steps but only using the task analysis piece to see if the same results are achieved.

Moreover, there is also published research about mental health's influences on self-determination and self-advocacy. Factors such as autism severity and depression (White et al., 2022), stress (Oswald et al., 2018), and anxiety (Hollicks et al., 2019; Capriola-Hall, et al., 2021) can impact the ability for autistic individuals to self-advocate. This study only asked for the participants to state any additional comorbidities they had, but future research can incorporate findings from other literature such as incorporating psychometrics (e.g., Capriol-Hall et al. 2020) or even include a collaboration with mental health professionals and autistic mental health advocates to improve the self-advocacy framework already established.

Implications for Practice

Besides being the first of its kind to teach self-advocacy skills to autistic college students, this pilot study addresses the growing need for researchers to study self-advocacy in the post high school world. Self-advocacy skills are known for allowing persons with disabilities to lead meaningful productive lives, as demonstrated by the works of Michael Wehmeyer, Karrie Shogren, and the like (refer to chapter 2). Hence, since self-advocacy is a lifelong process that does not stop after high school, there is the

necessity to continue teaching self-advocacy throughout the lifespan. This pilot study provides a snippet of what that training could look like.

Furthermore, college campuses can benefit from the study's results to implement training at disability services with collaboration from academic departments to further improve the college experiences for autistic students. There is a growing trend for in universities to better prepare neurodiverse students achieve at the postsecondary level (e.g., Longhorn Ties at the University of Texas at Austin) and this research can be the catalyst for more universities to better prepare those students to succeed.

Another implication is to consider revising the methods to include situations beyond postsecondary education. Similar self-advocacy skills are required in many other contexts as well. For example, in seeking employment, autistic adults may need to similarly advocate for reasonable accommodations in the workplace. These self-advocacy skills could also be targeted in other settings such as trade or vocational schooling, and independent living settings.

Finally, this pilot study is also unique because the main author is an autistic advocate himself who is interested in helping fellow autistic undergraduates achieve their academic and supplemental goals in hopes they too can contribute greatly to society. There is a lack of literature from autistic researchers in the field, however, to become a successful researcher, autistic adults need to demonstrate the ability to self-advocate. The primary researcher's perspectives and personal experiences bring a much-needed voice in the research community that lacks openly autistic researchers and provides insight on a topic many autistic adults seek support on to succeed.

Conclusion

This study demonstrated the effectiveness of targeting self-advocacy skills of autistic college students using a video modeling intervention package. Results showed immediate and quick acquisition of self-advocacy skills, and for several participants, these results generalized across subsequent conditions. All participants were able to maintain these results over time. Despite several limitations, this study has important implications for practitioners in the field regarding the importance of teaching self-advocacy skills to autistic adults across a variety of contexts, identifying the most effective and efficient way to teach those skills, and the importance of hearing autistic voices in the research process.

Appendix B: Task Analysis Baseline Collection All Scenarios
Scenario #1: Expressing Needs to Get Appropriate Accommodations

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states his or her disability(ies) | | |
| The participant lists at least 3 areas where they have identified they struggle | | |
| The participant explains what supports across 3+ areas they feel would be helpful | | |
| The participant states what support across 3+ areas has worked in the past (e.g., in HS) | | |
| The participant covers at least 2 domains for support (e.g., communication, sensory needs, academic accommodations, etc.) | | |
| The participant listens to further next steps/ documentation required to get those accommodations presented by the SSD officer | | |
| The participant responds appropriately (clarifies, asks for more accommodations, accepts, etc.). | | |

| | | |
|---|--|--|
| The participant asks about a timeline or format for receiving letters. | | |
| The participant repeats/summarizes takeaways from the meeting | | |
| The participant repeats/summarizes what is needed for follow-up/timeline. | | |
| The participant thanks of the SSD officer and says goodbye. | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

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|------------------|
| Additional Notes |
| |

**Scenario #2: Expressing Broader Needs to TIES support/D&A office/Outreach
Coordinator
(e.g., social, academic, daily life)**

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states areas of needed support (e.g., food, transportation, social needs, etc.) | | |
| The participant expresses what was helpful in the past in high school for each area of need they identified (based on previous areas of needed support in the above section) | | |
| The participant listens to resources from the SSD officer | | |
| The student responds appropriately by asking clarifying questions on materials given (e.g., clarifies, asks for more resources, accepts, etc.) | | |
| The participant receives the information asked | | |
| The participant summarizes/repeats takeaways | | |

| | | |
|---|--|--|
| The participant writes down/gets flyers or asks questions about resources being emailed | | |
| The participant says thank you to the SSD officer and says goodbye | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

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| Additional Notes |
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Scenario #3: Request Accommodations from Professors

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant provides the professor with the letter or confirms the letter will be given electronically. | | |
| The student has a backup copy or pulls out the letter electronically. | | |
| The participant discusses each accommodation separately related to the course syllabus | | |
| The participant clearly discusses the implantation of each accommodation separately related to the course syllabus | | |
| The participant answers any questions the professor might have | | |
| The participant summarizes the guidelines for accommodations discussed by the professor (e.g., if you have extended time, does the participant aware of when you must inform the professor of using the accommodation) | | |

| | | |
|--|--|--|
| The participant gets the letter signed in person or confirmation from the professor that it will be submitted electronically | | |
| The participant thanks the professor for his/her time and says “goodbye.” | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

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| Additional Notes |
| |

Scenario #4: Talking to SSD Officer When a professor is not accommodating

| List of Steps | Observed | Not Observed |
|---|-----------------|---------------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states the specific accommodation(s) that are not being met | | |
| The participant explains the ways in which professors are not accommodating | | |
| The participant states whether you spoke to them about accommodation(s) and what was agreed upon—if any | | |
| The participant relates back to how you discussed this with them related to the syllabus | | |
| The participant states what has already been done to resolve the situation | | |
| The participant states the ideal outcome for this situation | | |
| The participant listens to the response from the SSD officer | | |
| The participant responds appropriately (clarify, ask questions, provide additional details, etc.) | | |

| | | |
|---|--|--|
| The participant thanks the SSD officer and says goodbye | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

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| Additional Notes |
| |

**Appendix C: Fidelity Checklist #1
Baseline: Introduction and Roleplay**

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The researcher greets the participant in a friendly manner. | | |
| The researcher gives objectives for the role play for that session. | | |
| The researcher gives participants the opportunity to ask clarification questions. | | |
| The researcher role-plays the scenario provided to the participant. | | |
| The researcher gives the participant the “pre” self-advocacy questionnaire to complete. (If multiple baseline sessions, only complete this step once) | | |
| The researcher schedules a follow-up meeting with the participant | | |
| The participant answers any questions the professor might have | | |
| The researcher thanks the participant for their participation | | |
| Percentage Calculation | | |
| $(\text{Total \# Correct} / \text{Total \# of Step}) * 100 = \underline{\hspace{2cm}} \%$ | | |

Additional Notes

Appendix D: Fidelity Checklist #2
Intervention: Showing the Video Model & Roleplay

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The researcher greets the participant in a friendly manner. | | |
| The researcher gives objectives for the role play for that session. | | |
| The research presents a visual of targeted behavior objectives accompanied by a verbal description | | |
| The researcher gives the participant the opportunity to ask clarification questions. | | |
| The researcher shows a video model | | |
| The researcher asks if the participant has any questions and responds accordingly | | |
| The researcher presents comprehension questions | | |
| If a participant misses any questions, the researcher reviews those questions/answers | | |
| The researcher role-plays the scenario with the participant | | |
| The researcher uses behavior skills training until mastery (mastery = participant at 100%) | | |

| | | |
|---|--|--|
| The researcher informs the participant of the next steps | | |
| The researcher schedules a follow-up meeting with the participant | | |
| The researcher thanks the participant for their participation | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

| |
|------------------|
| Additional Notes |
| |

Appendix E: Task Analysis #2
Scenario #1: Expressing Needs to Get Appropriate Accommodations

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states his or her disability(ies) | | |
| The participant lists at least 3 areas where they have identified they struggle | | |
| The participant explains what supports across 3+ areas they feel would be helpful | | |
| The participant states what support across areas has worked in the past (e.g., in HS) | | |
| The participant covers at least 2 domains for support (e.g., communication, sensory needs, academic accommodations, etc.) | | |
| The participant listens to further next steps/ documentation required to get those accommodations presented by the SSD officer | | |
| The participant responds appropriately (clarifies, asks for more accommodations, accepts, etc.). | | |

| | | |
|--|--|--|
| The participant asks about a timeline or format for receiving letters. | | |
| The participant repeats/summarizes takeaways from the meeting | | |
| The participant repeats/summarizes what is needed for follow-up/timeline. | | |
| The participant says thank you to the SSD officer and says goodbye to the officer. | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

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| Additional Notes |
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Appendix F: Task Analysis #3

Scenario #2: Expressing Broader Needs (e.g., social, academic, daily life) to TIES support/D&A office/Outreach Coordinator

| List of Steps | Observed | Not Observed |
|--|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states areas of needed support (e.g., food, transportation, social needs, etc.) | | |
| The participant expresses what was helpful in the past in high school for each area of need they identified (based on previous areas of needed support in the above section) | | |
| The participant listens to resources from the SSD officer | | |
| The student responds appropriately by asking clarifying questions on materials given (e.g., clarifies, asks for more resources, accepts, etc.) | | |
| The participant receives the information asked | | |
| The participant summarizes/repeats takeaways | | |

| | | |
|---|--|--|
| The participant writes down/gets flyers or asks questions about resources being emailed | | |
| The participant says thank you to the SSD officer and says goodbye | | |
| Percentage Calculation | | |
| (Total # Correct / Total # of Step) * 100 = _____% | | |

| |
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| Additional Notes |
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Appendix G: Task Analysis #4
Scenario #3: Request Accommodations from Professors

| List of Steps | Observed | Not Observed |
|---|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant provides the professor with the letter or confirms the letter will be given electronically. | | |
| The student has a backup copy or pulls out the letter electronically. | | |
| The participant discusses each accommodation separately related to the course syllabus | | |
| The participant discusses the implantation of each accommodation separately related to the course syllabus | | |
| The participant answers any questions the professor might have | | |
| | | |

| | | |
|---|--|--|
| <p>The participant summarizes the guidelines for accommodations discussed by the professor (e.g., if you have extended time, does the participant aware of when you must inform the professor of using the accommodation)</p> | | |
| <p>The participant gets the letter signed in person or confirmation from the professor of electronic submission.</p> | | |
| <p>The participant says thank you to the professor and says “goodbye.”</p> | | |
| <p>Percentage Calculation</p> | | |
| <p>(Total # Correct / Total # of Step) * 100 = _____%</p> | | |

| |
|-------------------------|
| <p>Additional Notes</p> |
| <p></p> |

Appendix H: Task Analysis #5

Scenario #4: Talking to SSD Officer when a Professor is not accommodating

| List of Steps | Observed | Not Observed |
|---|----------|--------------|
| The participant greets the SSD officer warmly | | |
| The participant states the purpose of the meeting clearly (i.e., seeking accommodations) | | |
| The participant states the specific accommodation(s) that are not being met | | |
| The participant explains the ways in which professors are not accommodating | | |
| The participant states whether you spoke to them about accommodation(s) and what was agreed upon—if any | | |
| The participant relates back to how you discussed this with them related to the syllabus | | |
| The participant states what has already been done to resolve the situation | | |
| The participant states the ideal outcome for this situation | | |
| The participant listens to the response from the SSD officer | | |
| The participant responds appropriately (clarifying, asking questions, providing additional details, etc.) | | |

| | | |
|--|--|--|
| The participant says thank you to the SSD officer and says goodbye | | |
| Percentage Calculation | | |
| $(\text{Total \# Correct} / \text{Total \# of Step}) * 100 = \underline{\hspace{2cm}}\%$ | | |

| |
|------------------|
| Additional Notes |
| |

Appendix I
Self-Advocacy Questionnaire

Recognition of wants/needs

1. At the moment, how aware am I of how I am doing in each of my classes?
 - a. Very well aware
 - b. Well aware
 - c. Moderately aware
 - d. Somewhat aware
 - e. Not aware

2. Now, how aware am I of the specific struggles I am having in each of my classes?
 - a. Very well aware
 - b. Well aware
 - c. Moderately aware
 - d. Somewhat aware
 - e. Not aware

3. At the moment, how can I communicate the specific accommodations I need for each of my classes?
 - a. Very able
 - b. Quite able
 - c. Moderately able
 - d. Somewhat able
 - e. Not able

4. How can I balance academics with other everyday responsibilities at the moment?
 - a. Very able
 - b. Quite able
 - c. Moderately able
 - d. Somewhat able
 - e. Not able

Scheduling meetings in person

5. I have had an in-person/zoom appointment:
 - a. Within the last year
 - b. Within the last 6 months
 - c. Within the last 3 months
 - d. Within the last 4 weeks
 - e. Within the last week

6. At the moment, how confident do I feel in setting up an in-person/zoom meeting? (e.g., disability services coordinator(s), professors, etc.)
 - a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

7. At the moment, how confident do I feel in knowing what to say during an in-person/zoom meeting? (e.g., disability services coordinator(s), professors, etc.)
 - a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

8. At the moment, how confident do I feel in identifying the correct person to help me with various questions or problems that might arise?
 - a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

Locating services and support throughout campus

9. At the present moment, how aware am I of the location of the disability services office on campus?
 - a. I have been there multiple times
 - b. I've been there once
 - c. I was shown where it is, but I haven't been there
 - d. I heard what building it in but don't know where it is
 - e. I have no idea where it is

10. At the moment, how aware am I of various places that offer services to me beyond the disability services office? (e.g., classroom, office hours with the professor, etc.)
 - a. Very well aware
 - b. Well aware
 - c. Moderately aware
 - d. Somewhat aware
 - e. Not aware

11. At the moment, how aware am I of public transportation to assist me in moving around campus?
 - a. Very well aware
 - b. Well aware
 - c. Moderately aware
 - d. Somewhat aware
 - e. Not aware

12. At the moment, how aware am I of other amenities around campus? (e.g., food hall, etc.)
 - a. Very well aware
 - b. Well aware
 - c. Moderately aware
 - d. Somewhat aware
 - e. Not aware

Personal decision-making + disability disclosure

13. At the moment, how confident am I in making choices about my classes? (e.g., choose classes, find their locations, find their times, etc.)
 - a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

14. At the moment, how confident are I in my ability to make choices about my living arrangements? (e.g., find a place to live, live with a roomie, living accommodations, what to do in an emergency, etc.)
 - a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

15. At the moment, how comfortable am I disclosing my disability to my professors?
 - a. Very comfortable
 - b. Quite comfortable
 - c. Moderately comfortable
 - d. Somewhat comfortable
 - e. Not at all comfortable

16. At the moment, how confident am I in what to say to my professors when disclosing my disability?
- a. Very confident
 - b. Quite confident
 - c. Moderately confident
 - d. Somewhat confident
 - e. Not at all confident

Appendix J
Social Validity Questionnaire

1. I understood the different components of self-advocacy taught to me.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

2. I was able to relate to the components stated in the video personally.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

3. Now that the study has concluded, I feel more confident that I can use these skills in everyday situations.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

4. The video models were an effective way to learn these self-advocacy skills.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

5. I felt the content that the video models taught me was important.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree

6. I would use video models again in the future as a learning tool.
 - a. Strongly agree
 - b. Agree
 - c. Neutral

- d. Disagree
 - e. Strongly disagree
7. The role-play practice was an effective way to learn these self-advocacy skills.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
8. I would use role-play practice again in the future as a learning tool.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
9. The checklist of skills helped me in learning self-advocacy skills.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
10. I would use a checklist of skills again in the future as a learning tool.
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly disagree
11. **Fill in numbers 1 through 3, with 1 being the most helpful element from the study and 3 being the least beneficial element.

If I had to rate the elements of this study that were most helpful in learning self-advocacy skills, in order of importance from 1 to 3, I would place them as:

___ Video Model

___ Visual Task Analysis

___ Role-Play Practice

Appendix K
Expressing Needs to Get Appropriate Accommodations Visual

1. Greet the SSD officer warmly
2. State the purpose of the meeting clearly (i.e., seeking accommodations)
3. State your disability(ies)
4. Lists at least 3 areas where you have identified you struggle with
 - a. _____
 - b. _____
 - c. _____
5. Explain what supports across 3+ areas you feel would be helpful
 - a. _____
 - b. _____
 - c. _____
6. States what support across 3+ areas has worked in the past (e.g., in HS)
 - a. _____
 - b. _____
 - c. _____
7. Cover at least 2 domains for support (e.g., communication, sensory needs, academic accommodations, etc.)
 - a. _____
 - b. _____
8. Listen to further next steps/ documentation required to get those accommodations presented by the SSD officer
9. Responds appropriately (clarifies, asks for more accommodations, accepts, etc.).
10. Ask about a timeline or format for receiving letters.
11. Repeat/summarize takeaways from the meeting
12. Repeat/summarize what is necessary for follow-up/ timeline.
13. Thank the SSD officer and say goodbye.

Appendix L:
Expressing Broader Needs (E.g., Social, Academic, Daily Living, Etc.)

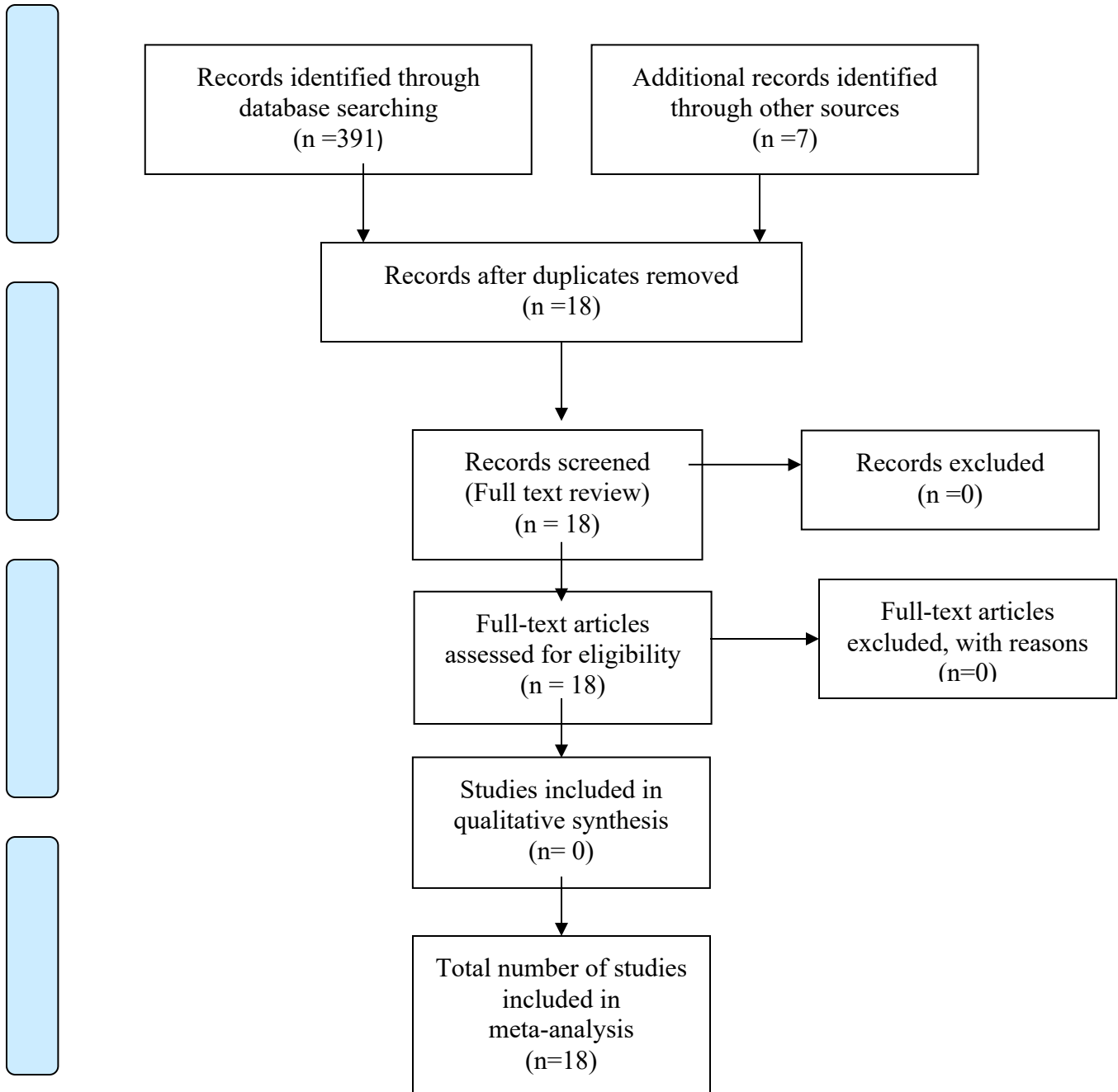
1. Greets the SSD officer or LongHorn Ties staff member warmly
2. State the purpose of the meeting clearly (i.e., seeking accommodations)
3. State areas of needed support (e.g., food, transportation, social needs, etc.)
4. Expresses what was helpful in the past in high school for each area of need you identified (based on previous areas of needed support in the above section)
5. Listen to resources from the SSD officer
6. Respond appropriately by asking clarifying questions on materials given (e.g., explains, asks for more resources, accepts, etc.)
7. Receive the information asked
8. Summarize/repeat takeaways
9. Write down/gets flyers or ask questions about resources being emailed
10. Thanks to the SSD officer/LongHorn Ties staff member, and says goodbye

Appendix M:
Expressing Broader Needs (E.g., Social, Academic, Daily Living, Etc.)

1. Greets the SSD officer or LongHorn Ties staff member warmly
2. State the purpose of the meeting clearly (i.e., seeking accommodations)
3. State areas of needed support (e.g., food, transportation, social needs, etc.)
4. Expresses what was helpful in the past in high school for each area of need you identified (based on previous areas of needed support in the above section)
5. Listen to resources from the SSD officer
6. Respond appropriately by asking clarifying questions on materials given (e.g., explains, asks for more resources, accepts, etc.)
7. Receive the information asked
8. Summarize/repeat takeaways
9. Write down/gets flyers or ask questions about emailed resources
10. The participant says thank you to the SSD officer/LongHorn Ties staff member and says goodbye



Appendix N PRISMA 2009 Flow Diagram



Note: Adapted from Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred*

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