

# INVESTIGATING INDIVIDUAL OUTCOMES OVER TIME: A DESIRE-PREFERENCE MODEL OF SUPPORT

STUDENT: ERINN BARRY

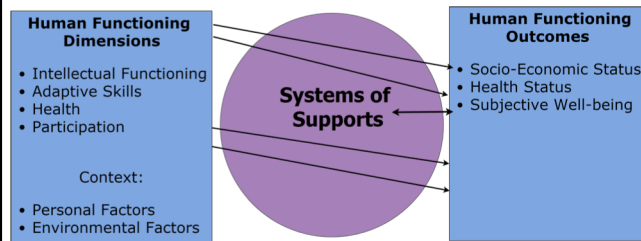
## WEAKNESS-BASED

### Example: Human Functioning Models (AAIDD)

- Disability is inherent to the person
- Individualized supports** are essential for enhancing human functioning, and as such, the focus is on improving adaptive behaviour, health, and participation
- Emphasizes limitations in human functioning

### Updated Model: Functionality Model (Luckasson & Schalock, 2013)

- Individualized Supports:** resources and strategies that aim to improve human functioning [e.g., that promote the development, education, interests, and well-being of persons with intellectual and developmental disabilities (IDD)]



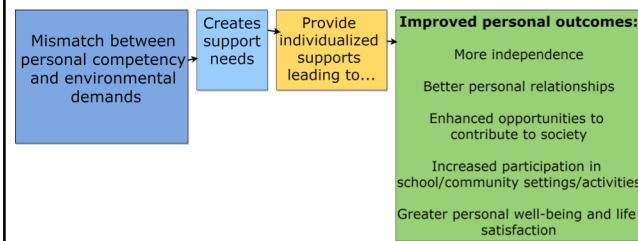
### Individual Outcomes

- Socio-economic Status:** improved education, employment, and income
- Health Status:** improved wellness and access to health care
- Subjective Well-being:** improved life satisfaction, positive affect, enhanced quality of life, and lack of negative affect

## STRENGTH-BASED

### Example: Support Needs Model

- Disability is the result of a mismatch between persons' competencies and their environment
- Individualized Supports** are the bridge between **"what is"** and **"what can be"** (Thompson, Bradley, Buntinx, Schalock, Shogren, Snell, & Wehmeyer, 2009)
  - What is:** result of the 'incongruence' between personal competency and environmental demands
  - What can be:** a life with meaningful activities and positive personal outcomes



### Individual Outcomes

- More successful community participation in daily activities**
- Improved functioning linked to 'normative' human functioning**
- A life with meaning**

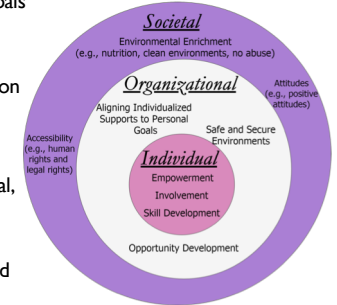
## PERSON CENTRED-BASED

### Example: Desire-Preference Model

- Does not concern with defining disability
- Individualized Supports** are based on goals, strengths, abilities, as well as desires and preferences of people with IDD (Buntinx & Schalock, 2010)
- Person-Centered Planning
- Tension between **rights-based** (e.g., equality for all) and **person-centered** approaches (e.g., preferences and desires drive supports) (Glicksman et al., 2017)
  - Rights-based** approaches may consider all persons as the same – contrary to person-centeredness
  - Person-centered** approaches may lead to harm (e.g., decision to discontinue life-saving medication for personal reasons)

### Individual Outcomes

- Decision Making:**
  - Identify preferences, interests, values, and beliefs
  - Identify personal strengths and support needs
  - Take action toward personal goals
  - Take risks and make decisions
- Quality of Life (QOL):**
  - Based on person's perspective on what constitutes good QOL
  - Domains: physical, emotional, mental, spiritual well-being
  - Enhancing QOL at the individual, organizational, or societal level
- Social Inclusion:**
  - Being included, participating, and sharing knowledge



## METHOD

**Purpose:** To measure personal outcomes (e.g., decision making, quality of life, and social inclusion) when individualized supports are provided, **based on the desires and preferences of the person**

**Hypotheses:** Participants who are provided with individualized supports:

- Will show an increase in level of decision making over time
- Will show an increase in quality of life over time
- Will show an increase in social inclusion over time

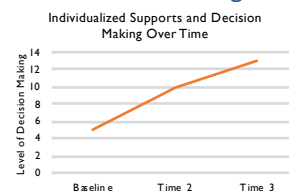
**Sample:** Adults ( $N = 200$ ) with IDD from Christian Horizons

**Scales:** See attached list and characteristics of decision making, QOL and wellbeing scales. Examples include:

- Supported Decision Making Inventory System (Shogren, Wehmeyer, Uyanik, & Heidrich, 2017)
- My Life: Personal Outcomes Index (Edmonton Community Board for Persons with Developmental Disabilities, 2011)

## PROPOSED RESULTS: DESIRE-PREFERENCE MODEL

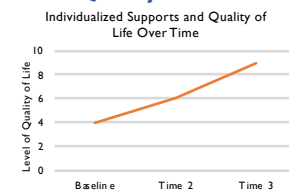
### Decision Making



Note: Proposed results of a one-way repeated-measures ANOVA show a significant main effect of Time with Individualized Supports on participants' level of Decision Making,  $p < .05$ .

From Baseline to Time 2, it is expected that participants will show an **increase** in decision making (e.g., more autonomy, greater opportunities to make decisions, greater self-agency in identifying and pursuing personal goals, identifying own strengths and supports needed, etc.). It is expected that this increase will continue into Time 3.

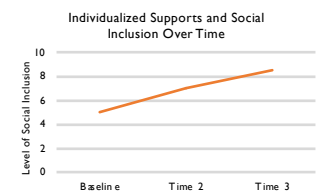
### Quality of Life



Note: Proposed results of a one-way repeated-measures ANOVA show a significant main effect of Time with Individualized Supports on participants' Quality of Life,  $p < .05$ .

From Baseline to Time 2, it is expected that participants will show an **increase** in quality of life (e.g., greater emotional and physical well-being, friendship, personal development skills and opportunities, etc.). It is expected that this increase will continue into Time 3.

### Social Inclusion



Note: Proposed results of a one-way repeated-measures ANOVA show a significant main effect of Time with Individualized Supports on participants' level of Social Inclusion,  $p < .05$ .

From Baseline to Time 2, it is expected that participants will show an **increase** in social inclusion (e.g., feeling part of a community, talking or visiting with neighbours, volunteering, etc.). It is expected that this increase will continue into Time 3.