

Proposal

Online Self-Determination Toolkit for Youth With Disabilities: Protocol for a Mixed Methods Evaluation Study

Sally Lindsay^{1,2}, BA, MA, PhD; Polina Kosareva¹, BSc; Mahadeo Sukhai³, BSc, MSc, PhD; Nicole Thomson⁴, PhD, BHSc, MScOT; Jennifer Stinson⁵, RN, PhD

¹Bloorview Research Institute, Holland Bloorview Kids Rehabilitation Hospital and University of Toronto, Toronto, ON, Canada

²Department of Occupational Science & Occupational Therapy, University of Toronto, Toronto, ON, Canada

³Canadian National Institute for the Blind, Toronto, ON, Canada

⁴Center for Addiction and Mental Health, Toronto, ON, Canada

⁵Lawrence Bloomberg Faculty of Nursing and Hospital for Sick Children, Toronto, ON, Canada

Corresponding Author:

Sally Lindsay, BA, MA, PhD

Bloorview Research Institute

Holland Bloorview Kids Rehabilitation Hospital and University of Toronto

150 Kilgour Road

Toronto, ON

Canada

Phone: 1 416 425 6220 ext 3654

Email: slindsay@hollandbloorview.ca

Abstract

Background: Youth with disabilities encounter many challenges during their transition to adulthood including finding employment. Jobs are often inaccessible, and youth often face a lack of support, discriminatory attitudes, and sometimes low self-confidence. Therefore, it is critical to help youth enhance their self-determination skills to advocate for their needs in the workplace.

Objective: The aim of this paper is to describe how an online toolkit aimed to improve self-determination in advocating for needs, including disability disclosure and accommodation requests to employers, was co-created with youth with disabilities.

Methods: We will use a mixed method design in which qualitative data (ie, focus groups and mentored discussion forum) are collected to understand the contextual factors during the intervention that could affect outcomes or explain results through the pre-post questionnaires. Fifty youths with disabilities aged 15 to 24 years will be recruited.

Results: Data collection is in progress. Planned analyses include focus groups and pre-post surveys to determine the impact of the intervention on self-determination. A qualitative content analysis of the focus groups and all open-ended survey questions will be conducted to understand the impact of the toolkit.

Conclusions: Our online toolkit includes evidence-informed content that was co-created with youth who have a disability. It has potential for educational and vocational programming for youth with disabilities.

International Registered Report Identifier (IRRID): PRR1-10.2196/20463

(*JMIR Res Protoc* 2021;10(1):e20463) doi: [10.2196/20463](https://doi.org/10.2196/20463)

KEYWORDS

disability; involvement; occupational therapy; rehabilitation; youth

Introduction

Background

Although there is substantial evidence that people with disabilities are a strong asset to our workforce, their employment rates are persistently lower than people without disabilities [1].

This trend is especially true for youth with disabilities, who have significantly lower employment rates compared with youth without disabilities. For example, the employment rate for youth in Canada aged 20 to 24 years with a severe disability is 35% and youth with a mild or moderate disability is 57% compared with 87% of youth without a disability [2]. For youth aged 15

to 19 years with disabilities, their employment rates are 40% compared with 51% of youth without disabilities [2]. Some research shows that significantly more youth with disabilities leave high school and remain unemployed compared with youth without disabilities [3,4]. Therefore, it is critical to provide them with support and tools to enhance their employment outcomes.

Employment and Youth With Disabilities

There are approximately 540,000 Canadians aged 15 to 24 years who have disabilities [5]. Such youth represent a unique population facing a challenging transition to adulthood and are at an increased risk for poor health outcomes and psychological distress [6-8]. Many youths, especially those with disabilities, often find the transition to adulthood and securing work to be difficult [9-12]. Although there are often many stereotypes about people with disabilities, many of them, including youth, are willing and able to work, yet they remain one of the most marginalized groups in the labor force [10,11]. Research consistently shows that having a disability can be an obstacle to finding work, where people encounter difficulties at both the societal (ie, stigma and discrimination, inaccessible jobs) and individual (ie, low self-confidence) level [4,9,13-16]. As a result of such barriers, youth with disabilities commonly have higher unemployment rates compared with youth without disabilities [17]. Focusing on youth and young adults with disabilities is particularly worthwhile because they often have difficulties with developmental tasks, social development, and role functioning [6,18]. Additionally, this period of emerging adulthood (ie, 18 to 25 years) is characterized by identity exploration, instability, and development of executive functioning, all factors that are critical for achieving independence and securing employment [6]. This developmental period is an optimal time to enhance positive behaviors while developing work-based identities [6,8,10].

Workplace Disability Disclosure and Accommodation

In many countries, workplace accommodations (eg, modified environment, flexible hours, adaptive technology) are supported by human rights and accessibility legislation that places a duty on employers to provide reasonable accommodations to employees with disabilities [19,20]. Disclosure of a disability or health condition is a prerequisite to receiving workplace accommodations [21-23], which have potential to improve work participation and well-being [24,25]. However, research shows that many people with disabilities are reluctant to tell an employer about their condition because they are concerned about potential discrimination or job loss [9,11,25,26]. For example, some 55% of Canadians with disabilities believe that hiding their disability increases their chances of getting hired and promoted [17]. Such high rates of nondisclosure are concerning because working without accommodations can hinder health, quality of life, and work productivity [27-29]. Youth may be particularly reluctant to disclose their disability to an employer given their inexperience and/or engagement in precarious work (ie, part-time, casual, or contract work) [4]. Although many people with disabilities could benefit from having workplace accommodations, only a small proportion of employees are disclosing their needs [30-33]. This trend is concerning, especially for youth with disabilities who often

have unique developmental needs; workplace policies that are typically implemented for adults may be inappropriate for youth [30,33]. Therefore, providing them with additional support on how they could advocate for their needs may be worthwhile.

Self-Determination and Youth With Disabilities

Youth with disabilities often have lower levels of self-confidence and self-determination (ie, attitudes and abilities required to act as the primary agent in one's life to make choices free from external influence [34]) compared with youth without disabilities [35], which are important factors that can affect employment outcomes. This trend often results from having fewer opportunities to develop self-advocacy and independence skills than youth without disabilities. For individuals to develop self-determination they need to establish coping behaviors when facing adverse situations (eg, rejection from employers, unemployment) through having a consistent effort and exposure to social learning experiences. Some studies have shown that having high self-efficacy can lead to positive outcomes compared with having lower self-efficacy [36]. For example, Bandura [37] explains that self-efficacy can be improved through mastery of experience, social modeling, verbal persuasion, and improving physical and emotional states. Other research has shown that students with disabilities who have high self-determination have favorable employment outcomes, access to job benefits, and financial independence 1 to 3 years after postsecondary graduation [38]. Indeed, self-determination is often a predictor of students' transition outcomes 2 years after graduation [16]. Given the importance of self-determination in enhancing employment outcomes, the aim of our study is to develop an online toolkit to optimize self-determination of youth with disabilities, specifically helping them to advocate for their needs and consider the pros and cons of disclosing their condition and requesting workplace accommodations.

Online Toolkit to Enhance Self-Determination

One potential way to address vocational possibilities for youth with disabilities is through an online toolkit to enhance self-determination. Toolkits offer a way to package multiple knowledge translation (KT) strategies that educate and facilitate behavior change [39] and outcomes [40]. KT toolkits provide a simple, more flexible method for promoting and using best practices [40]. To be effective, toolkits should provide high-quality evidence to guide their use or implementation and have a planned approach and active engagement [39,40]. Combining online resources with interactive KT strategies may increase the likelihood of successful outcomes in evidence-based practice knowledge, skills, and behavior [41,42]. Our toolkit is an online interactive PDF that includes a PowToon video (PowToon Ltd), Articulate 360 (Articulate Global Inc) e-learning, and simulations.

Theoretical Framework: Social Cognitive Career Theory

Learning and behavior change are greatly influenced by how well a message is heard, understood, and trusted and how much support individuals receive in translating new knowledge into changing practices [43,44]. We draw on social cognitive career theory to inform our understanding of youths' development of

self-determination after using our toolkit to enhance disability disclosure. This theory is an expansion of Bandura's [37] psychological theory of social cognition that focuses on cognitive and motivational processes. In the context of vocational psychology, this theory was expanded to include career development [45]. This theory focuses on how people make work decisions, develop interests, and cope with work-related barriers and involves three main constructs: self-efficacy (ie, a person's belief about their capability to organize and execute courses of action that are required to attain a type of performance), outcome expectations (ie, personal beliefs about the consequences of performing particular behaviors), and personal goals (ie, determination to participate in an activity or affect a future outcome) [37,46]. Each of these constructs is foundational toward achieving independence and work-related goals. Having goals allows individuals to exercise personal agency while contributing to enhanced self-efficacy in work-related roles [47].

Social cognitive career theory considers the ways in which individuals acquire and maintain behavior while also incorporating the social environment in which individuals perform behaviors [37]. The theory also considers a person's past experiences that influence whether behavioral action will occur. Such past experiences can influence reinforcements and expectations that affect whether a person will engage in specific behaviors and the reasons for their engagement [37].

Within the context of our intervention, we hypothesize that the online toolkit will help increase self-determination. Specifically, when an individual has strong self-determination skills (ie, capability of executing behaviors) and expects a positive or successful outcome they will be more inclined to form goals for sustaining or increasing their participation in an activity [47]. Using a theory-framed approach [48], specifically drawing on the social cognitive career theory, will help to provide context for us to consider how our online toolkit might influence self-determination for youth with disabilities.

Methods

Objectives

The primary objective of this project is to describe how an online toolkit was co-created with youth with disabilities to improve their self-determination and describe the evaluation plan.

Design

We will use a mixed method design in which qualitative data (ie, focus groups with a pre-post survey and mentored discussion forum) are collected to understand the contextual factors during the intervention that could affect outcomes or explain results (through pre-post questionnaires) [49,50]. The rationale, design, and content of our intervention are based on several systematic reviews that focused on the benefits of hiring people with disabilities [1], workplace disclosure and accommodation requests for youth with disabilities [51,52], the role of gender in finding and maintaining employment among youth with disabilities [53], vocational interventions for youth with disabilities [54], mentorship programs to facilitate transition to employment for youth with disabilities [55], and a review of

electronic mentoring programs and interventions for youth with disabilities [56]. Needs assessments of youth with disabilities, employers (eg, disability awareness/confidence), and clinicians regarding disclosure and accommodations were also conducted in an earlier phase of this study [57-60]. There are currently no online toolkits that address work-related self-determination for this population.

Institutional ethical approval and informed written consent will be obtained from all participants prior to starting. We will follow the best practices in developing, implementing, and evaluating user-centered content as a KT strategy [39-42,61,62] including the consolidated framework for implementation research [63].

Procedures for Development of Youth Toolkit Intervention

The purpose of the intervention is to improve the self-determination of youth with disabilities through an online toolkit about disability disclosure and workplace accommodations. The intervention, which was co-created with two youths who have disabilities (one with a visible physical disability and one with an acquired brain injury) along with a knowledge user advisory group and evidence-informed content from our team. The youths were recruited as paid project staff (ie, youth facilitators) and received appropriate training in research and project-specific training. We wrote the toolkit in youth-friendly, lay language. Several sections and tools within the toolkit were written and co-designed by youths. We then had an additional three youths with disabilities review our toolkit for usefulness and comprehensiveness. The youths also provided suggestions for layout and graphic design. After incorporating their suggestions, we had it reviewed by our hospital's health literacy committee. Finally, our team reviewed the content, layout, and graphics at all stages with youths.

Interactive and Immersive Learning Tools

We codeveloped interactive and immersive learning tools with youth with disabilities that included information about what a disability disclosure is and why it is important, things to consider before disclosing, how and when to ask for workplace accommodations, learning to self-advocate, knowing your rights (including a PowToon video co-designed with youth), and a words of advice section (including youth and employer case studies). We also included two simulations.

PowToon Animated Video

Our previous systematic reviews and needs assessments revealed that youth with disabilities wanted more information about workplace rights [51,57]. Therefore, we developed an interactive tool that specifically addressed this (Multimedia Appendix 1). We had a youth with a disability (ie, a paid member of our team) design a PowToon, a user friendly web-based animated video tool. The youth first researched relevant content with input from the research team. They then developed a script, which was audio recorded and used voiceover with the video. Next, graphics were added to the sound and slides were created with visuals from PowToon. Finally, the timing and appearance of all the elements were adjusted accordingly. The final version of the video will be embedded within the appropriate section of the toolkit.

Articulate Storyline

Another tool within the online toolkit involved Articulate 360, which is a multimedia platform and e-learning authoring tool. A youth with a disability wrote the story based on their lived experience with looking for a job and returning to work after an acquired brain injury ([Multimedia Appendix 2](#)). They sought feedback from the research team and scripted the story using the branching feature, which allows participants to follow different routes depending on their actions. We worked through the whole storyline as a team and assisted with the graphic design. Next, animated buttons were inserted so the previous and next slides could be triggered. Additionally, given that this is an interactive tool, layers for each slide were created so that when a participant clicks on a specific aspect of the slide, it would trigger a different response along with appropriate feedback. Finally, the text-to-speech tool was used to add audio.

Simulations

We integrated two simulations (ie, life-like environments and contrived social situations that mimic problems or conditions that arise in professional encounters) [64] into the toolkit. One focused on a youth with a disability in a job interview and the other one involved a recently hired youth with a disability who was asking their employer for workplace accommodations. By involving youth with disabilities in building the scenarios for these simulations, it helped to enhance their relevance and authenticity [64-66].

The simulation development sessions each lasted 2 hours and were facilitated by a researcher who is certified in SIM-One simulations (ie, briefing, debriefing, and facilitation). The first session focused on building the simulation scenario content (with three youths who have disabilities), and the second session was centered on piloting the scenario with live actors (ie, simulated participants) who trained for their character roles prior to participating in this session.

We asked the youth for feedback on the simulation content, its relevance for youth with disabilities, and any recommendations they had for further development. We then worked with a simulation educator and simulated participants to finalize a scenario script. We piloted the disability disclosure scenario with feedback from youth and the research team. We incorporated all feedback into the final version of the simulation, which was filmed and embedded within the toolkit.

Mentored Discussion Forum

The purpose of this intervention is to combine the youth toolkit with mentor-based learning, provided through a secure, online platform (myability.ca). This consists of case-based mentored discussions (ie, 50 participants total; 10 participants per group, plus mentor, across 5 groups). Each topic will cover the toolkits and simulations and other interactive materials. Trained mentors will lead discussions while encouraging interaction and support between participants. Mentors will be hired as project staff and will undergo appropriate training.

The mentored discussion forum consists of asynchronous discussions (ie, separate discussion for each main topic in the toolkit) aligned with the topics in the youth toolkit. Participants

can view the discussions and the toolkit at their own pace, ask questions, and chat with the mentor and other participants. The discussion is open to the other participants in the group and available only to the participants in that particular group (ie, they cannot see participant discussions who are in another group). Participants can decide when they want to log in and contribute at a time that is convenient for them. Mentors will post their availability when they will be logged in so that participants have an opportunity to discuss things in real time.

Trained mentors will include near-peers (ie, young adults with a disability who have job experience) who have completed a youth mentor or equivalent training. Mentors will introduce the topics in the same order and will be trained to respond to participant comments in a similar manner—providing informational, appraisal, and emotional support. Prior to working with participants, mentors will practice their skills with fellow mentors and other research team members whose recent experiences will be similar to those of mentored participants (eg, training on active listening, perspective taking, confidentiality, maintaining boundaries, positive modeling, trust building through interactive training, and mentoring).

Mentors will lead discussions based on the youth toolkit over 2-week periods during the course of 6 months (each participant would only take part once). We would offer them at different times throughout the year to capture different youth (eg, summer break, March break). Mentors will have an opportunity to meet (virtually) before joining our project website.

Sample and Recruitment

All participants will be recruited through invitation letters, referrals, or advertisements via our project partners. We will collaborate with our partners ([Multimedia Appendix 3](#)) and other relevant community agencies that help young people with disabilities find employment to identify eligible participants. Using such an approach to obtain a purposive sample has been effective in previous studies. We will recruit 50 youths (aiming for an equitable representation of genders) to take part in one of several focus groups (10 participants in each). Youth participants aged 15 to 24 years (based on the United Nations definition of youth) [67] will be included based on the following criteria: able to read/write in English; have a disability (ie, defined as impairments in body function or structure, activity limitations, and participation restrictions) and currently employed, enrolled in training, or seeking employment; and willingness to be audio recorded.

Focus Groups

After developing the content, we will host focus groups (2 hours each) with participants to gather feedback on the content, usability, and layout of the toolkits. During the focus groups, a researcher will give participants an opportunity to go through the toolkit and will answer any questions they may have. Participants will receive a link to the toolkit, which is hosted on the Holland Bloorview Kids Rehabilitation website, and/or a copy of the interactive PDF of the toolkit to review in advance of the focus group. We will go through each section with the youths, facilitated by a member of our research team, while asking them about the relevance and usefulness of each section.

We will also ask about what they liked most and least, what they learned (if anything), and any other thoughts that they would like to discuss relevant to the toolkit and topic.

Pre-Post Surveys

After testing at our pilot sites and refining the toolkits based on feedback from the focus groups, we will work with our project partners to embed these educational tools as part of ongoing training (eg, youth employment and life skills programs), a strategy linked with higher likelihood of facilitating change [68]. We will train researchers and knowledge user champions to deliver the intervention offsite through our partners and networks. The toolkits and simulations will be available through our project website and linked to our project partners, where youth can self-refer to access the tool and health care providers can also direct youth to this resource. Participants using the toolkits and simulations will be asked to complete a brief online survey via Research Electronic Data Capture, and we will assess wider scale uptake [63].

Feasibility and Sample Size

To test the primary hypothesis that our intervention will improve self-determination for youth with disabilities [69], a *t* test will be used. With an alpha of .05, power of 80%, and at least a medium effect size (ie, 0.50), a sample size of at least 50 is needed [70,71]. This sample size, which incorporates the possible attrition of participants, is suitable for this study design [72], and there are sufficient eligible participants to draw upon through our partners and collaborators.

Data Collection

The data collection for this study is currently in progress.

Measures

All standardized measures have good internal consistency, construct-related and criterion validity, and test-retest reliability and are widely used for people with disabilities. We will use Arc's self-determination scale, a self-report measure assessing self-determination for disabled adolescents [69] (subscales on autonomy, self-realization, and psychological empowerment), and community participation (subscales related to workplace) [73].

Secondary Measures

Secondary measures for all participants will include demographic measures such as age, gender, type of disability, assistive devices, education level, and type of work. We will have open-ended questions asking what they liked most and least about the intervention. We will draw on the community impacts of research-oriented partnerships, subscales on personal knowledge and development [74], and subscales from the toolkit evaluation questionnaire by Malik et al [75]. To assess the simulations that are embedded within the toolkit, we will draw on some satisfaction questions from Kirkpatrick and Kirkpatrick [76] evaluating training programs. To measure the broader impacts of the interventions, we will use the consolidated framework for implementation research [63,77] and the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework [78]. Secondary qualitative data consists

of open-ended questions in the pre- and postsurvey and transcripts of the focus groups and mentoring discussion forums.

Results

Data collection for this study is in progress. The proposed analysis is outlined in further detail below.

Quantitative Data Analyses

Quantitative data will be analyzed using SPSS Statistics (IBM Corp). Descriptive statistics provide an overview of the sample characteristics using means and standard deviations for continuous factors and frequencies and proportions for categorical factors. Chi-square and *t* test analyses will be conducted to test intervention effects (comparing preintervention survey primary outcomes, time 1) and posttest data (immediately postintervention, time 2). Separate analyses will be run for each outcome while exploring gender. To control for type I error rate, a Holm sequential correction will be applied. Effect sizes for *t* tests and Cohen *d* will be reported [70] with a level of .05 for statistical significance.

Qualitative Data Analyses

All open-ended questions will be entered into NVivo (QSR International). Researchers will independently read all transcripts while noting key codes. Our objectives will guide the analysis, and data will be analyzed separately for focus groups and discussion forum data. An inductive, open-coding content analysis will be used [79] while specifically noting codes around disclosure, accommodations, mentoring, and disability awareness. Two researchers will read all transcripts to familiarize themselves with the data, generating initial codes, and revising and defining the codes and themes [79]. We will then meet to discuss our codes and revise them until consensus is reached among the research team on the final coding scheme (ie, separate ones for discussion forum and focus group data). We will apply all of the codes to the transcripts where they will be categorized into themes and subthemes. After the discussion forum and focus group transcripts are coded once in their entirety, they will be compared and contrasted using a qualitative comparative method [80] to see whether any differences within and between the groups appear. We will develop a thematic comparison table to help analyze what themes may be present in each group, and representative quotes will be extracted.

Strategies to ensure rigor and trustworthiness (ie, transferability, dependability, conformability) of the findings include prolonged engagement, peer debriefing, and descriptive participant accounts [81,82]. We will keep an audit trail of the decisions made during the analysis [79]. We will include excerpts from the transcripts that were reflective of the participant experiences to illustrate the themes [79]. We will also have peer debriefing discussions among the research team, which will include considering how our background training and experience may have influenced with the development of the themes while noting this in our audit trail [79].

Discussion

Principal Findings

This study will make several contributions to knowledge. First, most research on accommodations focuses on return to work among adults. Research focusing on workplace accommodations for youth with disabilities is lacking [30,52]. Second, more theoretically informed work is needed to support youth disclosing their condition through the development of evidence-informed interventions. Establishing innovative interventions that are scalable to a wide range of knowledge users could help to enhance disclosure discussions and inclusive

environments, ultimately helping young workers to succeed in maintaining meaningful and productive employment.

Conclusion

This intervention was co-created with youth with disabilities to help enhance their self-determination and self-advocacy skills in finding and maintaining employment. Helping youth with disabilities to develop such skills is important because they are an underrepresented group in the labor market. Our intervention may help youth to enhance their employment while helping them on their career pathway as they transition to adulthood. Our intervention can also serve as an accessible tool to supplement traditional vocational programming for youth with disabilities.

Acknowledgments

We would like to thank our project partners and collaborators for their contributions to this toolkit and the staff and trainees in the Transitions and Inclusive Environments lab for their support in this project. This study was funded in part by the Canadian Institutes of Health Research–Social Sciences and Humanities Research Council Partnership Grant (01561-000 and 895-2018-4002) awarded to SL and the Kimel Family Fund through the Holland Bloorview Kids Rehabilitation Hospital.

Authors' Contributions

SL, MH, NT, JS conceived the study and developed the initial study protocol. SL wrote the protocol for publication and provided ongoing oversight for the data collection during the study. PK contributed to the toolkit development and evaluation plan. All authors read and approved the final protocol for publication.

Conflicts of Interest

None declared.

Multimedia Appendix 1

PowToon animation.

[PDF File (Adobe PDF File), 290 KB-Multimedia Appendix 1]

Multimedia Appendix 2

Articulate storyline.

[PDF File (Adobe PDF File), 2438 KB-Multimedia Appendix 2]

Multimedia Appendix 3

Project partners.

[PDF File (Adobe PDF File), 23 KB-Multimedia Appendix 3]

References

1. Lindsay S, Cagliostro E, Albarico M, Mortaji N, Karon L. A systematic review of the benefits of hiring people with disabilities. *J Occup Rehabil* 2018 Dec;28(4):634-655. [doi: [10.1007/s10926-018-9756-z](https://doi.org/10.1007/s10926-018-9756-z)] [Medline: [29392591](https://pubmed.ncbi.nlm.nih.gov/29392591/)]
2. Turcotte M. Persons with disabilities and employment. Statistics Canada. 2014. URL: <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2014001/article/14115-eng.pdf?st=8oZfcAl6> [accessed 2019-02-20]
3. Till M. A profile of the labour market experiences of adults with disabilities among Canadians aged 15 years and older. Ottawa: Statistics Canada; 2012. URL: <https://www150.statcan.gc.ca/n1/en/pub/89-654-x/89-654-x2015005-eng.pdf?st=KCPqfGDg> [accessed 2019-02-20]
4. Carter EW, Trainor AA, Ditchman N, Swedeen B, Owens L. Community-based summer work experiences of adolescents with high-incidence disabilities. *J Spec Educ* 2009 Nov 13;45(2):89-103. [doi: [10.1177/0022466909353204](https://doi.org/10.1177/0022466909353204)]
5. A demographic, employment and income profile of Canadians with disabilities aged 15 years and over. Ottawa: Statistics Canada; 2017. URL: <https://www150.statcan.gc.ca/pub/89-654-x/89-654-x2018002-eng.pdf> [accessed 2019-02-20]
6. Arnett J. Emerging adulthood: What is it, and what is it good for? *Child Devel Perspectives* 2007;1(2):68-73. [doi: [10.1111/j.1750-8606.2007.00016.x](https://doi.org/10.1111/j.1750-8606.2007.00016.x)]

7. Hepburn CM, Cohen E, Bhawra J, Weiser N, Hayeems RZ, Guttman A. Health system strategies supporting transition to adult care. *Arch Dis Child* 2015 Feb 16;100(6):559-564. [doi: [10.1136/archdischild-2014-307320](https://doi.org/10.1136/archdischild-2014-307320)] [Medline: [25688098](https://pubmed.ncbi.nlm.nih.gov/25688098/)]
8. Lindsay S, McPherson AC, Maxwell J. Perspectives of school-work transitions among youth with spina bifida, their parents and health care providers. *Disability Rehabil* 2016 Mar 17;39(7):641-652. [doi: [10.3109/09638288.2016.1153161](https://doi.org/10.3109/09638288.2016.1153161)] [Medline: [26987863](https://pubmed.ncbi.nlm.nih.gov/26987863/)]
9. Lindsay S. Discrimination and other barriers to employment for teens and young adults with disabilities. *Disability Rehabil* 2011 Sep 23;33(15-16):1340-1350. [doi: [10.3109/09638288.2010.531372](https://doi.org/10.3109/09638288.2010.531372)] [Medline: [21067349](https://pubmed.ncbi.nlm.nih.gov/21067349/)]
10. Lindsay S, McDougall C, Sanford R, Menna-Dack D, Kingsnorth S, Adams T. Exploring employment readiness through mock job interview and workplace role-play exercises: comparing youth with physical disabilities to their typically developing peers. *Disability Rehabil* 2014 Oct 17;37(18):1651-1663. [doi: [10.3109/09638288.2014.973968](https://doi.org/10.3109/09638288.2014.973968)] [Medline: [25323394](https://pubmed.ncbi.nlm.nih.gov/25323394/)]
11. Lindsay S, McDougall C, Menna-Dack D, Sanford R, Adams T. An ecological approach to understanding barriers to employment for youth with disabilities compared to their typically developing peers: views of youth, employers, and job counselors. *Disability Rehabil* 2014 Jul 11;37(8):701-711. [doi: [10.3109/09638288.2014.939775](https://doi.org/10.3109/09638288.2014.939775)] [Medline: [25014127](https://pubmed.ncbi.nlm.nih.gov/25014127/)]
12. Lindsay S. A scoping review of the experiences, benefits, and challenges involved in volunteer work among youth and young adults with a disability. *Disability Rehabil* 2015 Dec 18;38(16):1533-1546. [doi: [10.3109/09638288.2015.1107634](https://doi.org/10.3109/09638288.2015.1107634)] [Medline: [26678410](https://pubmed.ncbi.nlm.nih.gov/26678410/)]
13. Lindsay S. Enablers and barriers affecting motor vehicle transportation among youth with physical disabilities: a systematic review. In: *Physical Disabilities: Perspectives, Risk Factors and Quality of Life*. Hauppauge: Nova Science Publishers; 2017.
14. Lyons BJ, Zatzick CD, Thompson T, Bushe GR. Stigma identity concealment in hybrid organizational cultures. *J Soc Iss* 2017 Jun 19;73(2):255-272. [doi: [10.1111/josi.12215](https://doi.org/10.1111/josi.12215)]
15. Shier M, Graham JR, Jones ME. Barriers to employment as experienced by disabled people: a qualitative analysis in Calgary and Regina, Canada. *Disabil Soc* 2009 Jan 15;24(1):63-75. [doi: [10.1080/09687590802535485](https://doi.org/10.1080/09687590802535485)]
16. Chao P, Chou Y, Cheng S. Self-determination and transition outcomes of youth with disabilities: findings from the special needs education longitudinal study. *Adv Neurodev Disord* 2019 Mar 5;3(2):129-137. [doi: [10.1007/s41252-019-00105-1](https://doi.org/10.1007/s41252-019-00105-1)]
17. *Breaking Barriers to Employment for People with Disabilities*. Washington: National Disability Council; 2007. URL: <https://dds.dc.gov/page/breaking-barriers-employment-people-disabilities> [accessed 2019-02-20]
18. Lindstrom L, Doren B, Metheny J, Johnson P, Zane C. Transition to employment: role of the family in career development. *Exceptional Children* 2016 Jul 24;73(3):348-366. [doi: [10.1177/001440290707300305](https://doi.org/10.1177/001440290707300305)]
19. *Advancing the inclusion of people with disabilities*. Gatineau: Human Resources and Skills Development Canada; 2009. URL: https://www.canada.ca/content/dam/esdc-edsc/migration/documents/eng/disability/arc/federal_report2009/fdr_2009.pdf [accessed 2019-02-20]
20. Pang M, Lafontaine-Emond I, Collin C. Persons with disabilities in the canadian labour market: an overlooked talent pool. Ottawa: Public Service Commission of Canada; 2013. URL: <https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2013-17-e.pdf> [accessed 2019-02-20]
21. Brohan E, Henderson C, Wheat K, Malcolm E, Clement S, Barley EA, et al. Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry* 2012 Feb 16;12(1). [doi: [10.1186/1471-244x-12-11](https://doi.org/10.1186/1471-244x-12-11)] [Medline: [22339944](https://pubmed.ncbi.nlm.nih.gov/22339944/)]
22. Allen S, Carlson G. To conceal or disclose a disabling condition? A dilemma of employment transition. *J Voc Rehabil* 2003;19(1):19-30 [FREE Full text]
23. Brohan E, Henderson C, Slade M, Thornicroft G. Development and preliminary evaluation of a decision aid for disclosure of mental illness to employers. *Pat Educ Couns* 2014 Feb;94(2):238-242. [doi: [10.1016/j.pec.2013.10.008](https://doi.org/10.1016/j.pec.2013.10.008)] [Medline: [24290742](https://pubmed.ncbi.nlm.nih.gov/24290742/)]
24. Gignac MA, Cao X. Should I tell my employer and coworkers I have arthritis? A longitudinal examination of self-disclosure in the work place. *Arthritis Rheum* 2009 Dec 15;61(12):1753-1761. [doi: [10.1002/art.24889](https://doi.org/10.1002/art.24889)] [Medline: [19950308](https://pubmed.ncbi.nlm.nih.gov/19950308/)]
25. Kirk-Brown A, Van Dijk P, Simmons R, Bourne M, Cooper B. Disclosure of diagnosis of multiple sclerosis in the workplace positively affects employment status and job tenure. *Mult Scler* 2013 Nov 21;20(7):871-876. [doi: [10.1177/1352458513513967](https://doi.org/10.1177/1352458513513967)] [Medline: [24263383](https://pubmed.ncbi.nlm.nih.gov/24263383/)]
26. Lyons BJ, Martinez LR, Ruggs EN, Hebl MR, Ryan AM, O'Brien KR, et al. To say or not to say: different strategies of acknowledging a visible disability. *J Manag* 2016 Mar 18;44(5):1980-2007. [doi: [10.1177/0149206316638160](https://doi.org/10.1177/0149206316638160)]
27. Goetzel RZ, Long SR, Ozminkowski RJ, Hawkins K, Wang S, Lynch W. Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employers. *J Occup Environ Med* 2004;46(4):398-412. [doi: [10.1097/01.jom.0000121151.40413.bd](https://doi.org/10.1097/01.jom.0000121151.40413.bd)] [Medline: [15076658](https://pubmed.ncbi.nlm.nih.gov/15076658/)]
28. Collins JJ, Baase CM, Sharda CE, Ozminkowski RJ, Nicholson S, Billotti GM, et al. The assessment of chronic health conditions on work performance, absence, and total economic impact for employers. *J Occup Environ Med* 2005;47(6):547-557. [doi: [10.1097/01.jom.0000166864.58664.29](https://doi.org/10.1097/01.jom.0000166864.58664.29)] [Medline: [15951714](https://pubmed.ncbi.nlm.nih.gov/15951714/)]
29. Munir F, Leka S, Griffiths A. Dealing with self-management of chronic illness at work: predictors for self-disclosure. *Soc Sci Med* 2005 Mar;60(6):1397-1407. [doi: [10.1016/j.socscimed.2004.07.012](https://doi.org/10.1016/j.socscimed.2004.07.012)] [Medline: [15626533](https://pubmed.ncbi.nlm.nih.gov/15626533/)]

30. Lindsay S, McDougall C, Sanford R. Disclosure, accommodations and self-care at work among adolescents with disabilities. *Disabil Rehabil* 2013 Apr 17;35(26):2227-2236. [doi: [10.3109/09638288.2013.775356](https://doi.org/10.3109/09638288.2013.775356)] [Medline: [23594050](https://pubmed.ncbi.nlm.nih.gov/23594050/)]
31. Rumrill P, Roessler R, Denny G. Increasing confidence in the accommodation request process among persons with multiple sclerosis: a career maintenance self-efficacy intervention. *J Job Placement* 1997;13(3):5-9. [doi: [10.5198/1597](https://doi.org/10.5198/1597)]
32. Carpenter NC, Paetzold RL. An examination of factors influencing responses to requests for disability accommodations. *Rehabil Psychol* 2013;58(1):18-27. [doi: [10.1037/a0030853](https://doi.org/10.1037/a0030853)] [Medline: [23339323](https://pubmed.ncbi.nlm.nih.gov/23339323/)]
33. Kaushansky D, Cox J, Dodson C, McNeeley M, Kumar S, Iverson E. Living a secret: disclosure among adolescents and young adults with chronic illnesses. *Chronic Illness* 2016 Jul 07;13(1):49-61. [doi: [10.1177/1742395316655855](https://doi.org/10.1177/1742395316655855)] [Medline: [27343016](https://pubmed.ncbi.nlm.nih.gov/27343016/)]
34. Wehmeyer ML. Self-determination and individuals with significant disabilities: examining meanings and misinterpretations. *J Assoc Pers Severe Handicaps* 2016 Sep 18;23(1):5-16. [doi: [10.2511/rpsd.23.1.5](https://doi.org/10.2511/rpsd.23.1.5)]
35. Dahlbeck DT, Lightsey OR. Generalized self-efficacy, coping, and self-esteem as predictors of psychological adjustment among children with disabilities or chronic illnesses. *Children's Health Care* 2008 Nov 10;37(4):293-315. [doi: [10.1080/02739610802437509](https://doi.org/10.1080/02739610802437509)]
36. Stajkovic AD, Luthans F. Self-efficacy and work-related performance: a meta-analysis. *Psychol Bull* 1998;124(2):240-261. [doi: [10.1037/0033-2909.124.2.240](https://doi.org/10.1037/0033-2909.124.2.240)]
37. Bandura A. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs: Prentice-Hall; 1986.
38. Wehmeyer M, Palmer S. Adult outcomes for students with cognitive disabilities three years after high school: the impact of self-determination. *Educ Train Devel Disabil* 2003;38:131-144 [[FREE Full text](#)]
39. Barac R, Stein S, Bruce B, Barwick M. Scoping review of toolkits as a knowledge translation strategy in health. *BMC Med Inform Decis Mak* 2014 Dec 24;14(1):6. [doi: [10.1186/s12911-014-0121-7](https://doi.org/10.1186/s12911-014-0121-7)] [Medline: [25539950](https://pubmed.ncbi.nlm.nih.gov/25539950/)]
40. Yamada J, Shorkey A, Barwick M, Widger K, Stevens BJ. The effectiveness of toolkits as knowledge translation strategies for integrating evidence into clinical care: a systematic review. *BMJ Open* 2015 Apr 13;5(4):e006808-e006808. [doi: [10.1136/bmjopen-2014-006808](https://doi.org/10.1136/bmjopen-2014-006808)] [Medline: [25869686](https://pubmed.ncbi.nlm.nih.gov/25869686/)]
41. Glegg SMN, Livingstone R, Montgomery I. Facilitating interprofessional evidence-based practice in paediatric rehabilitation: development, implementation and evaluation of an online toolkit for health professionals. *Disabil Rehabil* 2015 Apr 29;38(4):391-399. [doi: [10.3109/09638288.2015.1041616](https://doi.org/10.3109/09638288.2015.1041616)] [Medline: [25924019](https://pubmed.ncbi.nlm.nih.gov/25924019/)]
42. Levac D, Glegg S, Camden C, Rivard L, Missiuna C. Best practice recommendations for the development, implementation, and evaluation of online knowledge translation resources in rehabilitation. *Phys Ther* 2015;95(4):648-662. [doi: [10.2522/ptj.20130500](https://doi.org/10.2522/ptj.20130500)] [Medline: [25301966](https://pubmed.ncbi.nlm.nih.gov/25301966/)]
43. Lindsay S, Bellaby P, Smith S, Baker R. Enabling healthy choices: is ICT the highway to health improvement? *Health* 2008 Jul;12(3):313-331. [doi: [10.1177/1363459308090051](https://doi.org/10.1177/1363459308090051)]
44. Lindsay S, Smith S, Bellaby P. Can Informal e-learning and peer support help bridge the digital divide? *Soc Pol Soc* 2008 Jul 01;7(3):319-330. [doi: [10.1017/s1474746408004296](https://doi.org/10.1017/s1474746408004296)]
45. Lent RW, Brown SD, Hackett G. Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *J Voc Behav* 1994 Aug;45(1):79-122. [doi: [10.1006/jvbe.1994.1027](https://doi.org/10.1006/jvbe.1994.1027)]
46. Blustein DL. The role of work in psychological health and well-being: a conceptual, historical, and public policy perspective. *Am Psychol* 2008;63(4):228-240. [doi: [10.1037/0003-066x.63.4.228](https://doi.org/10.1037/0003-066x.63.4.228)] [Medline: [18473608](https://pubmed.ncbi.nlm.nih.gov/18473608/)]
47. Lent R, Brown S. Social cognitive career theory in a diverse world. *J Career Assess* 2017;25(1):3-5. [doi: [10.1177/1069072716657811](https://doi.org/10.1177/1069072716657811)]
48. Paterson B, Thorne S, Canam C, Jillings C. *Meta-Study of Qualitative Health Research*. London: Sage; 2001.
49. Feters MD, Curry LA, Creswell JW. Achieving integration in mixed methods designs: principles and practices. *Health Serv Res* 2013 Oct 23;48(6):2134-2156. [doi: [10.1111/1475-6773.12117](https://doi.org/10.1111/1475-6773.12117)] [Medline: [24279835](https://pubmed.ncbi.nlm.nih.gov/24279835/)]
50. Palinkas LA, Aarons GA, Horwitz S, Chamberlain P, Hurlburt M, Landsverk J. Mixed method designs in implementation research. *Adm Policy Ment Health* 2010 Oct 22;38(1):44-53. [doi: [10.1007/s10488-010-0314-z](https://doi.org/10.1007/s10488-010-0314-z)]
51. Lindsay S, Cagliostro E, Carafa G. A systematic review of workplace disclosure and accommodation requests among youth and young adults with disabilities. *Disabil Rehabil* 2017 Aug 10;40(25):2971-2986. [doi: [10.1080/09638288.2017.1363824](https://doi.org/10.1080/09638288.2017.1363824)] [Medline: [28797182](https://pubmed.ncbi.nlm.nih.gov/28797182/)]
52. Lindsay S, Osten V, Rezaei M, Bui S. Disclosure and workplace accommodations for people with autism: a systematic review. *Disabil Rehabil* 2019 Jul 07:1-14. [doi: [10.1080/09638288.2019.1635658](https://doi.org/10.1080/09638288.2019.1635658)] [Medline: [31282214](https://pubmed.ncbi.nlm.nih.gov/31282214/)]
53. Lindsay S, Cagliostro E, Albarico M, Srikanthan D, Mortaji N. A systematic review of the role of gender in securing and maintaining employment among youth and young adults with disabilities. *J Occup Rehabil* 2017 Aug 23;28(2):232-251. [doi: [10.1007/s10926-017-9726-x](https://doi.org/10.1007/s10926-017-9726-x)] [Medline: [28836051](https://pubmed.ncbi.nlm.nih.gov/28836051/)]
54. Hanif S, Peters H, McDougall C, Lindsay S. A systematic review of vocational interventions for youth with disabilities. *Disabil Soc Sci* 2017;10:181-202. [doi: [10.1108/s1479-354720170000010008](https://doi.org/10.1108/s1479-354720170000010008)]
55. Lindsay S, Hartman L, Fellin M. A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth and young adults with disabilities. *Disabil Rehabil* 2015 Oct 24;38(14):1329-1349. [doi: [10.3109/09638288.2015.1092174](https://doi.org/10.3109/09638288.2015.1092174)] [Medline: [26497325](https://pubmed.ncbi.nlm.nih.gov/26497325/)]

56. Lindsay S, Kolne K, Cagliostro E. Electronic mentoring programs and interventions for children and youth with disabilities: systematic review. *JMIR Pediatr Parent* 2018 Oct 24;1(2):e11679. [doi: [10.2196/11679](https://doi.org/10.2196/11679)] [Medline: [31518310](https://pubmed.ncbi.nlm.nih.gov/31518310/)]
57. Lindsay S, Cagliostro E, Leck J, Shen W, Stinson J. Disability disclosure and workplace accommodations among youth with disabilities. *Disabil Rehabil* 2018 Mar 20;41(16):1914-1924. [doi: [10.1080/09638288.2018.1451926](https://doi.org/10.1080/09638288.2018.1451926)] [Medline: [29558221](https://pubmed.ncbi.nlm.nih.gov/29558221/)]
58. Lindsay S, Cagliostro E, Leck J, Shen W, Stinson J. Employers' perspectives of including young people with disabilities in the workforce, disability disclosure and providing accommodations. *J Voc Rehabil* 2019 Mar 21;50(2):141-156. [doi: [10.3233/jvr-180996](https://doi.org/10.3233/jvr-180996)] [Medline: [29558221](https://pubmed.ncbi.nlm.nih.gov/29558221/)]
59. Lindsay S, Cancelliere S. A model for developing disability confidence. *Disabil Rehabil* 2017 May 15;40(18):2122-2130. [doi: [10.1080/09638288.2017.1326533](https://doi.org/10.1080/09638288.2017.1326533)] [Medline: [28503957](https://pubmed.ncbi.nlm.nih.gov/28503957/)]
60. Lindsay S, Cagliostro E, Albarico M, Mortaji N, Srikanthan D. Gender matters in the transition to employment for young adults with physical disabilities. *Disabil Rehabil* 2019 Feb;41(3):319-332. [doi: [10.1080/09638288.2017.1390613](https://doi.org/10.1080/09638288.2017.1390613)] [Medline: [29041821](https://pubmed.ncbi.nlm.nih.gov/29041821/)]
61. Graham I, Tetroe J. How to translate health research knowledge into effective healthcare action. *Healthc Q* 2007 May 15;10(3):20-22. [doi: [10.12927/hcq.18919](https://doi.org/10.12927/hcq.18919)] [Medline: [17632905](https://pubmed.ncbi.nlm.nih.gov/17632905/)]
62. Robinson B, Dermon V. Evidence-based nursing education effective use of instructional design and simulated learning environments. *J Prof Nurs* 2013;29:203-208. [doi: [10.1016/j.profnurs.2012.04.022](https://doi.org/10.1016/j.profnurs.2012.04.022)] [Medline: [23910921](https://pubmed.ncbi.nlm.nih.gov/23910921/)]
63. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health* 2010 Oct 19;38(2):65-76. [doi: [10.1007/s10488-010-0319-7](https://doi.org/10.1007/s10488-010-0319-7)] [Medline: [20957426](https://pubmed.ncbi.nlm.nih.gov/20957426/)]
64. Issenberg S, Mcgaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. *Med Teacher* 2009 Jul 03;27(1):10-28. [doi: [10.1080/01421590500046924](https://doi.org/10.1080/01421590500046924)] [Medline: [16147767](https://pubmed.ncbi.nlm.nih.gov/16147767/)]
65. Ryan DP, Marlow B. Build-a-case: a brand new continuing medical education technique that is peculiarly familiar. *J Cont Educ Health Prof* 2004;24(2):112-118. [doi: [10.1002/chp.1340240208](https://doi.org/10.1002/chp.1340240208)] [Medline: [15279136](https://pubmed.ncbi.nlm.nih.gov/15279136/)]
66. Zubairi MS, Lindsay S, Parker K, Kawamura A. Building and participating in a simulation. *J Cont Educ Health Prof* 2016;36(2):127-132. [doi: [10.1097/ceh.000000000000065](https://doi.org/10.1097/ceh.000000000000065)] [Medline: [27262157](https://pubmed.ncbi.nlm.nih.gov/27262157/)]
67. Definition of youth. Geneva: United Nations; 2017. URL: <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf> [accessed 2019-02-20]
68. Stuart H, Chen S, Christie R, Dobson K, Kirsh B, Knaak S, et al. Opening minds in Canada: targeting change. *Can J Psychiatry* 2014 Jan;59(1_suppl):13-18. [doi: [10.1177/070674371405901s05](https://doi.org/10.1177/070674371405901s05)] [Medline: [25565697](https://pubmed.ncbi.nlm.nih.gov/25565697/)]
69. Shogren KA, Wehmeyer ML, Palmer SB, Soukup JH, Little TD, Garner N, et al. Understanding the construct of self-determination. *Assess Effective Interv* 2008 Mar;33(2):94-107. [doi: [10.1177/1534508407311395](https://doi.org/10.1177/1534508407311395)]
70. Cohen J. A power primer. *Psychol Bull* 1992;112(1):155-159. [doi: [10.1037/0033-2909.112.1.155](https://doi.org/10.1037/0033-2909.112.1.155)]
71. Burke KM, Raley SK, Shogren KA, Hagiwara M, Mumbardó-Adam C, Uyanik H, et al. A meta-analysis of interventions to promote self-determination for students with disabilities. *Remedial Spec Educ* 2018 Oct 04;41(3):176-188. [doi: [10.1177/0741932518802274](https://doi.org/10.1177/0741932518802274)]
72. Nezu A, Nezu C. Evidence-Based Outcome Research. New York: Oxford Press; 2008.
73. Berry HL, Rodgers B, Dear KB. Preliminary development and validation of an Australian community participation questionnaire: types of participation and associations with distress in a coastal community. *Soc Sci Med* 2007 Apr;64(8):1719-1737. [doi: [10.1016/j.socscimed.2006.12.009](https://doi.org/10.1016/j.socscimed.2006.12.009)] [Medline: [17241727](https://pubmed.ncbi.nlm.nih.gov/17241727/)]
74. King G, Servais M, Kertoy M, Specht J, Currie M, Rosenbaum P, et al. A measure of community members' perceptions of the impacts of research partnerships in health and social services. *Eval Program Plann* 2009 Aug;32(3):289-299. [doi: [10.1016/j.evalprogplan.2009.02.002](https://doi.org/10.1016/j.evalprogplan.2009.02.002)] [Medline: [19304326](https://pubmed.ncbi.nlm.nih.gov/19304326/)]
75. Malik F, McKie L, Beattie R, Hogg G. A toolkit to support human resource practice. *Personnel Rev* 2010 Apr 13;39(3):287-307. [doi: [10.1108/00483481011030502](https://doi.org/10.1108/00483481011030502)]
76. Kirkpatrick D, Kirkpatrick J. Evaluating Training Programs: The Four Level Model. San Francisco: Barrett-Koehler; 2006.
77. Nilsen P. Making sense of implementation theories, models and frameworks. *Implementation Sci* 2015 Apr 21;10(1):53-67. [doi: [10.1186/s13012-015-0242-0](https://doi.org/10.1186/s13012-015-0242-0)] [Medline: [25895742](https://pubmed.ncbi.nlm.nih.gov/25895742/)]
78. Gaglio B, Shoup JA, Glasgow RE. The RE-AIM framework: a systematic review of use over time. *Am J Public Health* 2013 Jun;103(6):e38-e46. [doi: [10.2105/ajph.2013.301299](https://doi.org/10.2105/ajph.2013.301299)] [Medline: [23597377](https://pubmed.ncbi.nlm.nih.gov/23597377/)]
79. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006 Jan;3(2):77-101. [doi: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa)]
80. Lindsay S. Five approaches to qualitative comparison groups in health research: a scoping review. *Qual Health Res* 2018 Dec 01;29(3):455-468. [doi: [10.1177/1049732318807208](https://doi.org/10.1177/1049732318807208)] [Medline: [30501574](https://pubmed.ncbi.nlm.nih.gov/30501574/)]
81. Rolfe G. Validity, trustworthiness and rigour: quality and the idea of qualitative research. *J Adv Nurs* 2006 Feb;53(3):304-310. [doi: [10.1111/j.1365-2648.2006.03727.x](https://doi.org/10.1111/j.1365-2648.2006.03727.x)] [Medline: [16441535](https://pubmed.ncbi.nlm.nih.gov/16441535/)]
82. Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. *Educ Inf* 2004 Jul 19;22(2):63-75. [doi: [10.3233/efi-2004-22201](https://doi.org/10.3233/efi-2004-22201)]

Abbreviations**KT:** knowledge translation**RE-AIM:** reach, effectiveness, adoption, implementation, maintenance

Edited by G Eysenbach; submitted 19.05.20; peer-reviewed by R Lee, S Lin; comments to author 28.06.20; revised version received 15.07.20; accepted 28.07.20; published 11.01.21

Please cite as:

Lindsay S, Kosareva P, Sukhai M, Thomson N, Stinson J

Online Self-Determination Toolkit for Youth With Disabilities: Protocol for a Mixed Methods Evaluation Study

JMIR Res Protoc 2021;10(1):e20463

URL: <http://www.researchprotocols.org/2021/1/e20463/>

doi: [10.2196/20463](https://doi.org/10.2196/20463)

PMID: [33427688](https://pubmed.ncbi.nlm.nih.gov/33427688/)

©Sally Lindsay, Polina Kosareva, Mahadeo Sukhai, Nicole Thomson, Jennifer Stinson. Originally published in JMIR Research Protocols (<http://www.researchprotocols.org>), 11.01.2021. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Research Protocols, is properly cited. The complete bibliographic information, a link to the original publication on <http://www.researchprotocols.org>, as well as this copyright and license information must be included.