SELF-DETERMINATION
AND THE EMPOWERMENT
OF PEOPLE WITH
DISABILITIES

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The usage note in the *American Heritage Dictionary of the English Language* (2000) states the following with regard to the word *empower*:

> "Although it is a contemporary buzzword, the word empower is not new, having arisen in the mid-17th century with the legalistic meaning 'to invest with authority, authorize.' Shortly thereafter it began to be used with an infinitive in a more general way meaning 'to enable or permit.' Both of these uses survive today but have been overpowered by the word's use in politics and pop psychology. Its modern use originated in the civil rights movement, which sought political *empowerment* for its followers" (2000, pp. 586-587).

Leaving aside a discussion as to whether empowerment is merely a buzzword (when one is not empowered, it probably does not sound very much like a buzzword), it is worth noting the meaning shift or drift that has occurred with use of the term since its 17th century origination and the current linkages between empowerment and issues of control over one's life. However, despite the *American Heritage Dictionary*'s indication that the term's meaning has shifted, it remains less than convincing that the way in which many people use the term is not closer to the original sense of the term. The problem with that meaning with regard to people with disabilities is, of course, that in the end, when one has the power to invest someone else with authority, one also has the power, presumably, to withhold granting that authority. Power and control remain, fundamentally, with the granter in that circumstance. Similarly, the more current meaning, "to enable or permit," seems to offer two synonyms that, in the end, are not equally effective in solving the "granting authority" problem (*American Heritage Dictionary*, 2000). That is, the act of "permitting" implies authority on the part of one person to allow another to do something, or not. The meaning of empowerment (or more accurately, empower), "to enable," is, in my mind, closer to the sense of the term as used when associated with social movements, particularly the disability rights movement, which typically uses the term in reference to actions that "enhance the possibilities for people to control their lives" (Rappaport, 1981, p. 15). Enable

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means "to supply with the means, knowledge, or opportunity; to make feasible or possible" (*American Heritage Dictionary*).

Consideration of what it means to empower someone with a disability is more than just a semantic exercise. Well-intentioned professionals across many disciplines mistake empowerment as something that someone grants or gives to someone else, to the end that the effort falls short of the standard of enhancing the possibilities for people to control their lives. There is a bit of a Catch 22 to issues pertaining to empowerment and professionals in rehabilitation, in that many such professionals genuinely want to do whatever they can to empower people with disabilities but, similarly, don't want to err in assuming that any ultimate authority to grant power or control lies within those very same people. The way out of this conundrum is through efforts to *enable* people with disabilities to exert control in their lives and, as a function of such actions, to become empowered to do so to a greater extent. As professionals in rehabilitation, the route to "enablement" is by providing opportunities and supports that promote and enhance the self-determination of people with disabilities.

That this is both an appropriate and important focus is illustrated in the findings of Congress from the 1992 Amendments to the Rehabilitation Act (and in the subsequent 1998 reauthorization), which state "disability is a natural part of the human experience and in no way diminishes the right of individuals to:
a. live independently;
b. enjoy self-determination;
c. make choices;
d. contribute to society;
e. pursue meaningful careers; and
f. enjoy full inclusion and integration in the economic, political, social, cultural and educational mainstream of American society" (Rehabilitation Act of 1973, as amended).
The 1998 amendments to the Rehabilitation Act of 1973 strengthened and

emphasized the importance of self-determination by strengthening the role of informed choice in the rehabilitation process. Indeed, there is a national trend toward residential and vocational services that are delivered in a more consumer-driven manner (Callahan, Shumpert & Mast, 2002; Kilsby & Beyer, 2002; West, 1995). In the end, the intent of Congress in the Rehabilitation Act and the impact of the choice mandates will depend on the capacity of rehabilitation professionals to do business in such a way as to genuinely enable people with disabilities to become more self-determined.

WHAT IS SELF-DETERMINATION?

Put most simply, the self-determination construct refers to both the right and capacity of individuals to exert control over and direct their lives. The construct's use in reference to a right is grounded in its meaning referring to the political right of people or peoples to self-governance. Disability advocates and activists have stressed the inherent right of people with disabilities to assume responsibility for and control over their lives (Kennedy, 1996; Ward, 1996). In the 1990s, promoting and enhancing the self-determination of students with disabilities, particularly as a function of the transition planning process, became best practice (Wehmeyer, Agran & Hughes, 1998). These efforts focused primarily on enhancing student capacity to become self-determined and exert control in one's life by promoting goal setting, problem-solving, decision-making and self-advocacy skills; they also focused on efforts to promote opportunities for students to use these skills.

A variety of definitions of the construct have emerged from efforts in special education (see Wehmeyer, Abery, Mithaug & Stancliffe, 2003). Field, Martin, Miller, Ward and Wehmeyer (1998) summarized these various definitions of self-determination by stating that self-determined people apply "a combination of skills, knowledge and beliefs" that enable them "to engage in goal-directed, self-regulated,

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autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential in self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society" (p. 2). Field et al. (1998) further delineated the common components of self-determined behavior identified across multiple self-determination models or frameworks. These include:

a. awareness of personal preferences, interests, strengths and limitations;
b. ability to
   i.   differentiate between wants and needs,
   ii.   make choices based on preferences, interests, wants and needs,
   iii. consider multiple options and anticipate consequences for decisions,
   iv. initiate and take action when needed,
   v.   evaluate decisions based on the outcomes of previous decisions and revise future decisions accordingly,
   vi. set and work toward goals,
   vii. regulate behavior,
   viii. use communication skills such as negotiation, compromise and persuasion to reach goals, and
   ix. assume responsibility for actions and decisions;
c. skills for problem-solving;
d. a striving for independence while recognizing interdependence with others;
e. self-advocacy and self-evaluation skills;
f. independent performance and adjustment skills,
g. persistence;
h. self-confidence;
i. pride; and
j. creativity.

IS SELF-DETERMINATION IMPORTANT FOR CONSUMERS OF VOCATIONAL REHABILITATION SERVICES?

There are several indicators to suggest that the answer to this question is "yes."

First, as mentioned previously, promoting choice and self-determination is mandated by federal disability policy and legislation.

Second, people with disabilities have been unequivocal in their demands for enhanced self-determination (Kennedy, 1996; Ward, 1996).

Third, there is compelling evidence from the special education literature that enhanced self-determination leads to more positive adult outcomes, outcomes that are equally valued by the field of rehabilitation. Wehmeyer and Schwartz (1997) measured the self-determination status of 80 students with mild mental retardation or learning disabilities in their final year of high school and one year after high school. Students with higher self-determination scores were more likely to have expressed a preference to live outside the family home, have a savings or checking account, and be employed for pay. Eighty percent of students in the high self-determination group worked for pay one year after graduation, while only 43 percent of students in the low self-determination group did likewise. Among school-leavers who were employed, youths who were in the high self-determination group earned significantly more per hour ($M = \$4.26$) than their peers in the low self-determination group ($M = \$1.93$)(where "M" represents "mean.")

Wehmeyer and Palmer (2003) conducted a second study, examining the adult status of 94 young people with cognitive disabilities (mental retardation or learning disability) one and three years after high school. These data were consistent with results from Wehmeyer and Schwartz (1997). One year after high school, students in the high self-determination group were disproportionately likely to have moved from where they were living during high school, and by the third year they were still disproportionately likely to live somewhere other than their high school home and were significantly more likely

to live independently. Young adults in the high self-determination group were more likely to maintain a bank account by year one, an outcome most likely attributable to the employment status of students in the two groups. Students in the high self-determination group were disproportionately likely to hold a job by the first-year follow-up, to be working either full- or part-time, and to have held a job or have received job training by year three. For those students across the complete sample who were employed, students scoring higher in self-determination made statistically significant advances in obtaining job benefits, including vacation and sick leave and health insurance, an outcome not shared by their peers in the low self-determination group. Overall, there was not a single area in which the low self-determination group fared more positively then the high self-determination group. German, Martin, Marshall and Sale (2000) found that instruction in self-determination could improve student goal setting and enhance participation in educational planning. Sowers and Powers (1995) showed that instruction on multiple components related to self-determination increased the participation and independence of students with severe disabilities in performing community activities.

Finally, there is a growing body of evidence in the field of vocational rehabilitation (VR) that enhancing choice opportunities leads to better VR-related outcomes. For example, Farley, Bolton and Parkerson (1992) evaluated the impact of strategies to enhance consumer choice and involvement in the VR process and found that consumers who were actively involved in VR planning had better vocational career development outcomes. Similarly, Hartnett, Collins and Tremblay (2002) compared costs, services received and outcomes achieved between one group served through the typical VR system and another group involved in a Consumer Choice Demonstration Project in Vermont. They found that the Choice group was two times more likely to have completed rehabilitation and that their mean income was 2.7 times higher.

PROMOTING THE SELF-DETERMINATION OF VR CONSUMERS

If the means by which rehabilitation professionals contribute to the empowerment of VR consumers with disabilities is to provide opportunities and supports to enable people to become more self-determined, what are some of the specific strategies that rehabilitation professionals can use to achieve this outcome? It is tempting to take a "skills remediation" approach to "teach" VR consumers skills they do not have that would enhance self-determination. However, it is important that adults with disabilities not be treated as if they are eternal students, which equates too closely with being eternal children. Thus, it is important that efforts to promote skills such as career and job goal setting, decision making, problem solving and self-management be done within a context in which the consumer is in charge of the process. Like other disability systems, traditional vocational services tend to have been "other-directed." That is, in too many cases, decisions about jobs or careers are made *for* people with disabilities instead of *by* people with disabilities. There are many reasons for this, including the fact that many customers of VR services simply have not had the experiences and opportunities necessary to enable them to be more self-directed. VR counselors may experience frustration because they want to support individuals to make their own decisions or take greater control and responsibility for their career advancement, yet the individual's limited capacity and experiences are barriers to those outcomes.

Under the auspices of a special demonstration project of the Reha-

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TABLE 1. PHASE 1, SELF-DETERMINED CAREER DEVELOPMENT MODEL
PROBLEM TO SOLVE: WHAT ARE MY CAREER AND JOB GOALS?

QUESTION 1: *What career and job do I want?*	EMPLOYMENT SUPPORTS
OBJECTIVES OF VR COUNSELING: · Enable person to identify career/job preferences/interests/beliefs/values. · Enable person to identify strengths and needs related to jobs/careers. · Enable and support person to prioritize career and jobs options and select preferred option(s).	· Awareness Training. · Self-Assess Job or Career Preferences/Abilities. · Career and Job Exploration. · Job Shadowing and Sampling. · Organizational Skills Training. · Problem Solving Instruction. · Choice-Making Instruction. · Decision-Making Instruction. · Goal-Setting Instruction.
QUESTION 2: *What do I know about it now?*	
OBJECTIVES OF VR COUNSELING: · Enable person to identify his or her current status in relation to prioritized job and career option(s). · Enable person to identify knowledge/skills/needs of job/career option. · Assist person to gather information about opportunities and barriers in his or her environments pertaining to prioritized job and career option(s).	
QUESTION 3: *What must change for me to get the job and career I want?*	
OBJECTIVES OF VR COUNSELING: · Support person to prioritize needs related to job/career preference(s). · Enable person to choose primary need and decide if action needs to be focused toward capacity building, modifying the environment or both.	
QUESTION 4: *What can I do to make this happen?*	
OBJECTIVES OF VR COUNSELING: · Teach person to state his or her career/employment goals/objectives.	

Adapted from Wehmeyer, Lattimore et al. (2003).

bilitation Services Administration, we at the University of Kansas Beach Center on Disability have been involved in the development and evaluation of a model for use with adults specific to the career decision-making and job-placement processes of VR services in the state of Kansas (Wehmeyer, Lattimore et al., in press). This model — the Self-Determined Career Development Model — is designed to enable VR consumers to engage in a self-regulated problem-solving and goal-setting process leading to job placement. The remainder of this article describes this model as an example of how to promote self-determination and thereby empower people with disabilities through the rehabilitation process.

The Self-Determined Career Development Model evaluated in this article was based on the team's previous work with a model of teaching for students with disabilities. It is simplest to describe the adult version of this model for VR by first describing the school-based model.

The Self-Determined Learning Model of Instruction (SDLMI) was designed to enable educators to teach students to self-direct the instructional process and, at the same time, enhance their self-determination (Mithaug, Wehmeyer, Agran, Martin & Palmer, 1998; Wehmeyer, Palmer, Agran, Mithaug & Martin 2000). The SDLMI is based on the component elements of self-determination (Wehmeyer, 1999, 2001), the process of self-regulated problem solving and on research on student-directed learning. It is appropriate for students with and without disabilities across multiple content areas, and it enables teachers to engage students in their educational programs by increasing opportunities to self-direct learning. Implementation of the SDLMI consists of a three-phase process. Each phase presents a problem the student must solve by posing and answering a series of four Student Questions (per phase), which students

TABLE 2. PHASE 2, SELF-DETERMINED CAREER DEVELOPMENT MODEL
PROBLEM TO SOLVE: WHAT IS MY PLAN

QUESTION 1: *What actions can I take to reach my career or employment goal?*	**EMPLOYMENT SUPPORTS**
OBJECTIVES OF VR COUNSELING: · Enable person to identify alternatives to achieve career/employment goal. · Assist person to gather information on consequences of alternatives. · Enable person to select best action alternatives.	· Exploration of Community Resource/Support. · Problem Solving Instruction. · Self-Scheduling Training. · Self-Instruction Training.
QUESTION 2: *What could keep me from taking action?*	· Picture-Cue Training.
OBJECTIVES OF VR COUNSELING: · Support person to identify barriers to implementing action alternatives. · Support person to identify actions to remove barriers.	· Decision-Making Instruction. · Self-Advocacy Instruction.
QUESTION 3: *What can I do to remove these barriers?*	· Assertiveness Training.
OBJECTIVES OF VR COUNSELING: · Assist person in identifying appropriate employment supports to implement selected action alternative. · Teach person knowledge/skills needed to implement selected supports.	· Self-Monitoring Instruction.
QUESTION 4: *When will I take action?*	
OBJECTIVES OF VR COUNSELING: · Enable person to determine schedule for action plan to remove barriers and implement supports. · Support and enable person to implement the action plan. · Enable person to self-monitor his or her progress.	

Adapted from Wehmeyer, Lattimore et al. (2003).

learn, modify to make their own and apply to reach self-selected goals. Each question is linked to a set of Teacher Objectives. Each instructional phase includes Educational Supports identified for teachers to use to enable students to self-direct learning in a variety of areas including, but not limited to, problem solving, choice making, goal development, self-evaluation and self-monitoring.

The problem to solve in Phase 1 is "What is my goal?" In Phase 2, the problem to be solved is "What is my action plan?" and in Phase 3, the problem is "What have I learned?" The Student Questions direct the student through a problem-solving sequence in each instructional phase. The solutions to the problem in each phase lead to the problem-solving sequence in the next phase. Question construction was based on theory in the problem-solving and self-regulation literature that suggests there is a "means-ends" problem-solving sequence that must be followed for any person's actions to produce results to satisfy his or her needs and interests. Teachers implementing the model teach students to solve a sequence of problems by constructing a "means-ends chain," a causal sequence that moves them from where they are to where they want to be, a goal state (Mithaug, et al., 1998).

By answering the questions in this sequence, students are supported to regulate their own problem solving by setting goals to meet needs, constructing plans to meet goals, and adjusting actions to complete plans. The questions differ from phase to phase, but represent identical steps in the problem-solving sequence. That is, students answering the questions must:
• identify the problem,
• identify potential solutions to the problem,
• identify barriers to solving the problem, and
• identify consequences of each solution.

TABLE 3. PHASE 3, SELF-DETERMINED CAREER DEVELOPMENT MODEL
PROBLEM TO SOLVE: WHAT HAVE I ACHIEVED?

QUESTION 1: *What actions have I taken?*	EMPLOYMENT SUPPORTS
OBJECTIVES OF VR COUNSELING: · Enable person to self-evaluate and articulate progress toward goal.	· Self-Evaluation Instruction.
QUESTION 2: *What barriers have been removed?*	
OBJECTIVES OF VR COUNSELING: · Assist person to compare progress with his or her desired outcomes.	
QUESTION 3: *What has changed to enable me to get the job and career I want?*	
OBJECTIVES OF VR COUNSELING: · Support person to re-evaluate goal if progress is insufficient. · Assist person to decide if goal remains the same or changes. · Collaborate with person to identify if the action plan is adequate or inadequate given revised or retained goal. · Assist person to change action plan if necessary.	
QUESTION 4: *Have I achieved what I want to achieve?*	
OBJECTIVES OF VR COUNSELING: · Enable person to decide if progress is adequate, inadequate, or if goal has been achieved. · If this goal has been achieved, enable person to decide if a different goal is needed to achieve his or her employment or career goals.	

Adapted from Wehmeyer, Lattimore et al. (2003).

These steps are the basic steps in any problem-solving process and they form the means-end problem-solving sequence represented by the Student Questions in each phase. The first time a teacher uses the model with a student, the initial step in the process is to read each question with or to the student, discuss what the question means and then, as needed, change the wording to enable that student to better understand the intent. In wording changes, the problem-solving intent of the question must remain intact. Going through this process several times as the student progresses through the model should result in a set of questions that a student accepts as his or her own.

The Teacher Objectives within the model provide suggestions for teachers to enable and support students to work through the Student Questions by scaffolding instruction[1], using direct teaching strategies, or collaborating with students to determine the best strategies to achieve goals. The Educational Supports are educational and instructional activities to enable teachers to support students' efforts to answer questions. The emphasis in the model on the use of educational supports that are student-directed provides another means of teaching students to support themselves.

By using the Student Questions, students learn a self-regulated problem-solving strategy to use in goal attainment. Concurrently, teaching stu-dents to use self-directed learning strategies provides skills that enable them to begin to become the causal agent in their lives.

The Self-Determined Career Development Model is equivalent to the SDLMI, except that it has been modified for use to support adults and it is specific to the career decision-making process. The three phases of the model are depicted in Tables 1, 2 and 3. The problem to solve in Phase 1 is "What are my career and job goals?" Within all three phases, supports focus upon job and career issues. Objectives have been reframed from teacher objectives to VR counselor or other VR personnel objectives. Supporting the VR consumer to answer each of the questions in Phase 1 leads to the second

phase, where the problem to solve is "What is my plan?" The problem in the final phase, Phase 3, is "What have I achieved?"

Wehmeyer, Lattimore et al. (2003) conducted a pilot evaluation of the career development model using a single-subject research design with six VR consumers identified by a counselor as needing more support with career decision making than was traditionally available in the VR system. Within this pilot evaluation, all participants were able to set career and job-specific goals, to assist in the design and implementation of an action plan to achieve those goals and to self-monitor and evaluate their progress toward the goals. Five of the six participants showed progress toward achieving that self-set goal. All participants were able to engage with the facilitator to address questions in the model and to self-set an employment or job-related goal. The VR counselor who referred participants to this pilot evaluation conducted an informal assessment in consumer satisfaction. All except one participant indicated that they had benefited from their participation in the process. Perhaps the most suggestive indicator of the potential for the process to empower people with disabilities involved one woman who made considerable progress toward her goal and, after nine years of unemployment, obtained a job shortly after her involvement with the model. This person expressed her satisfaction with her participation in the process and mentioned her improved confidence to the facilitator. She was, we suggest, empowered not by the professionals with whom she worked but by the skills and positive attitudes she gained by her use of the model. **AR**

NOTE

1. Instructional scaffolding is the provision of sufficient supports to promote learning when concepts and skills are being first introduced to students. Retrieved July 23, 2004, from http://encyclopedia.thefreedictionary.com/Instructional_scaffolds.

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