

International Encyclopedia of Rehabilitation

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Center for International Rehabilitation Research Information and Exchange (CIRRIE)
515 Kimball Tower
University at Buffalo, The State University of New York
Buffalo, NY 14214
E-mail: ub-cirrie@buffalo.edu
Web: <http://cirrie.buffalo.edu>

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Self-Determination

Michael L. Wehmeyer
University of Kansas

Introduction

Over the past two decades, promoting and enhancing the self-determination of youth and adults with disabilities has become best practice education and rehabilitation. For example, in 1998, the Council for Exceptional Children's Division on Career Development and Transition issued a position statement noting that a focus on self-determination is important to enable students to "be more successful in education and transition to adult life" and "holds great potential to transform the way in which educational services are planned and delivered for students with and without disabilities" (Field et al. 1998, p. 125). Similarly, the 1998 amendments to the State Vocational Rehabilitation Services Program Act emphasized the centrality of informed choice in the rehabilitation process and, in response, there has been a national trend toward residential and vocational services that are delivered in a more consumer-driven manner (Callahan et al. 2002).

This article defines self-determination and examines its importance to successful transition and rehabilitation-related outcomes and identifies methods, materials and strategies to promote self-determination within transition and rehabilitation contexts.

What is Self-Determination?

The historical antecedents to the self-determination movement for people with disabilities can be found in the normalization, independent living, disability rights, and self-advocacy movements, and in legislative protections ensuring equal opportunities for people with disabilities; all dating from the late-20th Century. The construct's origins, however, date to earlier discussions in philosophy and psychology about determinism and free will. Determinism is the philosophical doctrine positing that events, such as human behavior, are effects of preceding causes.

This early focus in philosophy carried forward into theory in personality psychology in the early portions of the 20th century. Self-determination, as proposed by psychological theorists of that era, is a general psychological construct within the organizing structure of theories of human agentic behavior. An agentic person is the "origin of his or her actions, has high aspirations, perseveres in the face of obstacles, sees more and varied options for action, learns from failures, and overall, has a greater sense of well being" (Wehmeyer and Little, in press). Theories of human agentic behavior are organismic in that they view people as active contributors to, or *authors* of, their behavior, which is self-regulated and goal-directed *action*. Such actions are motivated by biological and psychological needs, directed toward self-regulated goals linked to these needs, precipitate self-governance of behavior, and require an explicit focus on the interface between the self and the context. Self-determination as a psychological construct, then, refers to self- (vs. other-) caused action—to people acting volitionally, based on their own will. Volition is the capability of conscious choice, decision, and *intention*. Self-determined behavior is volitional, intentional, and self-caused or self-initiated action.

The most visible application of self-determination as a psychological construct has been *Self-Determination Theory* (SDT; Deci and Ryan 2002), proposed to explain facets of personality and behavioral self-regulation through interactions between innate and environmental determinants within social contexts (Ryan and Deci 2000). SDT proposes three basic psychological needs—competence, autonomy, and relatedness—that are either supported or challenged by social contexts. Much of the research stemming from SDT has focused on ways the social environment creates barriers to the integration of these psychological needs (Ryan and Deci 2002). The context also contributes to intrinsic and extrinsic motivators that are self-regulated at either conscious or unconscious levels.

In SDT, the inherent psychological need for competence refers to the motivation to be effective within environments. The psychological need for relatedness is the sense of connectedness and belonging with others. Thus, SDT is an important perspective to understand motivational components at work that might inhibit or promote more positive rehabilitation outcomes.

Several theoretical models have emerged within the disability literature-base that focus less on the motivational component and more on self-determined action and its promotion. Like SDT, though, these models view self-determination within this organismic, agentic perspective. Wehmeyer and colleagues (Wehmeyer et al. 2003), for example, proposed a functional theory of self-determination in which self-determination is conceptualized as a dispositional characteristic (enduring tendencies used to characterize and describe differences between people) based on the *function* a behavior serves for an individual. Self-determined behavior refers to “volitional actions that enable one to act as the primary causal agent in one’s life and to maintain or improve one’s quality of life” (Wehmeyer 2005, p. 117). The concept of causal agency is central to this perspective. Broadly, *causal agency* implies that it is the individual who makes or causes things to happen in his or her life. Causal agency implies more than just causing action; it implies that the individual acts with an eye toward causing *an effect* to *accomplish a specific end* or to *cause or create change*.

According to this theory, self-determined *actions* are identified by four *essential characteristics*: (1) the person acts *autonomously*; (2) the behavior is *self-regulated*; (3) the person initiates and responds to the event(s) in a *psychologically empowered* manner; and (4) the person acts in a *self-realizing* manner. These essential characteristics refer not to the behavior performed, but to the *function* the behavior serves for the individual; that is, whether the action enabled the person to act as a causal agent.

The theory’s use of behavioral autonomy draws from two sources: autonomy as synonymous with individuation and autonomy as roughly synonymous with independence. Developmental psychologists view the process of individuation, or the formation of the person’s individual identity, as a critical component of social and personality development. Individuation is, generally, the progression from being dependent on others for care and guidance to self-care and self-direction, the outcome of which is autonomous functioning or behavioral autonomy.

Self-regulation is “a complex response system that enables 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" (Whitman 1990; p. 373). Zimmerman and Rappaport (1988) forwarded the construct of psychological empowerment to account for the multidimensional nature of perceived control, which, according to these authors, had been previously treated as if it were a unidimensional construct. Through the process of learning and using problem-solving skills and achieving perceived or actual control in one's life (e.g., learned hopefulness), individuals develop a perception of psychological empowerment that enables them to achieve desired outcomes.

The term "self-realization" was used originally by Gestalt psychologists to refer to the intrinsic purpose in a person's life. It also has more global meaning related to the "tendency to shape one's life course into a meaningful whole" (Angyal 1941, p. 355). People who are self-determined are self-realizing in that they use a comprehensive, and reasonably accurate, knowledge of themselves—their strengths and limitations—to act in such a manner as to capitalize on this knowledge. This self-knowledge and self-understanding forms through experience with and interpretation of one's environment and is influenced by evaluations of significant others, reinforcement, and attributions of one's own behavior.

The primary research focus of the functional theory has been on people with intellectual disability, although the theory itself is not specific to people with disabilities. In another theoretical model derived from research in special education, Mithaug (Wehmeyer et al. 2003) suggested that self-determination is an unusually effective form of self-regulation in which people who are self-determined regulate their choices and actions more successfully than others. Mithaug suggested that individuals are often in flux between existing states and *goal* or desired states. When a discrepancy between what one has and wants exists, an incentive for self-regulation and action becomes operative. With the realization that a discrepancy exists, the individual may set out to achieve the goal or desired state. Because of a previous history of failure, however, individuals may set expectations that are too low or too high. The ability to set appropriate expectations is based on the individual's success in matching his or her *capacity* with present *opportunity*. Capacity is the individual's assessment of existing resources (e.g., skills, interests, motivation), and opportunity refers to aspects of the situation that allow the individual to achieve the desired gain. Mithaug referred to optimal prospects as "just-right" matches in which individuals are able to correctly match their capacity (i.e., skills, interests) with existing opportunities (e.g., potential jobs). The experience generated during self-regulation is a function of repeated interaction between capacity and opportunity.

Mithaug (1998) noted that "self-determination always occurs in a social context" (p. 42) and suggests that "the social nature of the concept is worth reviewing because the distinction between self-determination and other-determination is nearly always in play when assessing an individual's prospects for controlling their life in a particular situation" (p. 42).

Wehmeyer and Mithaug (2006) proposed *Causal Agency Theory* (CAT) to explain how and why people become *self-* versus *other-*determined. Wehmeyer and Mithaug refer to the 'class of behavioral events' CAT explains as *causal events*, *causal behavior*, or *causal actions*. These function as a means for the person (the causal agent) to achieve valued goals and, ultimately, become more self-determined. CAT proposes a number of 'operators' that lead to self-determined behavior. These operators involve the capability to perform causal actions or

behaviors, subdivided into *causal* and *agentic capabilities*. People are ‘caused’ to implement causal and agentic capabilities in response to challenges that serve as catalysts for causal behavior. Causal actions are provoked by two classes of challenges to self-determination; opportunities or threats. *Opportunity* refers to situations or circumstances that provide a chance for the person to create change or make something happen based upon his or her individual *causal capability*. If a person has the causal capability to act on the situation or circumstance, that situation or circumstance can be construed as an opportunity. Opportunities can be “*found*” (unanticipated, happened upon through no effort of one’s own) or “*created*” (the person acts to create a favorable circumstance). The second challenge condition involves situations or circumstances that threaten the organism’s self-determination and provoke the organism to exercise causal action to maintain a preferred outcome or to create change that is consistent with one’s own values, preferences, or interests, and not the values, preferences or interests of others. A third operant in CAT is *Causal Affect*: those emotions, feelings, and other affective components that regulate human behavior, including causal behaviors.

People who are causal agents respond to challenges (opportunities or threats) to their self-determination by employing causal and agentic capabilities that result in causal action and allow them to direct their behavior to achieve a desired change or maintain a preferred circumstance or situation. In response to challenges, causal agents use a *goal generation process* leading to the identification and prioritization of needed actions. The person frames the most urgent action need in terms of a goal state, and engages in a *goal discrepancy analysis* to compare current status with goal status. The outcome of this analysis is a *goal-discrepancy problem* to be solved. The person then engages in a *capacity-challenge discrepancy analysis* in which capacity to solve the goal discrepancy problem is evaluated. The person maximizes adjustment in capacity (e.g., acquires new or refines existing skills and knowledge) or adjusts the challenge presented to create a “just-right match” between capacity and challenge to optimize the probability of solving the goal discrepancy problem.

Next, the person creates a discrepancy reduction plan by setting causal expectations, making choices and decisions about strategies to reduce the discrepancy between the current status and goal status. When sufficient time has elapsed, the person engages in a second goal discrepancy analysis, using information gathered through self-monitoring to self-evaluate progress toward reducing the discrepancy between current and goal status. If progress is satisfactory, they will continue implementing the discrepancy reduction plan. If not, the person either reconsiders the discrepancy reduction plan and modifies that or returns to the goal generation process to re-examine the goal and its priority and, possibly, cycle through the process with a revised or new goal.

Self-Determination, Disability, and Empowerment

As noted, the self-determination focus in disability services, including special education and rehabilitation, emerged from deeply held convictions pertaining to the rights of people with disabilities to “control” their own lives. Within the context of the disability rights and advocacy movement, the self-determination construct has been imbued with an empowerment and “rights” orientation. Empowerment is a term usually associated with social movements and typically is used, as Rappaport (1981) stated, in reference to actions that “enhance the possibilities for people

to control their lives" (p. 15). People with have been unequivocal in their understanding of self-determination as a form of empowerment.

The emphasis on promoting self-determination was introduced both in response to calls from people with disabilities for greater control in their lives, as well as to findings that transition and rehabilitation outcomes for people with disabilities (e.g., employment, independent living, community integration, etc.) were not as positive as desired. The proposal that self-determination is an important focus if people with disabilities are to achieve more positive adult outcomes is predicated on an assumption that self-determination and positive adult outcomes are causally linked; an assumption supported by a growing literature base. Wehmeyer and Schwartz (1997) measured the self-determination of students with cognitive disabilities, and then examined their adult outcomes one year after they left high school. Students in the high self-determination group were more than twice as likely as young people in the low self-determination group to be employed, and earned, on average, more per hour. Wehmeyer and Palmer (2003) conducted a second follow-up study, examining adult status of 94 students with cognitive disabilities one and three years post-graduation. 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. For employed students, those scoring higher in self-determination made statistically significant advances in obtaining job benefits, including vacation, sick leave, and health insurance, an outcome not shared by their peers in the low self-determination group. 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.

Also, there is a growing body of evidence in the field of vocational rehabilitation that, in particular, 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 enhanced vocational career development outcomes. Similarly, Hartnett, Collins and Tremblay (2002) compared costs, services received and outcomes achieved for people served through the typical VR system and people involved in a "Consumer Choice Demonstration Project" in the U.S., and found that the *Choice* group was two times more likely to have completed rehabilitation and their mean income was almost three times higher.

It is also important to note that a focus on self-determination is critically important in the context of changing ways of understanding disability that emphasize the fit or engagement between the person and his or her capacities and the environment in which that person is expected to function. These functional models, described in greater detail in the entry on Intellectual Disability, focus on enhancing personal capacity for self-direction and self-regulation and environmental modifications enabling people to self-direct and self-regulate their lives, and promoting self-determination, as discussed in the next section, is an important component of that focus.

Promoting Self-Determination

A number of strategies have been shown to be effective in promoting the self-determination of youth and adults with disabilities, including:

- *Promote active involvement in problem solving and decision making activities.* If necessary teach skills to enable more effective problem solving and decision making skills, and use activities such as involvement in educational or employment planning to practice and reinforce those skills.
- *Engage youth and adults in self-directed learning and self-management strategies.* There is a host of research documenting that learning and using self-management and self-regulated learning strategies—such as antecedent cue regulation strategies, self-instruction, self-monitoring, self-evaluation, and self-reinforcement—can enable greater independence in tasks across multiple domains, including employment, and enhances self-determination.
- *Participation in Educational/Rehabilitation Goal Setting and Planning.* Self-determined behavior is goal directed. Support youth and adults to participate in goal setting linked to educational and rehabilitation planning, including supporting/teaching them to: (a) identify and define a goal clearly and concretely, (b) develop a series of objectives or tasks to achieve the goal, and (c) specify the actions necessary to achieve the desired outcome.

Instructional Models to Promote Self-Determination

The *Self-Determined Learning Model of Instruction* (SDLMI) (Wehmeyer et al. 2000) is 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 that is evidence-based and shown to be effective in both promoting self-regulated goal attainment as well as self-determination (McGlashing-Johnson et al. 2003; Wehmeyer et al. 2000). Implementation of the model consists of a three-phase instructional process. Each instructional phase presents a problem to be solved by the student. The student solves each problem by posing and answering a series of four *Student Questions* per phase that students 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 a list of *Educational Supports* that teachers can use to enable students to self-direct learning. In each instructional phase, the student is the primary agent for choices, decisions, and actions, even when eventual actions are teacher-directed.

The *Student Questions* in the model are constructed to direct the student through a problem-solving sequence in each instructional phase. To answer the questions in this sequence, students must regulate their own problem solving by setting goals to meet needs, constructing plans to meet goals, and adjusting actions to complete plans. Thus, each instructional phase poses a problem the student must solve (What is my goal? What is my plan? and What have I learned?) by solving a series of problems posed by the questions in each phase. The four questions differ in each phase, but represent identical steps in the problem-solving sequence: (a) identify the problem, (b) identify potential solutions to the problem, (c) identify barriers to solving the problem, and (d) identify consequences of each solution. These steps are fundamental steps in any problem-solving process and form a means-end problem-solving sequence represented by the *Student Questions* in each phase and enable the student to solve the problem posed in each

instructional phase. The solutions to the problems in each phase lead to the problem-solving sequence in the next phase.

Wehmeyer et al. (2000) conducted a field test of the *SDLMI* with 21 teachers responsible for the instruction of adolescents receiving special education services in two states who identified a total of 40 students with intellectual and other disabilities. The field test indicated that the model was effective in enabling students to attain education and transition-related goals. Additionally, there were significant differences in pre- and post-intervention scores on self-determination, with post-intervention scores more positive than pre-intervention scores. McGlashing-Johnson et al. (2003) used the model to teach four adolescents with intellectual disability to achieve self-selected goals related to job training.

The Self-Determined Career Development Model (SDCDM) (Wehmeyer et al. 2003) is a modified version of the *Self-Determined Learning Model of Instruction*. Wehmeyer et al. (2003) modified the *SDLMI* to focus on career and employment goals for adults with disabilities, using the same self-directed problem solving process to promote vocational outcomes. The conceptual framework and process for *The Self-Determined Career Development Model* is identical to that of the *SDLMI* but has a career and employment emphases. The *SDCDM* has three phases, depicted in Tables 2 - 4. In each phase, facilitators assist participants to address a problem that is solved by answering four questions. Through all phases, participants engage in activities that enable them to set a job or career goal, develop a plan to meet that goal, and adjust their plan (if needed) to meet that goal.

In addition to the questions, each phase also contains a list of objectives that serve as guidelines for teachers or facilitators. That is, the list of objectives provides facilitators with a means to accurately gauge what is being taught and what the person should be learning. Each phase also has a list of employment supports that teachers or facilitators may use if they find they need additional instructional methods for the students. Wehmeyer, Lattimore, and colleagues (2003) tested the model with adults with disabilities in the vocational rehabilitation system, and found that 4 of 5 participants made progress on their self-set employment goal as evidenced by a measure of goal attainment. In addition, a participant satisfaction survey indicated that 4 of 5 participants felt that they had gained from their experience with the model. Benitez, Lattimore, and Wehmeyer (2005) implemented the *SDCDM* with adolescents with emotional and behavioral disorders and, using a single-subject research design, showed that all participants made progress toward each of their goals when receiving support through the model. Additionally, all participants reported that they achieved their target goals and were satisfied with the support that the model provided.

Conclusion

Self-determined behavior refers to human behavior that is *caused* (e.g., determined) by the person as opposed to being caused by someone or something else. People who are self-determined are people who make or cause things to happen in their own lives. They act volitionally (based on their own will, preferences, choices, and interests) instead of being coerced or forced to act in certain ways by others or circumstances. Self-determined people intentionally and purposefully act to achieve goals in their lives.

Promoting self-determination has become an increasingly important topic in disability advocacy and supports. This is, in large measure, because people with disabilities have identified enhanced self-determination as important to them and because research has shown that adolescents and young adults who are more self-determined achieve more positive adult outcomes, including more positive rehabilitation and transition-related outcomes, and a more positive quality of life. Writing in 2000, Jean Paul Bovee, a man with autism, stated that people with autism should be treated with the same dignity, respect, and equality as people without autism" (Bovee 2000, p. 250-251). Recognizing the importance of promoting self-determination is an important way to ensure that people are treated with dignity and respect and to enable people to attain true equality.

References

- Angyal A. 1941. Foundations for a science of personality. Cambridge (MA): Harvard University Press.
- Benitez D, Lattimore J, Wehmeyer ML. 2005. Promoting the involvement of students with emotional and behavioral disorders in career and vocational planning and decision-making: The Self-Determined Career Development Model. *Behavioral Disorders* 30: 431-447.
- Bovee JP. 2000. A right to our own life, our own way. *Focus on Autism and Other Developmental Disabilities* 15(4): 250-252.
- Callahan M, Shumpert N, Mast M. 2002. Self-employment, choice and self-determination. *Journal of Vocational Rehabilitation* 17(2): 75-85.
- Deci EL, Ryan R M. 2000. The "what" and "why" of goal pursuits: Human needs and the determination of behavior. *Psychological Inquiry* 11: 227-268.
- Deci EL, Ryan RM. 2002. Handbook of self-determination research. Rochester (NY): University of Rochester Press.
- Farley RC, Bolton P, Parkerson R. 1992. Effects of client involvement in assessment on vocational development. *Rehabilitation Counseling Bulletin* 35(3): 146-153.
- Field S, Martin J, Miller R, Ward M, Wehmeyer M. 1998. A practical guide to teaching self-determination. Reston, VA: Council for Exceptional Children.
- Hartnett JT, Collins M, Tremblay T. 2002. Longitudinal outcomes in Vermont's Consumer Choice Demonstration Project (1993-1999). *Journal of Vocational Rehabilitation* 17(3): 145-154.
- McGlashing-Johnson J, Agran M, Sitlington P, Cavin M, Wehmeyer M. 2003. Enhancing the job performance of youth with moderate to severe cognitive disabilities using the Self-Determined Learning Model of Instruction. *Research and Practice for Persons with Severe Disabilities* 28(4): 194-204.

- Mithaug D. 1998. Your right, my obligation? *Journal of the Association for Persons with Severe Disabilities* 23: 41-43.
- Rappaport J. 1981. In praise of a paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology* 9: 1 – 25.
- Ryan RM, Deci EL. 2002. An overview of self-determination theory: An organismic-dialectical perspective. In: Deci EL, Ryan RM, editors. *Handbook of self-determination research*. Rochester (NY): University of Rochester press. p. 3-36.
- Sowers J, Powers L. 1995. Enhancing the participation and independence of students with severe physical and multiple disabilities in performing community activities. *Mental Retardation* 33: 209 – 220.
- Wehmeyer ML. 2005. Self-determination and individuals with severe disabilities: Reexamining meanings and misinterpretations. *Research and Practice for Persons with Severe Disabilities* 30: 113-120.
- Wehmeyer ML, Abery B, Mithaug DE, Stancliffe RJ. 2003. *Theory in Self-Determination: Foundations for Educational Practice*. Springfield (IL): Charles C Thomas Publisher, LTD.
- Wehmeyer ML, Lattimore J, Jorgensen JD, Palmer SB, Thompson E, Schumaker KM. 2003. The self-determined career development model: A pilot study. *Journal of Vocational Rehabilitation* 19: 79-87.
- Wehmeyer ML, Little TD. In press. Self-Determination. In: Lopez S, editor. *The Encyclopedia of Positive Psychology*. Boston: Blackwell Publishing.
- Wehmeyer ML, Mithaug D. 2006. Self-determination, causal agency, and mental retardation. In: Glidden LM, series editor, Switzky H, volume editor. *International Review of Research in Mental Retardation: Vol. 31 Current Perspectives on Individual Differences in Personality and Motivation in Persons with Mental Retardation and Other Developmental Disabilities*. San Diego (CA): Academic Press. p. 31-71.
- Wehmeyer ML, Palmer SB. 2003. Adult outcomes for students with cognitive disabilities three years after high school: The impact of self-determination. *Education and Training in Developmental Disabilities* 38: 131-144.
- Wehmeyer ML, Palmer SB, Agran M, Mithaug DE, Martin JE. 2000. Promoting causal agency: The self-determined learning model of instruction. *Exceptional Children* 66: 439- 453.
- Wehmeyer ML, Schwartz M. 1997. Self-determination and positive adult outcomes: A follow-up study of youth with mental retardation or learning disabilities. *Exceptional Children* 63: 245 - 255.

Whitman TL. 1990. Self-regulation and mental retardation. *American Journal on Mental Retardation* 94(4): 347-362.

Zimmerman MA Rappaport J. 1988. Citizen participation, perceived control, and psychological empowerment. *American Journal of Community Psychology* 16: 725-750.