

## 29th IRI Primary Study Group

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## Foreword

There is a well known demonstration that teaches about potential and priorities. It involves filling a bucket with sand, gravel, small stones, big rocks and water. If the sand, gravel and small stones are placed in the bucket first, there will be no room for all of the big rocks. If, on the other hand, the big rocks are placed in the bucket first, there will be room for all of the sand, all of the gravel, all of the small stones and in fact, there will be room to top it all off with water. The bucket will be filled to the brim and will accommodate all of the essential elements.

The big rocks in this exercise represent things that are truly important. The stones, gravel, sand and water represent items of lesser importance corresponding to the size or density of each element. The bucket is a finite space to be filled and could represent the twenty-four hours of a day or the limited hours a VR counselor has to spend with a consumer. That finite amount of time can be filled with truly important matters – the things that matter most – or it can be filled with a whole lot of less significant stuff.

This is the illustration that I used when charging the 29th Institute on Rehabilitation Issues Primary Study Group with the challenge of writing *Promoting Consumer Empowerment through Professional VR Counseling*. In working with VR consumers, the “big rocks” must include

- high quality employment in an integrated setting,
- consumer choice in life decisions and responsibility for choices made,
- elevated expectations on the part of VR professionals demonstrated through provision of information, education, training and confidence in consumers,
- physical and attitudinal barrier removal,
- an efficient, effective, less bureaucratic rehabilitation system,
- a disability and rehabilitation community that is united in partnerships that support consumer empowerment.

It is my sincere hope that the Primary Study Group has included the “big rocks” in this document and that readers will use it as a tool to assure VR consumers’ lives are filled with the things that matter most. Together we must assure that the “big rocks” form the foundation of successful and empowering VR services.

Joanne Wilson, Commissioner  
Rehabilitation Services Administration

## Preface

This document is the result of a year-long effort by the members of the 29th Institute on Rehabilitation Issues (IRI) Primary Study Group on “Promoting Consumer Empowerment Through Professional VR Counseling.” We have compiled this document in collaboration with the participants of the 29th IRI National Conference held in Washington, DC, May 2003. We have worked under the leadership of Mr. Carlos Serván (Nebraska Commission for the Blind), the Chair of our Study Group, and Mrs. Jeanne Miller (University of Arkansas RCEC), our University Coordinator. We appreciate their leadership and the support of Ms. Carri George, who is also at the University of Arkansas.

We hope the positions, proposals and resources in this document will encourage and support the empowerment of all participants in the rehabilitation counseling process.

*Chapter 1:*

## Toward an Empowered Consumer

This chapter outlines the purpose of and audience for this document, gives a brief history of the initiatives behind this document, and defines empowerment and informed choice as they are used in this document.

### *Our Vision*

During our first meeting in Chicago, Illinois (October 2002), the 29th Institute on Rehabilitation Issues (IRI) Primary Study Group (PSG) had the privilege of holding a conference call with Rehabilitation Services Administration (RSA) Commissioner Joanne Wilson. In that meeting, Commissioner Wilson encouraged us to “Look at the system and see if you can put the big rocks in. Look at the philosophy and heart and soul of the system.” The PSG took this to mean that she was challenging us to build a solid foundation describing the values and processes of empowerment, informed choice and self-determination.

The PSG members quickly agreed that our task would require more than laying a foundation. It would require us to provide tools for vocational rehabilitation (VR) counselors and consumers to build the foundation for a successful and empowering VR services program. In the end, the PSG’s challenge included clarifying values, providing guidance for foundation building and, perhaps most difficult, making practical suggestions.

The preamble to the Rehabilitation Act Amendments of 1998 (the Rehab Act)(29 USC 701 et. seq.) states that one purpose of the Act is “to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society.” With this language, Congress made a clear statement that the purpose of the VR program is not simply to find a person a job, but to have “elevated expectations” and find people high quality jobs that allow individuals to become self-sufficient. Consumers are at the center of the empowerment process. In fact, a key tenet of the VR program calls for individuals (and, if appropriate, their family member(s) or other representatives), to fully participate in every aspect of the rehabilitation process. From the time the individual is referred or applies for VR services until the individual exits the program, he or she is to be actively engaged in each decision that impacts the services that the individual receives.

### *Empowerment and Informed Choice*

What is empowerment and why is it important? It means different things to different people. Some people use “self-determination” or “consumer-direction” as a way of referring to empowerment. It can be difficult to make sense of the various definitions found on the Internet, in consumer newsletters and in professional articles. Certain terms are often used by particular

groups. For example, people with developmental disabilities and their advocates often use the term “self-determination” instead of empowerment. After a lot of research, this IRI Study Group has decided that empowerment and self-determination are quite similar. In fact, a previous IRI explored self-determination (Twenty-First Institute on Rehabilitation Issues, 1995). “Empowerment” and “informed choice” are used throughout the Twenty-Ninth IRI document *Promoting Consumer Empowerment Through Professional Rehabilitation Counseling* and are defined below.

**Empowerment means control.** An empowered consumer has control over his or her own life. An empowered consumer has the knowledge, skills, supports, resources and confidence necessary to exercise that control in determining and achieving life goals. Those goals include things such as employment, economic self-sufficiency, independence and inclusion and integration into society. An empowered consumer knows that decisions about life and life’s goals are his or her own.

Empowerment is an intangible process that is difficult to measure. The word “empowerment” is often used, but it can become meaningless. People often assume that empowerment occurs, but it can be difficult to determine whether a person is empowered. Many people believe that empowerment naturally comes from the rehabilitation outcomes themselves—you get a job; you are empowered. Because of this, it is easy to believe that there is nothing more to do. But consumers told Congress that the Rehabilitation Act needed to be strengthened by adding informed choice.

**Informed choice is a decision-making process integral to empowerment.** Without informed choice, full empowerment cannot exist. Through informed choice, the consumer accesses and analyzes information and determines his or her vocational goal(s), services and service providers. An empowered individual exercises this decision-making process in all aspects of the VR process. “Choice is more than lists, more than data, more than volumes of printed information. Real choice, the kind that people find useful, must include contact with others who can translate options into real life experiences” (Schroeder, 1995, p.6).

Informed choice has not been viewed consistently as a method by which empowerment occurs. Some VR professionals believe, “We have been doing this for years” or wonder, “Are you telling us to give consumers whatever they want?” While it is true that many VR counselors have been supporting consumer empowerment gradually, it has become clear that there are systemic issues in VR that must change if consumers are to be truly empowered. There is a real tension between the intent of the Rehabilitation Act and the inherent systemic constraints to implementation. Constraints like state regulations, funding requirements, RSA regulations and accountability requirements all contribute to the challenges facing VR counselors and consumers as they navigate the system.

## Brief History

Consumer empowerment has a deep history and has been an ongoing concern of consumers, consumer groups and families. Efforts have also been made at the federal level to guarantee consumer empowerment, self-determination, and informed choice for the past three decades. These three terms have not always been used to describe Federal efforts, but they have been integral values in these efforts.

Four significant Federal initiatives stand out. First, Section 504 of the Rehabilitation Act of 1973 was one of the earliest legislative acknowledgements that people with disabilities deserved civil rights protections in employment and places of public accommodations. Soon afterward, in 1975, the Education of the Handicapped Act (EHA) was approved. The EHA was the first legislation that guaranteed that children with disabilities had the right to a free appropriate public education. It exists today in its most recent form as the Individuals with Disabilities Educational Act (IDEA) of 1998. Third, the Americans with Disabilities Act (ADA) of 1990 was approved. The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation and telecommunications. Finally, in 1998, Section 101(a)(7) of the Rehabilitation Act Amendments required rehabilitation counseling staff to have or be working toward having the professional level skills and preparation needed to support consumer empowerment.

At times, Federal initiatives have been intertwined with consumer group initiatives or goals. In 1997, Dr. Fredric Schroeder, Rehabilitation Services Administration (RSA) Commissioner, implemented a policy of “high quality” employment for consumers using rehabilitation services. Dr. Schroeder was also a leader in the National Federation of the Blind, a powerful consumer organization. His policy initiative, RSA Policy Directive (PD) 97-04, was an important effort to abolish consumer underemployment.

## Barriers to Empowerment and Informed Choice

Individuals with disabilities seeking services from the public rehabilitation program often encounter barriers that can interfere with empowerment and informed choice. This may result in an inability or limited ability to exercise informed choice in planning and directing their own programs of rehabilitation. There are many different barriers facing individuals. These include limited knowledge, limited skill and resources, attitudes of professionals and other individuals, constraints of the VR system and disability-specific and psychological factors.

Individuals with a disability may encounter different barriers of different type and magnitude. The IRI Study Group believes that an understanding of the possible barriers is critical to addressing them. Potential obstacles are listed below.

- **Knowledge**

Knowledge is important for becoming empowered to choose, plan and make decisions about one's rehabilitation plan. Two types of knowledge are essential: self-knowledge and knowledge of the world in which an individual wishes to function. Several studies of rehabilitation outcomes have identified limited self-awareness as the major obstacle to attaining successful outcomes. Accurate knowledge of one's strengths and weaknesses, knowledge about one's disability and the impact of that disability on one's goal is very important to identifying one's rehabilitation needs. Without accurate self-knowledge, an individual may have difficulties identifying what is needed in a rehabilitation plan. He or she may encounter difficulty in effectively using the rehabilitation counselor as a resource. Lack of self-knowledge of interests and preferences may limit career development. Limitations in self-awareness may also result in setting vocational goals that may not consider one's strengths and weaknesses, resulting in perceptions by others that the goals are unrealistic or unattainable.

The individual also needs knowledge of the world when exercising empowerment and informed choice. Examples of knowledge areas include knowledge of possible options (work, education, independent living, social), available resources and services, laws and funding possibilities. Individuals must also have knowledge of their rights and the systems they must navigate to get necessary services. If an individual has not had the opportunity to acquire such critical knowledge, he or she may be limited in ability to take control and be effectively empowered. There are various ways of acquiring knowledge if the individual with a disability is limited in his or her ability to understand the complexities of the rehabilitation process. For example, when an individual has cognitive limitations, his or her supporters (e.g., family, friends, advocates) can help provide the knowledge necessary for the rehabilitation process.

VR counselors are required to provide consumers with sufficient information so that the consumer can exercise empowerment and informed choice. The Rehabilitation Act and its regulations require the VR system to assure that persons with disabilities, including those with the most severe disabilities, be given information and opportunities to choose their own goals and objectives, services and service providers. Furthermore, the Act requires that the Individualized Plan for Employment (IPE) "be developed in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services..." (Sec 102(b)(1)(B)(x)).

VR counselors and supervisors need knowledge to be empowered, just as consumers do. For example, the VR counselor's ability to find appropriate supports, connect the consumer to community agencies or employment opportunities, and support the empowerment of the consumer depends on his or her knowledge of resources, options and possible solutions. One of the most critical knowledge areas for today's VR counselor is an understanding of cultural

diversity and its implications for VR counseling. Empowerment and informed choice are impacted by the knowledge of both consumer and VR counselor while supported by supervisors, administrators and the VR system as a whole.

- **Resources**

Resources are essential in the VR process. Rehabilitation resources include the services of a qualified rehabilitation counselor, adequate funding for services, accommodations and modifications (including assistive technology), transportation and a support network. Access to vocational training, mentors and jobs are also important resources. Knowledge of and connections with culturally appropriate resources are also important. Achieving success in addressing severe disability often hinges on finding the necessary resources in a baffling and overburdened system.

The VR system's ability to provide appropriate resources is important, too. Systemic resources, such as community relationships and supportive policies, can create an atmosphere in which consumers and counselors successfully achieve the consumer's goals. The VR counselor's ability to identify, utilize and coordinate with resources is also a key to a successful VR process.

- **Skills**

To effectively direct one's own rehabilitation, a number of skills and competencies are important. These can include effective communication skills (both spoken and written), assertion and self-advocacy skills, organizational skills and planning and problem-solving abilities. Other skills and competencies include listening and learning skills, negotiation and compromising ability, self and system evaluation and monitoring skills. Not all such skills are inherent in individuals. There are several ways to address consumers' needs to develop these skills. They include training and supports through counseling, referral to community-based programs (e.g., community colleges or rehabilitation providers), and the use of mentors. To address this need, public VR agencies may even have to develop new resources.

As with previous barriers, VR counselors need those same skills to assist in achieving successful outcomes. Counselors also need effective communication skills, assertion and self-advocacy skills, organizational skills, planning and problem solving abilities, listening skills, negotiation and compromising ability and self and system evaluation and monitoring skills. The need for cultural sensitivity is one challenge in communication and other skill areas influencing the VR process. Cultural sensitivity requires a systemic support, from top to bottom, of responding to cultural differences as they impact the counseling and high quality employment processes.

- **Disability-Specific Obstacles**

In some cases, functional limitations may serve as barriers to self-direction. For example, cognitive disabilities (problems comprehending, organizing, and retaining new information; difficulty making an appraisal of one's own competencies, and difficulty making vocational choices) hinder self-direction. Likewise, the motivation and energy that are required to take charge over one's life and rehabilitation may be limited by any disorder that depletes energy and negatively influences the capacity to experience enthusiasm and interest.

Some disabilities impact communication skills or the capacity to make judgments. While individuals with these impairments are equally entitled to become empowered and self-determined, creative strategies may be needed to enable them to self-direct. When disability-specific barriers are present and cannot be alleviated, it is important to include supportive family, friends, advocates or others in the VR counseling process.

Disability-specific obstacles can be external to the consumer. For example, a local VR office that has staff and administrators with a broad range of knowledge, skills and resources is more likely to have success with the VR process. An office without the necessary breadth, that cannot adequately meet the needs of individuals with particular disabilities, is less likely to have success.

- **Attitudes**

One of the biggest barriers to self-direction is attitude. It might be the attitude that is imbedded within a model defining how rehabilitation is accomplished. For example, the medical model casts the counselor as the expert responsible for making decisions for the consumer. Attitudes may stem from cultural, disability, gender or other biases in the counselor, the consumer or others involved in the VR process. The belief that the rehabilitation consumer is ill equipped or unable to make decisions for himself or herself can also be a formidable barrier. The powerlessness and lack of self-direction felt by people with disabilities are frequently related to the attitudes and practices of caregivers, service providers, funding agencies, social institutions and society in general. Powerlessness is seldom related to limitations or impairments resulting from the disability itself (Parent, 1993). Even professionals who believe they are working in the best interest of the consumer may be impeding personal choice and empowerment. Difficulties faced by people with disabilities are usually the result of "castification" processes within systems, relationships and individuals (Szymanski & Trueba, 1994). Castification refers to the disempowerment of people with disabilities. For example, a person with a disability who repeatedly interacts with people who take control away from him and who make decisions for him may stop attempting to make his own decisions or exercise self-direction. When attempts at self-direction are unsuccessful time after time, a consumer can lose the motivation to persist in those attempts. In order to address attitudinal barriers, an assessment of attitude (counselor, consumer, consumer representative) and its impact should take place. Remedies should be applied if issues arise that negatively impact a person exercising choice.

Counselors should be careful to avoid making decisions for the consumer based on the counselor's perception of the consumer's limitations. Biases may deprive the individual of available opportunities. It is essential to consider consumer interest, motivation, and perceptions of competence. The IPE and final outcome must be consumer driven and consistent with the individual's interests and choice of employment.

- **Dependency and Learned Helplessness**

For some individuals, the experience of having limited or no control over their rehabilitation or educational experiences can create a feeling of helplessness. The experience of disability frequently leaves individuals with a sense of dependency on professional service providers for the advancement of vocational and independent living goals, further impeding their efforts to achieve autonomy. Limited opportunity for varied life and learning experiences, limited opportunity for risk-taking and others' making decisions for persons with disabilities may interfere with their interest in and capacity for self-direction.

A strong case can be made for the efficacy of a rehabilitation model driven by involving rehabilitation counselors in the early and acute stages of recovery from serious injury or illness. Individuals in crisis need to quickly come to terms with a new reality thrust upon them. They can benefit from the expertise and guidance of rehabilitation counselors in making choices about their rehabilitation. The counselor can assist in choices for which such a consumer may not immediately possess relevant knowledge. For example, the individual in the acute phase of a disabling condition may not be prepared to participate fully in deciding the best course of treatment or, for that matter, whether one is clearly indicated. Unfortunately, control is not always returned to the individual as the illness remits. This is one way in which dependency continues.

The problems of dependency and learned helplessness are usually the product of a person's experience (or lack of) over an extended period of time. Enabling an individual to modify those experiences, with considerable support and time, may be necessary to reduce the barriers that these obstacles may create.

- **Fear of Failure**

The individual with a disability may be protected from the opportunity to take risks by well meaning professionals or caregivers. Taking risks, and sometimes failing, provides valuable self-knowledge and knowledge of the world around the individual. This knowledge is critical for successful self-determination. However, an individual may be fearful of taking on responsibilities due to anxiety about the outcome. Support, reassurance and encouragement are essential components of the counseling process that reduce anxiety and fear and enable, even encourage, the individual to take risks, recover and learn from mistakes, and move toward their chosen goals and dreams.

### • *Service Delivery System Barriers*

Is empowerment currently happening in the rehabilitation service delivery system? The answer is often “no,” and when it does happen, it is not consistent. An emphasis on meeting agency goals often creates conflict for VR counselors who fully support the consumers with whom they work. Many state and federal policies were originally implemented to benefit consumers. In practice, however, they have become the end rather than the means of empowering people with disabilities. For example, purchasing rules and regulations intended to safeguard against waste or fraud have become barriers to the speedy provision of some services. While the requirement to determine eligibility within a 60-day timeframe was developed to assist consumers in quick access to VR services, for many it has, in fact, delayed such access. In addition, large caseloads may yield greater numbers of employment outcomes to meet agency goals, but create hardship for consumers’ and VR counselors’ ability to form empowering relationships.

### *Structure and Rationale of Document*

With the exception of Chapter 1, each chapter of this document addresses a different audience. Several aspects of Chapter 1, “Toward an Empowered Consumer,” are important for understanding the rest of the document. These include the PSG’s vision, the definitions adopted by the authors, a brief history of the movement toward empowerment, the barriers to empowerment and the structure of the document.

The placement of “Empowerment and the Consumer/Individual,” Chapter 2, represents the belief that the empowerment process begins and ends with the consumer. James Omvig (2002) has written that empowerment is evident when “consumers take control of [their live(s)] and become the best that [they are] capable of becoming” (p. 52). Consumers and their families have a long history of advocating for structures that support empowerment. More than ever before, today’s consumer needs the tools of empowerment. American society is complex. Resources are dwindling. And the social, political and cultural climates require increased and sophisticated advocacy and partnership-building. The tools of empowerment, including informed choice, increase the likelihood that consumers will reach the goal of high quality employment.

Chapter 3 addresses the VR counselor. A crucial function of the VR counselor is the promotion of consumer empowerment. This is particularly true in light of the social and cultural changes in people with disabilities, the range and depth of traditional and non-traditional resources available to them, and the decrease in available fiscal and human resources. Better professional and consumer expertise and collaboration will ensure improved consumer employment outcomes. In the end, an empowered consumer experiences social, economic, political and other benefits from high quality employment. In these times of shrinking resources and expanding cultural change, the role of the VR counselor is even more critical than it has been in the past.

Chapter 4 addresses the role and responsibilities of the VR supervisor/manager in consumer empowerment. The supervisor or manager is in a position to make the system work for, or interfere with, consumers and counselors. Providing the support needed for empowerment to be successful is a “wise investment, and must be understood and embraced as such by all VR professionals” (Omvig, 2002, p. 45). Supervisors/managers can find creative ways to allow change to occur. They can recruit and maintain counselors with attitudes and dispositions that support consumer empowerment. They can become politically astute and informed. They can provide counselors with professional development opportunities. And they can practice empowerment for themselves and their counselors. Consumer directed VR processes cannot exist without the active support of the local supervisor/manager.

In Chapter 5, we address VR agency directors/administrators. VR directors and administrators are important links between local VR offices and staff and state-level partners and legislators. The director/administrator is the facilitator of communication back and forth along the state-to-local and local-to-state feedback loop. The director/administrator needs to have a good working relationship with the executive and legislative branches of state government. In a sense, the director or administrator is a politician, too. S/he mediates the processes of deliberation whereby views of stakeholders are expressed, then seeks to create the changes necessary to make the VR system work the way stakeholders need it to work. Through courageous, thoughtful management of funding, staff development, policy-making, and partnership-building, the director/administrator can create a state VR system that supports consumer empowerment from the top-down and bottom-up.

Chapter 6 is addressed to policymakers. Policy can support or constrain empowerment. While policymakers cannot dictate attitudes or dispositions, they can consider and adopt policies that require strategies for empowerment. In addition, the ways in which policymakers structure their initiatives can hold the VR system accountable for consumer empowerment. Regulations, rules, directives, funding formulae, grant criteria, performance indicators and reporting requirements are a few strategies that can be constructed with consumer empowerment in mind. Policymakers can also listen to consumers and consumer organizations to understand what people with disabilities want from the VR system. Local- and state-level VR staff can share information about the intended and unintended consequences of policy. The broader community is also involved in policy through public hearings and formal or informal input. While difficult to do, policymakers can consider ways to seek input on legislative initiatives prior to enactment to avoid policies that do not result in consumer empowerment.

Finally, Chapters 7 and 8 address the role and responsibilities of community partners in consumer empowerment. These partners can be categorized in two ways: 1) third-party providers that provide services to people with disabilities, and 2) active consumer organizations that advocate for people with disabilities. Chapter 7 deals with third-party providers, while Chapter 8 addresses the role of consumer organizations. Community partners need to be integrally woven into the VR process and are key to the ultimate success of the consumer.

### Limitations of this Document

Any publication has limitations. The PSG members found that, in an effort to reach a wide audience, it sometimes becomes necessary to sacrifice depth. For example, while diversity (e.g., cultural, linguistic, gender, ethnic) is an important consideration, the scope of this document does not allow focus on any particular group or area of diversity. The authors have tried to acknowledge that empowerment and informed choice must be understood within the context of diversity. The PSG encourages all VR stakeholders to be aware of and sensitive to diverse consumer perspectives.

In addition, most efforts to be inclusive end with some form of exclusion. We have attempted to be as inclusive as possible in our discussion of the stakeholders in the VR system as they relate to consumer empowerment. It is possible that we have neglected some groups. Groups whose needs are not fully addressed include consumers with significant cognitive impairments, severe communication disorders or severe mental illness. Individuals with functional limitations may need an advocate to provide support throughout the VR process. If empowerment means that a consumer has control over his/her life, then in the case of a consumer with significant support needs, empowerment means the consumer has control over his/her life with the support of significant others or representatives of the consumer's choosing. This assumes that those significant others or representatives understand empowerment and the need to support consumer-driven processes to the maximum extent possible.

Again, the authors were not able to address some issues that are crucial if consumer empowerment is to become a systemic reality. Capacity-building strategies are needed, as are specific strategies for working with consumers who are members of minority groups or who have significant support needs. The tools described in this document are general and not necessarily the best for all consumers in all situations. Please assess the individual needs of consumers and create rehabilitation plans that meet those individual needs.

### Changing Systems, Changing Relationships

The 1998 Rehabilitation Act Amendments were the result of historical, social and political shifts in beliefs and values about people with disabilities. This document is a response to these shifts. Perhaps it will contribute to a new relationship between consumers and VR agencies and counselors. For this to happen, the Rehab Act must become more than legislative jargon. Empowerment requires the system to change the balance of power between the consumer and the system. Systemic structures must change to free VR counselors to support consumer empowerment. Consumers must see evidence that "the system" will support their efforts to be empowered and exercise informed choice. Yet in the end, empowerment boils down to changing relationships between all stakeholders in the VR system. The changes must occur up and down and all through the web of relationships that form the VR system.

### Study Questions

- 1. The 29th IRI Primary Study Group defines empowerment broadly as:**
  - (a) Control over one's life
  - (b) Consumer-direction
  - (c) Informed choice
  - (d) Self-determination
  
- 2. Which of the following does not define "informed choice?"**
  - (a) A decision-making process
  - (b) A pre-requisite to empowerment
  - (c) A list of viable options
  - (d) Access to and analysis of information relevant to goals
  
- 3. Empowerment is stated as the purpose of which of the following:**
  - (a) The Individuals with Disabilities Education Act
  - (b) The Fair Housing Act
  - (c) The Americans with Disabilities Act
  - (d) The Rehabilitation Act as amended
  
- 4. An essential element for overcoming barriers to empowerment is described in this chapter as:**
  - (a) Cognitive ability
  - (b) Self-knowledge
  - (c) Socio-economic status above the poverty level
  - (d) A qualified VR counselor
  
- 5. Skill sets needed to effectively develop empowerment:**
  - (a) Must be taught to consumers
  - (b) Are essentially the same for consumers and VR Counselors
  - (c) Do not include system evaluation and monitoring
  - (d) Are significantly different for VR consumers and counselors
  
- 6. Some functional limitations may present barriers to self-direction.**
  - (a) True
  - (b) False

## Chapter 2

# Empowerment and the Consumer/Individual

## Overview

Throughout the vocational rehabilitation (VR) process, it is the consumer's role (or family, support network role) to actively obtain information in order to make the most informed decisions/choices about going to work. To the fullest extent possible, it is the individual consumer who is primarily responsible for using effectively any available information, services or resources to achieve empowerment. It is the VR counselor's role to provide guidance and information related to choosing a job goal, services necessary to achieve the goal and employment.

**This chapter includes specific strategies consumers can use to exercise more control and choice during the process, and firsthand perspectives from consumers who exemplify empowerment.** Finally, in Appendix A, there is a brochure designed to support consumers as they navigate through the VR process to attain personal and professional goals.

There is a variety of factors that can diminish individuals' ability to exercise control in their lives and achieve personal empowerment. Low societal expectations, lack of opportunity, learned helplessness, employers' misperceptions, institutional bias and unresponsive bureaucracies all present challenges to consumer empowerment.

Collectively, the IRI Primary Study Group (PSG) has worked with hundreds of empowered individuals with disabilities. From this experience, several principles were identified that consumers use to achieve empowerment. These principles attempt to describe those individuals with disabilities who have overcome the societal and environmental barriers that exist. The following principles are not necessarily profound or surprising, but they do point to specific attitudes and approaches that seem to work consistently.

### • *Self-Determination*

*"I recognized that the degree to which I could control my life was directly linked to how much responsibility I was willing to accept for it. At times, it was easier to let others make choices for me, but I came to realize that their good intentions were gradually paving my path to dependency."* —Former VR Consumer

Empowered consumers view themselves as being the "primary causal agents" in their lives (Wehmeyer, 1994). That is, they assume responsibility for their lives and take deliberate actions based on their interests, abilities and beliefs. They are proactive rather than reactive, believing they can make meaningful choices about their behaviors, attitudes and actions. Rather than adopting the expectations of society, this proactive approach demonstrates an individual's personal sense of self.

### • *Partnering with the VR Counselor*

Partnering takes two. A consumer and VR counselor have the right and responsibility to participate as fully as possible in the process of getting a job. In some situations, family, friends and others become involved to provide support during the process. Empowered consumers do not abdicate responsibility for their choices, and in doing so maintain their own sense of self-determination and decision-making ability. As Dr. Martin Seligman stated, “The long period between infancy and our last years is a process of emerging from helplessness and gaining personal control. Personal control means the ability to change things by one’s voluntary actions; it is the opposite of helplessness.” (1990, p. 6) It is this process of personal control that is recognized in consumers who are empowered.

### • *Creative Problem Solving*

Creative problem solving is at the core of an empowered consumer’s life. “Impossible” or “can’t” are not part of the empowered person’s vocabulary (or that of family, friends and supporters). Rather, these words are replaced with “how” and “what if.” This “can-do” attitude promotes innovation and a determination to press forward until solutions are found.

Creative problem solvers are willing to question conventional assumptions and to think outside the box. To do this, these consumers draw on a variety of resources, perspectives and people. Inevitably, there are failures, disappointments, and mistakes are made. However, these consumers are motivated more by the prospect of succeeding, reveling in the experience, than by the fear of failure. In short, creative problem solvers are willing to find solutions to problems that others deem to be insurmountable.

## *Empowerment Strategies*

Empowerment is a lifelong process. Many individuals with disabilities are able to overcome obstacles and demonstrate individual empowerment to succeed. The VR process can be confusing. Consumers need to understand the process and at the same time recognize the limits and parameters of the program. Consumers have the right and should be encouraged to ask as many questions as needed to fully understand their responsibilities and expectations of the VR program. In this section, specific strategies are described that consumers can use to support an empowerment approach to VR.

• ***Base employment/career goals on personal interests and aspirations rather than on perceived limitations. Ask yourself what you would do if you didn’t have a disability. Don’t hold back—the sky is the limit.***

Too often consumers base employment/career choices on their disability rather than on their inspirations, interests and real abilities. That is, they use disability to screen out and

limit career options. When asked “What kind of a job would you like to do if you didn’t have a disability?” consumers often indicate careers and jobs that differ (sometimes significantly) from their original considerations.

For example, one consumer selected “teacher’s assistant” as a vocational goal. When asked by another counselor what she would do if she did not have a disability, the consumer responded, “I would be a teacher, of course.” Fortunately, this same individual (with the encouragement of peers and the inspiration of role models) went on to become a teacher. However, the realization of her aspiration could only be achieved once she was able to put the disability into proper perspective and determined to base her choices on her true interests instead of on stereotypes and low expectation.

### • *Be an Advocate!*

Consumers who are empowered are believers in their own choices, needs, rights and ideas. As their own best advocate, these consumers are willing to speak up for themselves rather than to capitulate at the first signs of disapproval or conflict. This self-assurance allows them to negotiate effectively and to collaborate with service providers. Consumers who are able to self-advocate understand their rights and are willing to pursue more direct measures when necessary to accomplish their goals.

In addition, self-advocates are change agents, both in their own lives and in the broader community. This is evident in their willingness to become involved, to educate others and to challenge the status quo. In return, their involvement in the communities in which they live often results in innovative solutions and consensus building.

### • *Become Informed (Informed Choice)*

Empowered consumers are informed consumers. Empowered consumers identify their employment goals, interests and skills (with or without the assistance of rehabilitation professionals). With the consumer’s approval, family, friends and other supporters may need to be provided information at times to assist in supporting the consumer’s vocationally related decisions. Recognizing their responsibility and role in the development of their Individualized Plans for Employment (IPEs), empowered consumers actively gather information about service providers, technology, employment options, training alternatives and other areas that may impact their rehabilitation programs. This is in contrast to some consumers who passively participate in writing their IPE and who expect rehabilitation professionals to provide them with all relevant and appropriate information.

Information gathering is not limited to data collection. Rather, empowered consumers draw upon the firsthand experiences and wisdom of other consumers, role models and mentors. Consumers use this confluence of information to identify appropriate options and to make choices that reflect their goals. They are willing to engage in this process, regardless of the time

and effort it may require, because they understand that the type and quality of information they receive is inextricably connected to their success.

#### • *Be Involved in Community*

Empowering begins with being involved and active, not only with the VR agency, but also in the community. There are many benefits to becoming involved in the community. Community involvement helps a person develop a broader knowledge and understanding of the opportunities available for employment. The more people who know you, the more contacts you have who can help you with finding a job. These are the opportunities to develop relationships which expand the awareness of the community and civic members to the value individuals with disability bring to the community.

Community involvement provides opportunity for skill development. Going to work means developing skills. There are many “soft skills” needed in the work place. Soft skills are the social skills and knowledge that make working with others easier. Think about opportunities to learn these skills that are available through volunteer efforts in the community as well as throughout the VR process.

#### • *Be a Leader*

One critical aspect of consumer empowerment involves applying one’s perspective and passion as a self-advocate by taking on leadership roles in one’s broader community. To achieve social change over time, disability advocates must interact with the broader society to encourage inclusive, accessible practices and programs and to help change public attitudes about the capabilities of disabled people. A few examples of leadership opportunities might include the following:

- ✓ Running for the board of a neighborhood association or community group.
- ✓ Being responsible as a leader at one’s place of worship.
- ✓ Running for the school board or other public office.
- ✓ Serving on an advisory board for a local transit agency, public library or recreation facility.
- ✓ Becoming a member of a local non-profit consumer advisory board.

By taking time to contribute to community organizations, people with disabilities have an opportunity to expand the circle of support for disability rights, learn new skills, make new contacts and create inside tracks for effective advocacy. Other avenues for community involvement might involve writing a column for a local newspaper, volunteering at a local school or mentoring a young person. How an individual asserts leadership locally will differ depending on the skills, priorities and preferences of the person. The point is this: when empowered consumers take their leadership into the broader community, they change attitudes, improve programs and decision-making, and expand their personal horizons

#### • *Know Yourself-Develop Your Individual Philosophy!*

Consumers’ expectations and beliefs about their own abilities, potential and competence influence every aspect of their rehabilitation programs – from developing an IPE to becoming independent or actually securing and maintaining quality employment. Unfortunately, the average person views “disability” as a tragedy, something to fear or a lifelong sentence to dependency.

People with disabilities themselves, being part of the larger community, are just as likely to adopt these widely held misconceptions as anyone else. Many people with disabilities undervalue themselves and what they have to offer. Hence, one step toward empowerment is for the consumer to articulate clearly and to define his/her personal philosophy of disability. Without deliberately and honestly assessing our own beliefs about disability, we are likely to adopt those of society. In addition, by defining our own philosophy, we establish a standard by which we can measure our own behavior, attitudes and actions.

The National Federation of the Blind, for example, has a clear philosophy of blindness. While it was developed specifically for the blind, it serves as a powerful example for people with other disabilities to use as they develop their own personal philosophies. It is as follows: “With the right training and opportunity, blindness can be reduced to the level of a nuisance.” This simple statement motivates thousands of blind persons and sets forth a direction they can follow to attain success. This example along with the following questions may help you to clarify your current beliefs about disability and develop a philosophy of your own. Do your responses support a healthy and positive attitude towards disability? If not, how can your personal philosophy address these misperceptions?

- ✓ Do people often refer to you as “amazing” for doing those tasks considered to be commonplace for non-disabled persons? Do you believe them? That is, do you think you are amazing or extraordinary for doing what everyone else does in the course of a day? If so, consider what this belief indicates about the expectations that you and others hold for persons with disabilities.
- ✓ What activities do you refrain from because of your disability? Are your reasons for doing so legitimate, or are they founded on fear and insecurity?
- ✓ Do you believe that, with the right training and opportunities, you could compete with your non-disabled peers?

#### • *Align Your Actions with Your Philosophy*

Developing a philosophy of disability is only the first step. The real challenge comes in living it. How we spend our time, the activities in which we engage (or do not engage in, for that matter), the meetings we attend, the contributions we make and the people with whom we associate reflect our values and beliefs. Assessing how and if our outward behaviors reflect our inner values/personal philosophy is a critical step in the empowerment process. Of course this is

not easy. It requires that we are brutally candid with ourselves and that we deliberately juxtapose our actions with our values.

Examine the activities, conversations and meetings in which you participated yesterday.

- ✓ What do they say about you?
- ✓ Do they reflect your values and personal philosophy?
- ✓ Identify two things you could do which would align your actions with your values and personal disability philosophy.

## ***Enhancing Participation in the Vocational Rehabilitation Program***

*“Successful people believe in their own ability. If you are already pumped up and ready to take on the working world single handedly, three cheers!” (Witt, 1992)*

### **• Know Your Rights—Client Assistance Programs**

The Rehabilitation Act of 1973, as amended, establishes a variety of consumer protections and rights such as the informed choice provisions and the right to appeal decisions. Truly empowered consumers understand their rights or at least know where to go to learn more about them.

In order to help consumers understand their rights, the Rehabilitation Act established Client Assistance Programs (CAPs). These programs are designed to provide free and confidential services to consumers or applicants of VR programs. Specifically, CAPs advise consumers of their rights and responsibilities in the process of obtaining rehabilitation services, assist consumers in appealing agency decisions, and explain specific benefits and services available to individuals with disabilities.

- ✓ Request that the CAP provide a guide specific to the consumer’s state VR agency.
- ✓ Most CAPs have developed a guide that addresses everything from eligibility criteria to due process proceedings.
- ✓ Consumers have the right to appeal any decision made by the VR agency and can request a copy of the agency appeal process rules.

### **• Ask Questions**

For those consumers not yet ready for the working world on their own, a sample consumer booklet is located in the appendix of this manual which provides guidance to navigating the VR program. Asking questions of the VR Counselor is the key ingredient to enhancing the VR experience. Here are some topics to ask about:

- ✓ The VR process: It is important to have knowledge and understanding of the

process, as well as a clear understanding of the limits and parameters of the program.

- ✓ Consumer rights and responsibilities
- ✓ Choosing a job goal: The end result is to find employment that matches your interests, aptitudes, skills and abilities.

### **• Choosing a Job Goal**

The VR program operates on the premise of good job matching. Good job matches occur when a consumer chooses an occupation that is consistent with his or her attributes (interest, strengths, skills, aptitudes, etc.), the job qualifications and the demand for those skills in the market place.

Here are some methods for developing skills for job matching throughout the VR process:

- ✓ Job Seeking Skills Groups: Participate in small groups designed to improve completing job applications, interviewing, writing resumes and providing support throughout the job search.
- ✓ Labor Market Surveys: Contact employers to learn more about specific industries and expectations of upcoming job opportunities in your area.
- ✓ Informational Interviewing: Interview employers to learn more about training programs and their industries.

### **• Involvement in Consumer Organizations**

Consumer organizations play a crucial role in the lives of people with disabilities and in the VR process. These organizations offer consumers support, opportunities and hope in ways that are beyond a VR agency’s ability. Whether through peer mentoring, leadership opportunities, career exploration, role modeling, or disability-specific training, consumer organizations are invaluable resources for VR consumers.

In addition, because consumer organizations represent the collective voice of their members, they offer broad-based and firsthand perspectives on the effectiveness of VR policies and programs. They advocate for specific program improvements, and they often interact with policymakers (on both the local and national level) to promote needed changes to the Rehabilitation Act and other statutes which impact people with disabilities. Get involved! Consumer organizations are run by and comprised of volunteers; there is always work that needs to be done. The following are suggestions for becoming involved:

- ✓ Locate consumer organizations in your area that you may be interested in joining.
- ✓ Attend a function hosted by a consumer organization, including a state convention, local chapter meeting or social event.

### • *Attending and Participating in Consumer Groups and Opportunities Provided by the VR Agency*

Attending and participating in consumer groups and opportunities provided by the VR agency are opportunities to get to know others who might be helpful and supportive throughout the VR process. Whenever possible, it is advantageous to participate in local VR office consumer groups and in the functions hosted by these groups. VR consumer groups offer opportunities to develop leadership skills, confidence and relationships that can enhance the VR experience.

Consumer groups have had significant input into the following areas:

- ✓ Changes to the Rehabilitation Act during each reauthorization.
- ✓ Policy changes and VR service delivery including informed choice.
- ✓ Changes that need to be made on local, state and national levels in order to address consumers' needs.
- ✓ Education and advocacy with legislatures regarding programs for people with disabilities.
- ✓ Education and training for people with disabilities.
- ✓ Design of annual consumer conferences.

### • *State Rehabilitation Councils*

State Rehabilitation Councils were established as a mandate by Federal law. The State Rehabilitation Council members are people with disabilities, former VR consumers, family members, advocates, educators and employers. Council members donate their time to this valuable entity. The council works to advise the VR program in the state regarding the use of resources and services that lead to employment of people with disabilities. Becoming a member of the State Rehabilitation Council is an opportunity to work with people with disabilities, a network of people who are always striving to improve the rehabilitation program and develop leadership skills.

### • *Helping Others*

Whenever possible, seeking the support of others who have been through the VR process is helpful. Consumers who have been through the VR process can provide a wealth of expertise and feedback to the VR counselor. Often consumers will write to the counselor or office director about their VR experience.

## *Summary & Case Study*

Being involved in the VR process can be a rewarding experience for the consumer,

family, friends and supporters. The VR program has been driven by consumers throughout history to respond to the individual needs of a person with a disability who wants to go to work. The focus is to provide avenues to share information and responsibility for determining the services needed by partnering with the VR counselor to successfully go to work. Below is a case study which is exemplary of developing consumer empowerment throughout the VR process. This is a true story of self determination, partnering with the VR counselor, developing the IPE and becoming successfully employed with the assistance of the VR program.

## *CASE STUDY: A PUEBLO CONSUMER*

Matt is a resident of the San Juan Pueblo who applied for services with the Department of VR (DVR). He is a member of the San Juan Pueblo tribe and was raised in a Native American household in Albuquerque with close ties throughout childhood to his tribe and his culture. At the time of application, he had just completed a residential treatment program at San Juan Pueblo for alcoholism. Following his release, he had moved into his family home in the pueblo and had begun working for the nearby casino. He had been in treatment numerous times before but had always relapsed within a short time. This was his first application for services from DVR.

His counselor had made a practice of going to the treatment facility once a month to present VR information and take new referrals. Matt had been present at one of these presentations and decided to apply for services. His initial interview was conducted at the DVR office. At the beginning of the process, he felt some reluctance to ask for help, and he was concerned that his counselor would see him as a stereotype—"the drunk Indian." However, he states that he had "reached a degree of humility and realized it's ok to ask for help," and he was determined to do whatever it took to remain sober.

He found his counselor, Denise Stone, very easy to talk to and supportive of his plans for maintaining sobriety. He did not feel looked down upon, as he had feared might happen, but instead felt supported and respected. Although it is more common for people coming out of the treatment program to be unsuccessful in maintaining sobriety and returning to the workforce, his counselor began with a positive attitude and belief that he could be successful. He felt encouraged by this constructive approach, and they developed a relationship of mutual respect. The development of a courteous, respectful relationship is an integral part of interactions, business and otherwise, within most Native American communities. It is critical to the success of this case.

He was given the lead in developing his IPE and, later, in amending it to meet his evolving needs. During the process he developed increased self-confidence as he stated his needs and felt they had been validated by his counselor. From the beginning, he focused on the importance of maintaining sobriety so he and his counselor organized his services to meet this need.

He was successful in making the transition from the treatment center to independent

living, attending recovery support groups and maintaining gainful employment. His existing skills as a cook were utilized in his employment with a casino. During the course of his case, Matt developed good skills in navigating the DVR system, addressing his own disability needs and developing a healthy lifestyle within his community. Toward the end of his case, his counselor suggested that he consider employment in a grant program associated with DVR working as a liaison with Native American communities to assist community members in accessing DVR services. Although he felt complimented by the suggestion, he decided that he needed to focus his attention on establishing his recovery and that such a drastic vocational change would not be in his best interest at that time.

A year later, his counselor again contacted Matt. The liaison position was again open. Was he interested? By this time, he had been diagnosed with rheumatoid arthritis and was experiencing serious physical symptoms that were interfering with his employment as a cook. He had worked hard and sustained his recovery and he was open to change. He felt confidence in the relationship that he and his counselor had previously established and in his ability to advocate for himself. This confidence allowed him to move beyond his normal “comfort zone” and into a vocation far different from what he had previously experienced.

Today he works in the American Indian VR Program (AIVR) as a liaison to the San Juan, Santa Clara, Pojoaque, Nambe, Tesuque, and San Ildefonso Pueblos and the Jicarilla Apache tribe. He provides direct assistance to Native American consumers in understanding the mission and services of DVR, conducts initial interviews, makes presentations to tribal groups and works with VR counselors to deliver appropriate services and follow up with employment needs of consumers. His part of the AIVR Program is considered to be one of the most successful in the state. He is attending classes to become a certified public accountant.

## Study Questions

- 1. For an empowered consumer, being in control of the VR process means:**
  - (a) Making financial decisions to complete the IPE
  - (b) Accepting primary responsibility for outcomes
  - (c) Choosing the best VR Counselor available
  - (d) Finding his/her own job
  
- 2. An empowered consumer bases career goals on:**
  - (a) His/her vocational evaluation information
  - (b) The guidance of the VR Counselor
  - (c) A realistic assessment of the job market
  - (d) Personal interests and aspirations
  
- 3. Having an individual philosophy of disability requires**
  - (a) A complete understanding of physical limitations of disability
  - (b) Learning about the Americans with Disabilities Act
  - (c) An honest assessment of personal beliefs about disability
  - (d) Adopting the views of family and community
  
- 4. Which of the following actions can consumers take specifically to enhance and improve their participation in the VR Program?**
  - (a) Ask the VR counselor many questions
  - (b) Learn about the Client Assistance Program
  - (c) Accept the counselors' suggestions for job goals because they are the professionals
  - (d) Learn about upcoming job opportunities in your area
  
- 5. To make an informed choice in the VR process an empowered consumer may**
  - (a) Depend on a qualified VR professional to provide all the information necessary
  - (b) Interview employers to learn more about industry training programs.
  - (c) Play a passive role in writing the IPE
  - (d) Read information provided only at the VR office

*Chapter 3*

## Self-Direction, Empowerment and Informed Choice: Implications for the Practice of Rehabilitation Counseling

### *Overview*

For the rehabilitation counselor practicing in the public vocational rehabilitation (VR) program, the issue of enabling and ensuring consumer choice is a critical one. Focus on consumer participation and decision-making in the consumer-counselor relationship is the key to defining choice and fostering empowerment (Rehab Brief, 1994). The counselor not only has the responsibility of turning over the control of the consumer's rehabilitation plan to the consumer, but also that of assessing the consumer's needs and desires with respect to readiness and capacity to self-direct. The charge is to enable the consumer, through the provision of counseling and other services, resources and supports, to develop the readiness and capacity for choice and self-direction. At the same time, the potential for conflict exists. The counselor functions within a complex bureaucratic system and has the responsibility of providing responsible and ethical clinical and case management services. While typically these responsibilities are not in conflict with consumer empowerment, there may be occasions when, in the counselor's professional opinion, the consumer's choices depart from what may be indicated analytically, resulting in a professional, administrative and possibly ethical dilemma. Therefore, while fully agreeing with the value and importance of choice and self-direction, the counselor may find him or herself in a complicated and precarious position.

The public VR program's consumer base has changed. Individuals without significant disabilities can frequently receive effective services from a variety of sources: the one-stop system, private rehabilitation service or insurance companies. The public VR program is frequently the last resort for many individuals. People do not come to the door of the VR program from a position of power. Many are frightened and are dealing with multiple and complex issues that may require extensive support. Being empowered is not the first thing on the minds of many individuals.

**The focus of this chapter is on the specific charge of the VR counselor in the public VR program to promote empowerment for the rehabilitation service consumer.** The IRI Primary Study Group (PSG) will present an overview of the need from the rehabilitation counseling perspective, a review of the roles and functions of the rehabilitation counselor, a discussion of the potential barriers to empowerment from the counseling perspective, providing a discussion of a consumer-directed model of rehabilitation counseling that promotes consumer choice and direction of the VR process. The PSG will provide a discussion of specific rehabilitation counseling actions and strategies that enhance and enable choice.

Being a good VR counselor does not automatically mean you empower the individuals on your caseload. Empowerment does not naturally flow out of good counseling skills. It requires great skill on the counselor's part to create a relationship where empowerment can develop. It demands that counselors always analyze how to use their abilities to help consumers successfully take control. But what if individuals being served are not interested in being empowered and would prefer to be directed? Haven't many consumers learned how to be "good clients," intuitively knowing that good clients frequently get more? What if they have limited cognitive ability to understand the consequences of the decisions they make? What does the counselor do then? These situations represent a portion of every caseload in the country. They represent predicaments counselors face every day.

The delivery of rehabilitation services through the public VR program is a highly individualized process. While regulations exist at Federal, State and local levels, the professional VR counselor is the conduit by which services are provided to rehabilitation consumers. It is largely the relationship between the consumer and counselor that will determine whether the consumer's experience with the public VR agency meets his or her needs. Moreover, there is tremendous diversity among the cultures, values, interests and abilities of individuals seeking services, the disabilities and the impact of these disabilities, supports and resources available. The intercorrelations among these important factors demand that each interaction between rehabilitation consumer and counselor be unique, and present both opportunity and challenge for both parties. The IRI PSG believes that the essence of empowerment takes place at the level of the consumer-counselor relationship, where the unique roles of the two individuals are defined not by power or title, but by areas of expertise and experience. The counselor is experienced in rehabilitation services and delivery, and the consumer, experienced and invested in the pursuit of his or her unique interests and dreams as well as his or her service needs and how those needs should be met.

Furthermore, the PSG sees empowerment as inherent in every individual, and seeks to assure that this attribute is maximized through the VR experience. Empowerment therefore is not something that counselors "do" to a consumer. It is an overriding principle or context by which the relationship between consumer and counselor is defined. Accountability for empowerment resides jointly with the counselor and consumer.

Finally, the PSG wishes to recognize and acknowledge that counselors often face the realities of large caseloads, fiscal constraints and administrative or system requirements. The strategies recommended in this chapter reflect the authors' findings with respect to counselor actions that, based upon an extensive review of the issues, we believe optimally promote empowerment. We recognize the possibility exists that for some counselors, in some situations, constraints may preclude optimal empowerment-oriented action. Nonetheless, we strongly encourage counselors to be ever mindful of the value of and need for empowerment, and to seek out the flexibility and resources necessary to effectively promote empowerment through each and every interaction with the VR consumer.

### *Role and Functions of the Rehabilitation Counselor*

The role and functions of the professional rehabilitation counselor have been debated over the years. Most current thinking reflects a multifaceted role where the VR counselor is a skilled professional with clinical counseling skills and case management skills who coordinates the efforts of a multidisciplinary program designed to meet the needs of persons with severe disabilities (Rubin & Roessler, 2001). The Commission on Rehabilitation Counselor Certification (2001) scope of practice statement defines rehabilitation counseling as a systematic process that assists persons with physical, mental, developmental, cognitive and emotional disabilities to achieve their personal, career and independent living goals in the most integrated setting possible, through the application of the counseling process. The counseling process involves communication, goal setting and beneficial growth or change through self-advocacy, psychological, vocational, social and behavioral interventions. Unfortunately, the scope of practice statement does not emphasize, nor does it reflect, techniques for promoting self-direction and choice among the recipients of VR counseling services.

Much of the recent study of the role and functions of the rehabilitation counselor has focused on defining competencies, responding to demand for specialization (either in disability-specific areas or in skill areas), and sensitivity to cultural differences that might impact the counseling and VR process. Unfortunately, little has been written about the specific competencies that lead to empowerment and self-direction for the rehabilitation consumer. Schaller & De La Garza (1999) stress developing a counseling relationship with consumers that will encourage increased consumer participation in the VR process. Roessler and Rubin (1998) see involving the client in the problem solving relevant to independent living and vocational planning. They view VR counseling as action-oriented and goal-directed, focusing upon making vocational choices and determining avenues for achieving goals as important. They stipulate that the rehabilitation counselor represents the key person in the VR process and that it is the rehabilitation counselor's responsibility to involve the consumer in the planning process (Rubin & Roessler, 2001). Given the challenge of empowering rehabilitation consumers to direct the rehabilitation process, continued refinement of the roles and functions of the rehabilitation counselor would seem to be a critical need for the profession of rehabilitation counseling. There must be continuing emphasis on increased consumer participation and involvement in all rehabilitation programs at all levels of operation (Seelman & Sweeney, 1995).

### *Rehabilitation Counseling within a Consumer-Directed Model of Empowerment*

Many attempts have been made to define empowerment and choice as they relate to the public VR program. Fawcett, et al, (1994) defined it as the process of gaining some control over events, outcomes and resources of importance to an individual. Gutierrez (1990) viewed empowerment as the process of increasing interpersonal power so that individuals can take action to improve their life situations. Ozer & Bandura (1990) posed that empowerment is self-efficacy,

which is defined in terms of one's ability to perform particular tasks and gain control over a situation.

In order to identify an approach to VR counseling that promotes consumer direction and control, counselors are required to make a conceptual shift from an orientation that emphasizes the role of the professional as the decision maker to an approach that insures that the authority and power lie with the consumer. Kosciulek (1999) proposes a consumer-directed theory of empowerment as a model for guiding the development and evaluation of VR services. He defines consumer-direction as a philosophy and orientation whereby informed consumers have control over the policies and practices that directly affect their lives. As an underlying assumption of this theory, Kosciulek posed that consumer directed rehabilitation programming is based on the presumption that consumers with disabilities are the experts on their service needs, how those needs are met, and the effectiveness of services addressing these needs.

For consumers who enter the public VR program with clearly defined goals and an understanding of their service needs for attaining these goals, the role of the rehabilitation counselor is clear. The counselor draws upon a fund of knowledge, resources awareness and counseling skills to facilitate the consumer's plan (Bishop, 1999). It is when the consumer, for any number of possible reasons, is unclear about goals, needs or resources and/or is unable to self-direct that the counselor must implement a different approach. In addition to resulting in a successful employment outcome and, even more important, in a consumer-directed model, this approach should provide the encouragement, services and supports that will result in empowering the consumer through enhanced knowledge and skills to be self-directed.

### ***The Role of the Rehabilitation Counselor in Addressing Empowerment***

Individuals seeking services from the public VR program encounter barriers that may interfere with empowerment and may ultimately result in an inability or limited ability to exercise informed choice in planning and directing their own programs of rehabilitation. These barriers are varied and may impact the consumer of VR services through such factors as limited knowledge, skill and resources; through the attitudes of professionals and other individuals with whom they live, learn and work; and through disability-specific and psychological factors they encounter.

Not every individual with a disability encounters barriers of the same type and magnitude. Each individual and his or her situation differ. The PSG believes that an understanding of the possible roadblocks to empowerment encountered by consumers is critical to enable the counselor to ensure empowerment in the rehabilitation process. A more detailed description of potential obstacles has been included in Chapter 1 of this document.

In providing services to the consumer, including those enabling the consumer to make choices and direct the program of rehabilitation, the VR counselor needs to assess the degree

to which the consumer is empowered and/or the consumer's interest in and capacity to become empowered. This can be done through the counseling relationship and facilitated through the use of surveys or questionnaires developed to assess empowerment in VR consumers. Examples include the Personal Opinions Questionnaire (Bolton & Brookings, 1996) or the Making Decisions Scale (Sciarappa & Rogers, 1991). Barriers that might interfere need to be identified for each individual, and the necessary services and supports should be provided as part of the consumer's Individualized Plan for Employment (IPE) to assist the consumer in reaching the goal of empowerment. This goal should be viewed with the same level of importance as attaining an employment outcome, to assure not only that empowerment is a part of VR service delivery, but that, ultimately, empowerment is an outcome of the consumer's experience with the public VR program.

### ***Practical Actions and Suggestions for Counselors to Promote Choice***

The remainder of this chapter will focus upon the strategies and recommendations for the practice of consumer-directed rehabilitation counseling. The VR system has traditionally placed power and control in the hands of the professional rehabilitation counselor. Prior to the emphasis on empowerment and consumer control, professionals tended to have the final say in the decisions that we now recognize could and should be the decision of the consumer.

To empower consumers, VR counselors should use the counseling and guidance relationship to clearly define the parameters of the process from the start and help consumers map out how they will take control at each step in the process. This involves rather complex dialogue with consumers, if necessary, helping them to understand how to direct their rehabilitation. Part of this process is helping consumers think about who else they would like to have involved, what that involvement would look like and how to ask for it. It could be as simple as helping consumers develop questions to ask themselves and a variety of people in their life. The following are sample questions that might be useful:

***What type of support will help me succeed?***

***What type of work environment am I most suited for?***

***What do I view as my strengths, skills and talent?***

***What am I willing to do towards my plan?***

***Where do I want to be a year from now?***

***What accomplishment am I most proud of?***

***What concerns and issues do I have about working?***

***What are the things I need to think about before taking a job?***

***What information about me should be shared with an employer or service provider, and what shouldn't?***

The following are recommended counselor actions that enhance consumer choice and self-direction through the VR counseling process. These recommendations are organized to correspond with the timeline of the VR process (e.g., referral – assessment – eligibility – planning – service delivery – placement – follow-up); however, we realize that the actions promoting empowerment extend from the initial contact with the consumer through follow-up.

***Assure that consumers have real choices and are in control of decisions in all phases of their rehabilitation.***

The VR counselor should strive to be an advisor, consultant and mentor. To accomplish this requires a shift of power from “the system” and counselor to the consumer. It is critical that the counselor understand the consumer perspective. The counselor and consumer need to discuss and mutually agree upon the amount of control, responsibility and risk the consumer is willing and able to accept. Each of these factors, from the consumer’s perspective, brings an array of choices and decisions.

Furthermore, empowerment is a maturation process that occurs over time. Counselors go through a maturation process of learning how to assist consumers to take control, as well as learning to provide the necessary support without falling into a directive role. Many consumers may feel safer when the counselor takes the control. Because of past experiences, consumers may be more accustomed to working with professionals who automatically assume control in the counseling relationship, at least initially, until their comfort level with their surroundings and demands increase. Unfortunately, some professionals may be unwilling or unprepared to relinquish control. It is a delicate balancing act to provide the appropriate amount of counseling, support, information and direction without overwhelming the consumer or taking control. This is particularly difficult when the counselor is faced with high caseloads or inflexible system or administrative requirements.

The counselor must believe that consumers desire and value empowerment, and that they want the control and will ultimately take the responsibility. Moreover, if the consumer has not assumed control, it is the VR counselor’s job to assist him/her in determining how to go about the process of accepting control and responsibility.

***Address administrative constraints to empowerment.***

When VR counselors focus on empowering individuals seeking employment, they must find a way to shift the emphasis from meeting the needs/requirements of the VR agency to those of the individual who is seeking employment. Counselors participate in changing service delivery in a manner that will emphasize empowerment and support the individual’s efforts to take a lead role in decision-making related to his or her VR programming. While the

essence of this shift occurs in the counselor-consumer relationship, it must be supported by the VR supervisor and administrator to assure that the “system” complements and supports the self-direction goal of the consumer-counselor partnership. Specific recommendations to address system based barriers to choice and self-direction are found in other sections of this IRI document.

***Define roles, responsibilities and expectations explicitly.***

Again, empowerment requires a partnership between the VR counselor and the consumer. The counselor’s role is to provide guidance and facilitate the VR process with knowledge of the rehabilitation system, an understanding of empowerment, information regarding resources and current labor market trends. While the counselor ultimately approves the IPE, making decisions is the responsibility of the consumer. Following are some important tips for counselors to build an empowering relationship:

- Define your role as a consultant/mentor and the consumer’s role as director.
- Take whatever time is necessary to define the responsibilities associated with each partner’s role.
- Discuss the expectations that the consumer has of the partnership.
- Discuss your own expectations of the partnership.
- Explain and encourage the individual’s rights as a consumer of VR services, including the right (and responsibility) of choice.
- State your expertise and experience clearly and honestly, and explain how this expertise might be used by the consumer in the pursuit of his or her goals.
- Give examples of how you and the consumer might work effectively together.
- Negotiate responsibilities and expectations.
- Recognize that your opinions, biases and prior experiences as a counselor may not be shared by the consumer.
- Respect the opinions, values and experiences of the consumer.

***Understand your feelings about consumer control and self-direction.***

Attitudes that may stem from biases that VR consumers are either ill equipped or unable to make decisions for themselves can also be a formidable barrier. The powerlessness and lack

of self-direction felt by people with disabilities are more frequently related to the attitudes and practices of caregivers, service providers, funding agencies, social institutions and society in general, rather than to any limitations or impairments resulting from the disability itself (Parent, 1993). Even professionals who believe they are working in the best interest of the consumer may be impeding personal choice and empowerment. Szymanski & Trueba (1994) postulated that difficulties faced by persons with disabilities are not the result of functional impairments related to disability but rather are the result of “castification” processes embedded in social institutions (medical model) and reinforced by well meaning professionals. An assessment of attitude (counselor, consumer, consumer representative) and its impact must take place, and remedies applied if issues arise that negatively impact a person exercising choice.

Care must be taken to assure that VR counselors not make decisions for the client based on their own perceptions or prejudices about what consumers can or cannot achieve. For example, a counselor’s perception that a consumer could not achieve a particular vocational objective might preclude the necessary assessments to adequately evaluate the individual’s actual functional level. Such biases may deprive the individual of available opportunities and a realistic assessment of a level of functioning that might be improved with training, accommodations, assistive technology or other types of supports/learning. The consumer’s VR plan and final outcome must address the individual’s interests and choice of employment, not the counselor’s limitations.

Since attitude is such an important factor in empowerment and choice, self-evaluation of attitude by the counselor is very important. The counselor should examine his or her own thoughts, experiences and feelings about placing the consumer in control. The counselor should address any concerns he or she may have about empowering the consumer and the conceptual shift from professional expert (in control) to consultant who facilitates control by the consumer. VR counselors must be willing to challenge their preconceived notions and expand their professional expertise. If issues arise through counselor self-exploration activities, these should be addressed through supervision or other interventions or remedies to insure that the counselor’s attitude does not interfere with consumer choice and direction.

One action that may be beneficial in addressing biases that might conflict with empowerment of VR consumers is to participate in experiences and develop relationships with individuals with disabilities that are outside the context of the VR relationship. Participation with individuals with disabilities in everyday activities such as recreation or community action neutralizes the power differential and promotes a more accurate understanding of disability and disability culture, thereby providing the counselor with a more realistic perspective on the experience of disability and the value and importance of empowerment for consumers.

### ***Address disability related obstacles to empowerment.***

In some cases, manifestations of or impairments associated with a disability may

present a challenge to empowerment. For example, cognitive abilities such as comprehending, organizing and retaining new information, making an appraisal of one’s own competencies, and making vocational choices are considered important and sometimes requisite abilities for empowerment. Likewise, the motivation and energy that are required to take charge over one’s life and rehabilitation may be taxed by some conditions that negatively influence capacity to experience enthusiasm and interest.

Other disabilities may negatively impact communications skills or the capacity to make judgments. While individuals with such functional limitations are entitled to empowerment, different strategies may be necessary to promote it. The use of accommodations, assistive technology and supports, more extended periods of service, and involvement of advocates or significant others may be necessary to enable the consumer to be empowered, and therefore need to be a part of the VR program for these persons. For specific suggestions to support individuals with cognitive disabilities in implementing informed choice, see Appendix C, Rehabilitation Services Administration (RSA) Technical Assistance Circular (TAC) 98-01.

### ***Provide accurate information in a format that consumers can use.***

Knowledge of the world around the individual is also important to self-determination and self-direction of a rehabilitation plan. Knowledge of possible options (work, education, independent living, social), available resources and services, laws and funding possibilities are all examples of critical knowledge areas for self-direction in rehabilitation. Individuals must also acquire knowledge of their rights, as well as of the intricate systems they must navigate to obtain necessary services for success.

Consumers are much more likely to make decisions that make sense for their lives if they receive information and amass knowledge in a format conducive to their optimal learning style, requiring that the counselor develop an appreciation for how the consumer processes information. Developing an awareness of the consumer’s information processing needs and preferences, and providing the necessary accommodations and supports, while potentially demanding in terms of counselor time and resources, will enable the consumer to be more effectively involved in a reciprocal communication with the counselor. Knowing how consumers process information (understand, analyze and retain) allows counselors to assist the consumer to identify what type and source of information would be most useful to them and reinforces the value and confidence of knowledge about disability, the demands of the world of work, and rehabilitation resources that will lay the foundation for their decisions. In addition to modifying the format, pace and modality of information processing, it may be necessary to provide assistance in structuring and organizing information and planning. Again, RSA-TAC-98-01 (Appendix C) provides guidance and examples to assist VR counselors.

Accommodations and supports to address communication of complex information and concepts may be required. Furthermore, the consumer must develop a trust for the veracity of

the information provided by the counselor. This trust should develop over time in the counseling relationship. Credibility is established through establishing a relationship with the consumer, not simply through professing an established expertise on a subject.

Based upon their experience, counselors may develop and inadvertently convey a professional bias when they provide information about and recommendations for rehabilitation services. Counselors need to acknowledge that they may have biases, and should communicate these to the consumer to enable them to make informed decisions.

In many counseling relationships, the consumer may view the VR counselor as a superior in the relationship, and that any information or opinion that they offer may be taken to be the best way to approach a given situation or decision. It is important for the VR counselor to distinguish between the following two aspects of informed choice: providing information and offering opinions. While it is generally assumed that information relates to a body of knowledge or facts associated with an issue and that opinion reflects personal bias, even information may reflect somewhat the rules and traditional responses of the VR program providing services. Thus, the counselor should acknowledge the importance of these considerations in assisting the consumer to make an informed choice. Good advice should be individualized to the consumer's specific circumstances so that it can be understood and utilized. (See Appendix D, RSA Information Memorandum (IM) 98-03, Advice, Information and Choice.)

As professionals, counselors learn that there are practices, procedures, interventions, technologies, etc. that are indicated to address problem areas. We gain this knowledge through experience, research and training. It is important to share the rationale for why a particular practice or intervention is indicated (why it works, why it is indicated, past experiences, advantages and disadvantages) with the consumer. As consultants/experts who are interested in teaching sound consumerism to individuals receiving our services, we should not expect blind faith in the counselor's recommendations. In addition to ensuring a more informed choice, sharing such knowledge increases the consumer's base of knowledge and increases motivation to participate in the chosen services.

Furthermore, counselors should encourage consumers to obtain information from a wide variety of sources (in addition to the counselor) prior to making a decision. This could include developing a mechanism for providing feedback from other consumers who have previously used the services or resources. The counselor should also offer to assist the consumer in evaluating the pros and cons of information and recommendations. The more the counselor becomes a facilitator in the consumer acquiring reliable knowledge, relevant information and experience, the more empowered the consumer is likely to become.

A comprehensive resource on informed choice is available at <http://www.rcep7.org/conarch/choice/choice2k.htm> This website includes all materials to support choice issued by RSA, final reports from "Choice Projects," proceedings from the "Choice" national conference and other information that supports empowerment.

Consumers may expect VR counselors to identify problems and provide solutions, along with an explanation of the benefits of those solutions. Counselors are trained to be problem solvers and are accustomed to that role. In empowering and enabling self-direction, however, that role changes. Through the established relationship with the consumer, the counselor provides information the consumer has identified as important, and then, if indicated, assists the consumer in analyzing and choosing from an array of solutions. Sometimes when the consumer determines what information would be useful, the solutions that derive are not always as efficient or straightforward as the counselor might choose. However, because it is the consumer's plan and solution (choice), he or she is more committed to and focused on strengths and invested in effectively attaining the identified outcome of the plan. In this way, empowerment oriented VR counseling promotes and reinforces motivation and sustained effort.

### ***Assist in assessing and identifying the skills required for empowerment.***

In order to effectively direct one's own rehabilitation, a number of skills and competencies would appear to be important, if not essential. These might include effective written and spoken communication skills, assertion and self-advocacy skills, organizational skills, and planning and problem solving abilities. Other skills and competencies include listening and learning skills, negotiation ability, self and system evaluation and monitoring skills. Such skills may not be inherent in the individual but can be developed through training and supports. Training and supports might be provided through the counseling relationship. In some cases, referrals to community-based programs, such as community colleges or rehabilitation providers, might be the best approach. Mentors can also help consumers build new important skills. In order to truly promote consumer empowerment, public VR counselors and agencies may have to develop new resources to address the need for consumers to learn and develop these critical planning and decision making skills.

### ***Prepare the consumer for the needs of the VR system.***

The empowering counselor shares knowledge with the consumer that facilitates effective and efficient access to the VR system. Information regarding eligibility, timing, system parameters and requirements, financial need requirements, services and outcomes should be shared in an open and forthcoming fashion. For example, the counselor might begin by informing the consumer what background information is needed to aid in establishing eligibility and why the information is important and relevant to VR. The counselor might suggest that the individual communicate with medical providers and other professionals she/he has worked with and sign necessary forms in order to obtain information needed for eligibility to bring to the intake interview. In situations where the provider doesn't feel comfortable releasing information to the individual, the consumer can request that it be sent directly to the VR counselor. This encourages an active "lead role" for consumers.

One strategy is to make changes in the way the initial or intake interview is conducted. The individual seeking employment arrives for the interview and either brings needed information or informs the counselor that arrangements have been made to have it sent. During the initial meeting, the counselor might focus on relaying information and asking questions that will not only deal with agency's requirements and expectations, but also questions that will extend an invitation to the individual to take a lead role in his/her rehabilitation program. The counselor's assessment might also focus on such areas as the individual's knowledge of his/her disability, limitations, and what the consumer's perceived needs are for addressing the impact of the disability. The counselor should discuss expectations, responsibilities and attempt to get an idea of the level of responsibility or role that the individual wishes to assume. It is important that counselors acknowledge that not all individuals seeking employment, their family members, etc. have the same level of awareness, skills and desire for empowerment.

In some cases the counselor may discover that the individual knows little about his/her disability and relies on others to make necessary decisions. When encountering such situations, the counselor must develop strategies to assist individuals to move beyond this "learned helplessness" and acquire knowledge and skills that will enable them to move in a direction that both encourages and supports empowerment. The counselor and the individual must discuss what will need to be done and agree on who will be responsible for specific action steps.

The counselor might use the initial meeting to assess the individual's ability to take a lead role in programming. Allow the individual to give her/his assessment of the situation and explain what service she/he is expecting from VR. The second half of the meeting might be used to review information the consumer brought in and sign releases of information so that the counselor can request information that is still needed. A second meeting would be held after the counselor has received needed information and has made an eligibility decision.

If the individual is eligible to receive services, the latter part of the second meeting might be used to initiate planning. This would include identifying interests, disability issues and assessing the individual's understanding of these areas. More information will be revealed about the consumer's ability and willingness to take a lead role, through the counseling relationship.

In this approach, the counselor has changed the approach to service delivery, with the emphasis shifted from focusing on the agency's requirements to empowering the individual seeking employment and encouraging consumer direction.

### ***State an explicit goal of empowerment.***

It is necessary to establish a mutual agreement between consumer and counselor that one of the expected outcomes of involvement with the public VR agency, in addition to employment, is empowerment. Both parties should agree that the consumer becomes fully self-directed, or at least chooses their own level of self-direction as a goal of the interaction. This goal should be stated and discussed at the outset of service delivery. This practice reinforces the knowledge

that services, supports, time and energy will be devoted to the goal of enabling the consumer to be as self-sufficient as possible in decision making, planning and carrying out the rehabilitation program.

### ***Utilize the IPE as an empowerment tool.***

Planning is crucial to empowerment. Within the VR program, the tool for planning is the IPE. This tool enables the consumer and counselor to mutually identify and agree upon a vocational goal, required services, intermediate goals or benchmarks, timelines and responsibilities of involved parties. The mechanism is the counseling and negotiation process that takes place between the consumer and counselor. The pre-planning that takes place prior to establishing the IPE is a valuable means to assess and promote empowerment with the consumer. Orientation to the IPE process from very early in the VR involvement can be a way to stimulate consumer planning, decision making and assuming control. Sharing the IPE requirements and forms with the consumer early in the VR process with the consumer can promote development of a "working plan" that would ultimately evolve into the IPE. Seeing the work between consumer and counselor in the counseling relationship as "pre-planning" can be very conducive to achieving the goals of empowerment.

### ***Eliminate or reduce disempowering vocabulary and language.***

The use of stigmatizing labels, controlling language and professional jargon interfere with the goal of empowerment. Use common, straightforward language when speaking with consumers. Try to avoid or eliminate negative vocabulary such as "non-feasible," "unrealistic," "can't" and "no" from the dialogue with consumers. Use positive, proactive language. Never say never.

For example, an assessment should be useful to the consumer and should lead to the development of IPE objectives to attain an employment outcome. The consumer should be offered a copy of the counselor's assessment. This assessment should be written clearly, using functional terms, in a manner that makes sense to the consumer. The use of jargon and acronyms may interfere with a consumer's understanding of their interests, aptitudes, skills and supports, and will therefore limit their input when developing the IPE.

### ***Assure access to relevant, accessible and empowerment-oriented resources.***

Rehabilitation resources including the services of a qualified VR counselor, adequate funding for services, accommodations and modifications for disability (including assistive technology), transportation and a support network are examples of what may be necessary to promote empowerment in rehabilitation. Making sure that consumers have access to vocational training, mentors and jobs is critical. Achieving success in addressing severe disability often hinges on finding the necessary resources in a baffling and overburdened system. From an

empowerment philosophy, one of the key roles of the counselor is in resource development. The identified needs of a consumer may not reflect a traditional service typically used by VR. The counselor should utilize his or her skills and knowledge of the service delivery system to identify or stimulate the development of effective resources identified as needs by the consumer. In this regard, the counselor should remain open to alternative, non-traditional and creative goals, options, intervention approaches and plans.

While a counselor possesses a significant level of expertise and experience, that expertise and experience may not extend to all possible courses of action for a consumer. A consumer may identify nontraditional goals or resources that may be unfamiliar to the counselor. These choices should be explored. Obviously, caution should be taken to obtain information on the validity of procedures or the viability of nontraditional goals, but such options should not be ruled out simply because the counselor or the agency has no previous experience with them.

### ***Encourage and facilitate an ongoing evaluation of the counseling relationship.***

Since we expect that the value of the counseling relationship lies in a partnership between counselor and consumer, it is important to recognize that this partnership is subject to potential obstacles and barriers. The mutual effort should be regularly monitored jointly by the parties involved to make sure that it continues to meet the expectations and needs of both parties and continues to be effective in accomplishing employment and empowerment goals. Examine with the consumer the process and outcomes of the relationship and be prepared to address areas in need of change. Developing benchmarks or short-term goals as part of the IPE is one way of planning for ongoing assessment of progress. The IPE benchmarks allow consumer and counselor to make periodic evaluations of progress a part of the counseling and planning relationship. Obviously, the counselor and consumer have to commit to making the changes that the ongoing evaluation identifies as needed. The reader is referred to Appendix B for vignettes illustrating alternatives in building an empowering counselor-consumer relationship.

### ***Demystify clinical and diagnostic processes.***

A great deal of effort and importance is placed on the clinical processes surrounding VR. Assessment approaches including intake interviews, obtaining background medical, educational, vocational and psychological information, conducting psychological and neuropsychological evaluation, vocational evaluations and specialty medical examinations are commonplace. Unfortunately, the consumer is too often a passive recipient of these services, has little input beforehand, and receives little useful information (in a manner that he or she can appreciate) afterward. Section 102(d)(2) of the Rehab Act requires that consumers be made active participants in the assessment process. Counselors should share information very pragmatically about what assessment information is necessary, why, and what options are available to obtain this information. For example, if an evaluation such as psychological testing is required, the

consumer should be provided the rationale for the need, given choices about how this need would be met, and should be involved in making the decision. Prior to sending an individual to a specialist such as a psychologist for an assessment, involve the consumer in formulating the specific questions that will be posed to the psychologist to address in the assessment. This form of pre-planning facilitates increased control over the assessment process, enhances self-knowledge and increases consumer motivation because the assessment becomes more relevant and meaningful to the specific interests and needs of the individual.

Following the assessment, provisions should be made to explain in practical, understandable fashion the results of the assessment and the implications for the consumer's subsequent planning and decision making. At times, the traditional assessment process may not take into consideration the goals, values, environment and culture of the consumer. The extent to which assessment addresses such issues may have a significant bearing on the degree to which it is meaningful and useful to the consumer.

The process of assessment and diagnosis is concrete, rule-based and straightforward. However, in the eyes of the consumer, assessment and diagnosis can take on a mysterious quality, with diagnosis occurring following some unknown, unfamiliar process. In order to promote empowerment of the consumer, the counselor should strive to demystify the process of assessment and diagnosis. Providing concrete information about the purpose and process involved would enable the consumer to better understand the impact of his or her disability. Sharing such "professional" information and resources as the Diagnostic and Statistical Manual (DSM) will assist in enhanced consumerism. The VR counselor must provide opportunities for the consumer to exercise informed choice in decisions related to the provision of assessment services (Rehab Act, Section 102 (d)(2)).

### ***Recognize and deal with anxiety, fear of failure and learned helplessness.***

An individual with a disability may be protected from the opportunity to take risks, and possibly to fail, by well meaning professionals or caregivers. Taking risks and sometimes failing provides valuable knowledge of self and the world around the individual. However, an individual may be fearful of taking on responsibilities due to anxiety about the outcome. Support, reassurance and encouragement are essential components of the counseling process that reduce anxiety and fear and enable, even encourage, consumers to take risks, recover and learn from mistakes and move toward their chosen goals and dreams.

Simply offering choices to an individual who is anxious about making decisions or fearful of making a mistake is not effective in enabling and promoting empowerment. It is important to recognize through the counseling relationship how fear and anxiety may manifest and how these factors might limit the individual's capacity or willingness to choose and self-direct. Addressing the individual's concerns through counseling techniques such as relaxation,

rational restructuring, or through a series of desensitizing experiences may be beneficial. The situation may also require that the individual take his or her time to come to a decision or take an action, or to break up an action into smaller, less threatening steps.

### ***Teach and promote sound consumerism.***

Persons with disabilities need to be informed consumers of services and effective self-advocates. The skills of consumerism and advocacy need to be incorporated into the repertoire of an effective, self-directed recipient of VR services. The counselor may assist the individual in developing problem solving and decision making skills such as those needed to identify and weigh various choices, examine questionable or experimental alternative interventions and self-advocate for needed resources or services. Community and advocacy agencies and organizations such as centers for independent living can serve as resources for individuals with disabilities in developing strong consumer skills.

### ***Assess and address the “impact” of disability.***

Rather than focusing on the diagnosis of a disability or the “symptoms” that may accompany a disability, the counselor should attend to the impact that the disability has on the consumer’s pursuit of goals. This “functional” orientation places the emphasis of services and intervention not on the “damaged” or “deviant” aspects of the individual, but rather on obstacles that stand in the way of goal pursuit. In order to do this, the counselor and consumer identify how the individual’s strengths and weaknesses interact with the demands of the goal and the environment in which he or she has chosen to function. The intervention target then becomes one of ameliorating obstacles that exist outside of and apart from the individual, rather than changing the individual.

### ***Consider environmental modifications, accommodations and assistive technology services.***

Applying interventions that are designed to “correct” the problem, fix or change the individual are obviously not the only approach to addressing obstacles to goal attainment. Approaches targeted to the environment may be more appropriate strategies for addressing obstacles to employment, and these may also be preferred by the consumer. Such interventions promote adoption of disability as a natural phenomenon, inviting attitudinal changes and universal design concepts, as opposed to a medical model orientation that views the deficit as inherent in the individual. Moreover, the use of environmental modifications, accommodations and particularly, assistive technology, has been demonstrated as more effective in addressing the impact of disability.

### ***Facilitate peer modeling and mentoring.***

Peer support is a useful tool in helping consumers obtain and process information.

Information that is difficult to hear or process with a professional sometimes becomes easier when spoken from a peer that has experienced a similar situation. Peer support groups can be an extremely effective approach for consumers who are stuck in the rehabilitation planning phase and who seem unable to make a decision. Important elements that peer support groups can provide in empowering consumers are the strength of group dynamics; hearing information from peers; supports for isolated consumers; the opportunity to establish relationships and obtain support; and being in a safe place to express fears and disappointments.

### ***Identify natural supports.***

While each individual’s situation presents unique circumstances and resource possibilities, naturally occurring supports in the community may be more effective, less costly and more likely to promote independence and foster empowerment. Examples of natural supports that might be sought by the individual include resources such as family supports, co-worker supports, use of community resources that are not disability-specific (e.g., YMCA) and the use of volunteers. Individuals should manage their own support services. That means they may require additional training or supports to develop the skills necessary to accomplish this.

### ***Model empowered behavior and skills.***

Modeling can be a very effective tool for the development of self-esteem, independent decision-making and empowerment in the VR process. The stance the counselor chooses to take will directly impact the consumer’s ultimate level of self-direction. In other words, the counselor needs to be aware of how his or her approach to counseling and guidance can either facilitate empowerment or discourage the person from being in control. Consumer control does not mean that the counselor’s expertise is not fully required or utilized. In fact, it requires unique skill on the part of the counselor to structure the process so it is individualized to each consumer and tailored so that information and support are offered in a manner that facilitates choice and self-direction. In order to do this, counselors need to understand the assumptions they hold about VR and the individuals it serves. It is easy to promote choice with someone who has the ability and desire. It becomes more difficult when it is someone who presents greater challenges. In these instances, there is a tendency for the counselor to take control rather than facilitate consumer control. While this may be well intended, it ultimately does not serve the consumer.

### ***Assist the consumer to process their experiences over time to gain self-awareness.***

Use homework activities and exploration as a laboratory for self learning. No one is empowered overnight. Individuals may need time to adjust to expectations, process information and make decisions. Consumers must make their individual decisions based on the information provided not only by their counselors but with the supports, influence and input of other important members of their network of family, neighbors, friends, employers, social workers, and

counselors, etc. Assist the consumer in structuring those activities that are most likely to result in an individual gaining information, self-knowledge and confidence. Enable by encouraging, modeling and supporting consumer involvement in rehabilitation and daily living activities. “Doing with” is a more effective strategy for promoting self-direction than “doing for,” even though the latter may be more efficient in the short run.

Disagreement or conflict is likely to occur from time to time between the counselor’s recommendations and the consumer’s decisions. In these instances, the counselor should allow the consumer to test out his/her plan and benefit from the exploration and self-discovery that occur with action and experience. Through counseling, the counselor can facilitate optimal understanding of experiences in terms of self-awareness and future planning.

### ***Advocate for consumer self-direction with others involved with the consumer, including vendors and other providers of services.***

VR counselors may need to facilitate empowerment through advocacy efforts with family members, employers and other helping or medical professionals. Advocacy in education and training environments may also be required. Expect that vendors or service providers who contract with VR extend the same emphasis on empowerment as the public VR agency. It may be necessary to train and/or give feedback to providers and vendors around empowerment.

### ***Raise expectations.***

The individual with a disability should be encouraged to reach for the optimal outcome from the VR process. Too often, individuals are limited in their choices by the very fact that they have a disability, by the type of functional limitations they experience, and by the services and supports that are traditionally identified and offered for individuals with similar disabilities. Care should be taken not to place limits or boundaries on goals for the individual. Rather, the counselor should stimulate higher self-expectations for the consumers they serve. Raising expectations, rather than assuming more traditional choices or options, increases the success of consumers served by the VR program, and ultimately the success of the program itself.

### ***Expect mistakes.***

It is important that the counselor realize that all decisions made won’t be successful immediately, or perhaps even at all. The counselor must respect the individual’s right to make mistakes and acknowledge that this may require additional time working with the individual.

The counselor should also assist in preparing the consumer for possible failures, acknowledging and reinforcing that mistakes are a naturally occurring component of learning. Those who fear moving forward may benefit from reassurance from the counselor that mistakes are not irrevocable.

### ***Encourage and support consumer efforts to benefit other individuals.***

Counselors may create situations that enable consumers to meet other consumers, participate on boards, work groups and consumer organizations. Opportunities may exist for volunteer positions with the Chamber of Commerce and other non-profit organizations. It may be easier for an individual with a disability to model behavior and support others than it is to tackle difficult challenges for oneself. These activities may provide valuable learning experiences for the individual that will facilitate increased self-understanding and greater self-direction.

### ***Addressing the Empowerment Concerns of Consumers with Significant Cognitive Disabilities***

Significant cognitive disability may affect the skills and abilities thought to underlie empowerment, such as problem solving, learning and communication. Consumers with cognitive disabilities may need special assistance, support and/or accommodations in becoming empowered in the VR program. The RSA-TAC-98-01 (Appendix C) offers specific guidance for supporting individuals with cognitive disabilities.

Frequently, counselors and other professionals working with individuals with cognitive issues start to filter out information for the consumer, take more control and may work around the individual. How many of us have fallen into a pattern of talking to advocates, family members or another professional about the consumer rather than with the consumer? How many of us have sat in meetings with consumers with cognitive issues and seen no one make an effort to include them? Counselors have to take the time and make additional efforts to ensure that consumers with cognitive issues are given the control they can handle and make the choices that are theirs to make. The VR process should be as inclusive as possible, helping consumers include their support network into the process. However, it remains the counselor’s responsibility to assist the consumer in directing the process. Below are some techniques counselors can use when working with consumers who, due to cognitive ability or other issues, find empowerment difficult.

Design auditory and video tapes or simple tools to help consumers understand the decisions they will need to make during the rehabilitation process. The tools should help consumers think about:

***Which decisions they want to make to make independently***

***Which decisions they want to make with assistance***

***Who would they like to be part of the process***

***Which decisions do they feel they would need a lot of support to make and what should that support look like***

Consumers could take the tape home and replay the information to better understand it, and they could obtain assistance from their family or friends in understanding the information.

Counselors can work individually with consumers and the tool or make it part of a group counseling process.

The counselor must evaluate and analyze what skills and supports a consumer needs to succeed. Consumers who cannot communicate or have limited communication will require alternative approaches for the counselor to understand how to support and empower them. It may require using a discovery approach. This occurs when the counselor hires a provider to interview the consumer's friends, family and others and spend time with the consumer in his or her own home and community. The provider then writes a report providing a more holistic picture of the consumer and the support he or she will need. This approach can provide a positive starting point.

Vocational assessments are frequently confusing and fear-inducing to consumers with cognitive issues. Too often the process results in telling consumers everything they cannot do rather than what the possibilities might be. The counselor can shape the process to be successful for the consumer by:

- Explaining to consumers the assessment approaches available.
- Providing consumers with a written or pictorial list of assessments that explain what the different assessments will tell the consumer.
- Creating a checklist for consumers on what they need to know from an assessment.
- Creating a list of questions with the consumers that they want the assessment to clarify.
- Encouraging consumers to ask providers if they can answer these questions when conducting an assessment.

The planning process traditionally has occurred between the counselor and the consumer. When working with a consumer with cognitive issues, it can be useful to expand who is involved in the planning. Frequently this can help consumers understand the planning process better and highlight their unique contributions. A commonly used approach is “futures planning.”

- The counselor works with the consumer to invite people the consumer wants to be part of the planning process.
- The counselor helps the consumer think about what information should and should not be shared in this meeting.
- In facilitating the planning meeting, the counselor should always set the stage so that

the consumer is in control. One simple way is to always check whether the consumer agrees with what someone said about her/him.

- The counselor and consumer can work together to add additional questions to the future planning that will help the planning be more concrete and measurable for the consumer and support team. Ask questions around time; for example, what do you want to be doing a month from now, and what are you willing to do in the next month? This also allows the consumer to set the pace of the plan.
- Breaking the individual plan for employment into shorter, measurable steps helps consumers take control and build on their success. This also allows the consumer and support team to correct the direction before failure occurs.
- Empowering consumers with cognitive issues may require more hands-on experiences. Choosing a job is difficult for anyone; but to someone with limited exposure to the world of work, it can be baffling. Consumers may need to work with someone just to show them a wide variety of work places. The counselor may need to develop a picture checklist that the consumer could use to track the features she or he liked in the workplace. Counselors and consumers could use this data along with other information to help choose the type of job wanted. The consumer can then direct the community provider to find that type of job.

## *Conclusion*

The information provided above lays a foundation for a conceptual shift in practice, away from a medical model to one that supports and encourages empowerment through professional rehabilitation counseling, prioritizing consumer choice and rewarding self-direction. An empowerment-oriented model of rehabilitation counseling requires that we examine and change, if necessary, our attitudes and beliefs about disability. It also requires that we change the way we relate with and provide services to consumers. The IRI PSG recognizes the many systemic challenges to empowerment but believes that the interaction between consumer and counselor is critical to enabling empowerment. We encourage VR counselors to adopt new behaviors and practices that are likely to promote positive outcomes, such as those identified in this chapter, as well as to be mindful of new opportunities and strategies for enabling consumers to be empowered through professional rehabilitation counseling.

### *Study Questions*

- T F The powerlessness and lack of self-direction felt by people with disabilities are more frequently related to limitations or impairments resulting from the disability than from the attitudes and practices of caregivers, service providers, funding agencies, social institutions and society in general.
- T F In order to promote empowerment for VR consumers, the counselor should assess the consumer's capacity to self-direct.
- T F For VR consumers with significant cognitive disabilities, empowerment is precluded by judgment and decision making limitations.
- T F In order to fully empower VR consumers, refinement of the roles and functions of the rehabilitation counselor is necessary.
- T F Disagreement and conflict between the counselor and client are signs that the counselor has not enabled empowerment in the consumer.

*Chapter 4*

## **Empowerment and the VR Supervisor/Manager**

The purpose of this chapter is to discuss the role the vocational rehabilitation (VR) supervisor plays to ensure that consumers of VR services are empowered throughout the VR process. Simply put, the VR supervisor must play the role of a leader. Supervisors are the first line of leadership in achieving any mission or vision. They set the tone for the office. Their attitudes, whether optimistic or pessimistic, passionate or apathetic, greatly impact the working environment and the counselors' attitude and perspective toward the mission and vision.

Self-determination, informed choice and empowerment are key principles and mandates within the Rehabilitation Act; and, as a whole, agencies have made inroads to make VR a consumer-oriented system. However, much has yet to be done, and all key stakeholders in the VR system should be focused on emphasizing empowerment in the VR process. This emphasis will require change at various levels and perspectives. Great change takes great leadership and leadership skills. In order to provide that leadership, supervisors will need to identify the mission, create a vision, communicate that vision, facilitate the work of the counselor, monitor progress and evaluate results.

There is a vast body of information, ideas and insights regarding leadership and leadership styles. This chapter describes some of the basic elements of leadership during times of change and leading toward a "vision of a world others want to belong to." The Primary Study Group (PSG) has drawn from historical figures (Abraham Lincoln), leaders in the field of VR (James Omvig) and authors who look at new ways to describe the art of leadership (Robert Dilts).

### ***Be A Passionate, Compassionate Champion of Change***

*Still the question recurs "can we do better?" The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As the case is new, so we must think anew, and act anew. —Donald T. Phillips, Lincoln on Leadership, 1992, p. 137*

### ***Understand the Mission***

For the purpose of this chapter, the PSG will maintain that the agency's mission is to ensure that consumers of the VR program are empowered in achieving their goals of employment, economic self-sufficiency, independence and inclusion and integration into society.

The supervisor needs to fully understand this mission, what is meant by “empowered,” how it will translate into service delivery, and what changes in philosophy, attitude and skills on the part of all staff will be required. The supervisor should be able to clearly define and describe where the agency is going, how they will get there and how they will know when they have arrived.

Transition from a system-focused service delivery system to a consumer-focused profession will require significant change on a number of levels. A major responsibility that the supervisor accepts is not only being aware that change must take place, but also closely assessing the impact on staff. Supervisors should assure that counselors are not put at a disadvantage while they are adjusting to the new way of doing business. For example, when individuals seeking employment take the lead in making decisions, there may be times when they must be allowed to explore options in depth, to learn from experiences, or to work toward elevated goals. This will take additional time, and for counselors facing large caseloads and demands for quantitative outcomes, this additional time may create problems if the counselor is held to traditional performance standards.

Supervisors need to be tireless, have passion and drive and be enthusiastic proponents of change. They can make administrators and counselors alike see that the status quo, even if numbers are being met, is not good enough and that a philosophical shift toward consumer empowerment is vital.

### ***Define and Model an Agency Vision of Consumer Empowerment***

#### ***Create a Vision***

*Leadership is creating a world to which people want to belong.* —Gilles Pajou, in *Dilts*, p .xi

*At some point in our lives we have probably all felt the desire to “change the world” or to “make the world a better place.” This desire usually stems from a “vision that our lives or our world could be enriched or improved in some way.” Such visions of the future often provide guidance and direction for our lives and our work, furnishing the motivation and impetus for change. Visions that become shared by a number of people form the foundation of effective teamwork; and visions that become shared by multitudes constitute the basis for organization, culture and ultimately for the progress of civilizations.* —Robert B. Dilts, 1996, p. xi.

Transforming the mission of empowerment into a vision that reflects the values and beliefs of consumers, counselors and all key stakeholders, that can be stated clearly and

concisely, and describes a reality worthy of achieving is the key to “creating a world to which others want to belong” (Dilts, 1996). This vision can be shared frequently and with passionate commitment to staff and consumers. As time goes by, it will be renewed and enriched by experience and insights. It is critical that the supervisor make the vision come alive so that it can be shared. Share the vision with passion and conviction, and it can be contagious.

Supervisors and managers committed to consumer empowerment espouse and convey a true belief in the capacity of persons with disabilities to learn and understand their choices, to make choices, and to be given the tools and encouragement to make their dreams reality. Ultimately, it is a basic necessity that our administrators, supervisors, counselors and all staff have a core belief that persons with disabilities, given proper training and opportunity, can be independent, compete on equal terms, and get good jobs! Supervisors should encourage open, frank discussions with counselors, possibly in informal group settings, regarding their thoughts and attitudes about consumers with disabilities in the world of employment.

### ***Be An Essential Communication Link***

*His cardinal mistake is that he isolates himself, and allows nobody to see him; and by which he does not know what is going on in the very matter he is dealing with.* Lincoln’s reason for relieving General John C. Fremont from his command in Missouri (September 9, 1861) —from Phillips, *Lincoln on Leadership*, p. 13

*It is being in touch, with customers, suppliers, your people. It facilitates innovation and makes possible the teaching of values to every member of an organization. Listening, facilitating, and teaching and reinforcing values. What is this except leadership?* —Tom Peters and Nancy Austin in Phillips, 1992, p. 15

Communication is vital in the building of any relationship. A supervisor’s relationships include counselors, staff, consumers, consumer advocacy groups, administration and the public at large. As important as it is to communicate the vision to these audiences, it is equally important to listen.

#### **• *With Counselors***

Communication around the vision should be frequent and is best accomplished in the environment where the realization of the vision occurs. The supervisor brings the vision to the people where they work. As Phillips describes in his book *Lincoln on Leadership*, “During his four years as president Abraham Lincoln spent most of his time among the troops. They were number one to him; they were the people who were going to get the job done.” (p.13) Lincoln

literally brought his vision to the men in the trenches, in the boats and battlefield. Talking to counselors in their work setting allows the supervisor to discover firsthand how the counselors support empowerment of the consumer. Conversation regarding everyday interactions with consumers allows the supervisor to share ideas and clarify expectations regarding empowerment. The more comfortable and familiar the counselor is with the supervisor's expectations and how he/she would handle a situation, the more they can confidently make their own decisions and serve consumers without hesitations or delays.

This same approach can be used in staff meetings and with consumer groups, or any other partners and organizations that are involved in serving consumers.

I recently stopped by the office of one of my counselors who was struggling with one of his consumers. This particular consumer has numerous abilities, but little insight to his disability issues. The consumer's past work history is significant in the fact that jobs he held only lasted several months, or even just a few weeks. I encouraged the counselor to explore with the consumer the reason for the short duration of the previous jobs. I felt it was important for the consumer to explore past jobs that worked well for him and his current interests. The counselor felt it would be helpful for the consumer to try a community based assessment in order to experience a variety of jobs in the community before making a commitment. I discussed with the counselor that once the consumer found an area he was interested in and would require further training, then suggest that he take one course in that area as a form of self-assessment. The brief work experience and information from taking the course will give the consumer more complete information, necessary to make an informed decision. The counselor also noted that the consumer appears to have self-esteem issues and anxiety about interpersonal relationships. The counselor had seen a flier about a new program in the community that links individuals with mental health issues with peer volunteers in the community to develop communication skills, interact socially and develop self-esteem. I complimented the counselor for looking outside of the agency for alternative resources that can help the consumer address his disability issues and form additional supports. —Glenn K, VR Supervisor

When a consumer successfully reaches his or her employment goal, it provides the counselor with a sense of accomplishment. It helps to reassure the counselor that what they do makes a difference. However, there are going to be days when things do not fall into place. Counselors can become discouraged when they feel that the failures appear to outweigh the successes they experience. As a supervisor I feel it is important to help staff maintain a positive outlook. One

way an office can accomplish this is by sharing success stories among each other. Taking time during the counselor meeting to discuss consumer achievements is one way I can encourage this. This not only helps build a sense of accomplishment, but also allows counselors to share strategies that have worked for them. —Maria S., VR Supervisor

- ***With Administration***

VR front line supervisors need to make administration/upper management aware of the reality of the situation and keep them informed of how the practice of empowering consumers is impacting both the counselors and the consumer. Ongoing monitoring will be necessary and will allow supervisors to recommend needed changes that will benefit the individuals seeking employment, counselors and, eventually, the system. It is extremely important that we understand that if change is to be effective, it will need to occur at all levels.

- ***With the Disability Community***

Supervisors need to encourage partnerships between their agencies and consumers, particularly through affiliations with organized consumer groups and immersion experiences with persons with disabilities. Counselors should be encouraged and rewarded for seeking out a deeper understanding of consumer needs and expectations through immersion experiences and advocacy. There are a variety of ways that counselors can get involved on a regular basis.

In our community, for example, there are monthly Mental Health Task Force meetings that discuss disability issues. There are numerous ceremonies that recognize individuals with disabilities that have overcome significant barriers. Counselors are encouraged to share articles of accomplishments of present/past consumers that are recognized in the area. The centers for independent living are another excellent way to connect with the disability community. We need to maintain the philosophy that people we serve have abundant potential. This not only helps the counselor maintain a positive attitude, but also feeds the consumer's ability to reach beyond their assumed limitations. —Roger N., VR Supervisor

### ***Ensure the Practice of True Informed Choice***

*He lifted people out of their everyday selves and into a higher level of performance, achievement, and awareness. He obtained extraordinary results from ordinary people by instilling purpose in their endeavors.* —Phillips, *Lincoln on Leadership*, 1992, p. 173

### ***Streamline Procedures***

The supervisor's job is to provide counselors the work environment, supports, procedures, training and feedback they require to perform their job. VR supervisors and managers are encouraged to work together with counselors and other agency staff to truly streamline purely bureaucratic procedures and paperwork. The practice of empowering individuals within the VR process can take more time; streamlining the procedures and paperwork for purchasing services will allow the counselor more time for developing quality relationships with consumers that foster empowerment, trust and informed choice. Streamlined procedures also allow counselors the time to perform the other functions and activities that create a community environment in which more quality employment opportunities exist.

Beyond the streamlining of procedures, other administrative issues must be addressed by the supervisor. Issues involving the acquisition of services, training, equipment and preferred vendors must be addressed so that counselors will be able to obtain the goods and services preferred by consumers, in a timely manner.

### ***Promote Ongoing Education for Staff***

VR supervisors should have, and should also ensure that their counselors possess, comprehensive knowledge specifically related to the barriers faced by consumers with disabilities in preparing for, obtaining and maintaining employment. Education needs to be updated and current and should come from a variety of sources, including university programs, personal experience, work experience and, of course, from consumers with disabilities themselves.

### ***Hire Qualified Staff with Positive Attitudes and High Expectations***

When interviewing and selecting prospective new staff, supervisors should be encouraged to place an emphasis on seeking out persons not only with credentials and experience, but who also have a genuine belief that individuals with disabilities are capable of independence, making decisions for themselves and performing well at good jobs. Questions related to such positive beliefs and attitudes can be included in the interview. Moreover, while it is not a requirement, it is also now widely accepted that an emphasis should be placed on hiring qualified individuals with disabilities as VR counselors. Qualified counselors who themselves have disabilities can often serve as positive role models for consumers of the VR program. They have experience that in many cases makes them uniquely qualified to understand, encourage and educate new VR consumers as they work toward their goals of independence and employment. In any case, the recruitment and selection of VR staff, whether disabled or not, is critical to the implementation of consumer empowerment.

### ***Lead Counselors in the Practice of True Informed Choice***

Supervisors need to work with counselors to ensure that VR consumers are treated with dignity and respect – as an equal partner with the service provider (Omvig, 2002). The Rehabilitation Act requires that consumers be given the information necessary to make decisions regarding their vocational goals and the broad range of services to achieve those goals (Section 102(d)(4)). In fact, counselors might encourage consumers to create their own Individualized Plans for Employment (IPEs), while also holding consumers responsible for working to carry them out, with support where needed. VR supervisors need to help counselors understand that they still have a crucial professional role to play in the development of the IPE and in informed choice. The consumers they work with, particularly consumers who are new to the VR system, will often come to them with no belief in their own capacities to become independent, empowered, employed individuals. As Omvig (2002) states, “The employees of the quality service provider – those with the ‘empowerment motive’ – must teach and lead and demonstrate and persuade in order to help elevate the new VR customer’s expectations...” (p. 58). It is essential for counselors to provide not only information, but also real, continued encouragement to consumers to develop an empowered perspective as they set, work toward and ultimately achieve their goals. VR supervisors need to believe in and reward this effort.

### ***Monitor and Evaluate***

*All leaders must seek and require access to reliable and up-to-date information.*  
—Phillips, *Lincoln on Leadership*, 1992, p. 21

#### **• *Customer Satisfaction***

It is very important that VR supervisors and other managers continuously assess their programs to make sure empowerment is practiced. Supervisors can achieve this by reviewing case files and adding questions to satisfaction surveys that allow individuals seeking employment to give feedback on whether or not they feel they are taking a lead role in their rehabilitation programming. Public forums or one-on-one meetings with consumers should be commonplace and readily accessible to consumers so that their voices can be heard and they can play a role in needed changes.

#### **• *Rethink the Performance Evaluation***

Supervisors are encouraged to advocate for a new system of staff performance evaluation that supports consumer empowerment. They might avoid using performance tools that are disproportionately focused on numbers (closures, eligibilities, etc.) and lean toward a performance tool that is more consumer satisfaction and dialogue oriented. This form of performance assessment tool will allow the supervisor to focus on the counselor's outcomes that may not have resulted in traditional employment outcomes, but did have a positive impact on an individual consumer's rehabilitation program. Performance standards can be written to include

qualifiers and quantifiers that encourage consumer empowerment. IPEs and narrative entries can be assessed to determine positive outcomes from the consumer's perspective.

While doing case file reviews, I noticed that counselors were initiating planning, but in some cases it appeared that the consumers had little, if any, input. In order to assess the situation, a survey was developed and sent to all consumers that were in service statuses. Multiple surveys were returned indicating that consumers felt they were not allowed to make important decisions concerning services they were receiving. In an effort to improve the situation, I arranged a training session on consumer empowerment for counselors. Following the training several meetings were held to discuss the agency's expectations and agree on a plan of action that would shift more decision-making to the consumer. I also introduced a new system that required the consumer and the counselor to outline services being provided in progress reviews and the consumer would also indicate whether he/she felt that his/her wishes and rights were respected. The form was signed and dated by both consumer and counselor. I also created a consumer advisory committee and requested that they look at parts of the service delivery system and share their perspectives concerning possible changes that could be made to encourage involvement and assure consumer empowerment. —Trudy J., VR Supervisor

## Conclusion

Professional VR supervisors and managers will play several challenging key roles in the newly consumer-driven and empowered VR program. As detailed in the chapter, it is essential that supervisors and managers understand the mission of the program, create a vision, act as an essential communication link, ensure the practice of true informed choice, and monitor and evaluate results. As part of this process, they may encourage and tirelessly work for drastic changes in long-standing agency philosophy and practices where needed, while remaining sensitive to the needs of counselors and meeting the demands from upper management and federal policymakers. They continually monitor the changes to ensure that positive outcomes result for the consumer, counselor and program. They need to recruit and attract the best and the brightest, people with positive attitudes and philosophies about the consumers with whom they work. They need to ensure that information and feedback flow as smoothly as possible among and between the various stakeholders - administrators, counselors and consumers. They need to empower counselors by doing their best to streamline procedures, eliminating unnecessary work and freeing up time to focus on the true goal of the VR program as specified by the Rehabilitation Act, Section 2(b)(1): the empowerment of individuals with disabilities to maximize employment, economic self-sufficiency, independence, inclusion and integration into society.

## Study Questions

1. **A major responsibility that the supervisor must accept in the empowerment process is not only being aware that change must take place, but also to closely assess the impact on staff.**  
True    False
2. **Detailed memos and manuals are the best media through which a supervisor can convey his/her expectations regarding empowering practices to staff.**  
True    False
3. **Empowerment requires more emphasis on a system-focused service delivery system.**  
True    False
4. **In this chapter, examples of ways VR supervisors can promote empowerment include:**
  - (a) Encouraging administration to rethink the components of the performance appraisal
  - (b) Streamlining procedures wherever possible
  - (c) Hiring counselors with positive attitudes and elevated expectations
  - (d) (a) & (b)
  - (e) All of the above
5. **According to this chapter, in order to monitor consumer empowerment in the VR process, supervisors can review case files, do satisfaction surveys, and**
  - (a) Count the number of competitive employment outcomes
  - (b) Hold one-on-one meetings or public forums with consumers
  - (c) Join professional organizations
  - (d) Both (a) & (b)
  - (e) None of the above

### Chapter 5

## Empowerment and State VR Administrators

In this chapter, the Primary Study Group (PSG) will discuss the essential role of the Vocational Rehabilitation (VR) administrator in promoting consumer empowerment. The authors will also address issues that VR administrators must deal with to create an environment that helps consumers to discover and use their personal power to take control of their lives.

In essence, the VR system has been incorporating the notion of empowerment for decades in the form of individualization of services leading to employment. Historically, however, the VR program has focused on the consumer outcome of “getting a job,” not “becoming empowered” as an outcome of this process.

Changing the VR system to embrace the concept of empowerment and self-direction through informed choice will require changes in the practice and structure of the VR service delivery system. The role of the VR administrator in embracing and supporting these changes is critical to ensuring that they become “institutionalized” in the VR program.

### *Creating a Vision*

As leaders of public rehabilitation, VR administrators must commit to the concept of empowerment not only in philosophy, but also in action. No change will occur unless VR administrators support the concept and have a clear vision for the future. This vision must include the belief that people with disabilities are capable of achieving whatever they want to achieve. When VR administrators truly believe this and incorporate this belief in agency operations, they will commit resources to helping consumers achieve goals based on elevated expectations.

The first action VR administrators can take is to articulate a vision for empowerment which:

- Makes empowering consumers a priority for the agency,
- Describes what empowerment “looks like”,
- Acknowledges and shares the values attached to empowerment,
- Describes the changes that must occur to be an organization that empowers consumers,
- Describes how staff members will participate in the changes, and
- Describes how the agency would benefit from empowered consumers.

The vision can best be articulated with input from consumers. It needs to be stated clearly

and frequently. All staff members need to fully understand what it means to empower consumers and know the actions they can take to help consumers realize this goal.

Most people embrace the concepts of control, personal power and authority to make decisions that are embedded in empowerment. Putting these concepts into action within a VR agency is more difficult than it appears on the surface. Empowering an individual is not a direct result of any specific action. Rather it is a concert of many possible actions that result in empowerment. Empowerment is individualized; the action is internal. So if empowerment is internal to the individual, what must VR administrators do to create an environment that fosters empowerment?

### *Holistic View*

Employment and economic self-sufficiency are facets of empowerment. Independence, inclusion and integration into society are also essential components of empowerment as noted in Section 102 (b)(1) of the Rehab Act as amended. A broader definition of empowerment challenges us to take another look at how we serve VR consumers and demands that we view each individual with a disability holistically. VR administrators must be willing to look at their systems to figure out what needs to change so that counselors can build empowering relationships from the moment that consumers walk through our doors. It is the responsibility of VR administrators to create a system that rewards a focus on consumer strengths from the outset. VR administrators must find ways to reinforce counselors' roles as coaches and facilitators so they may help consumers discover their personal power to make and assume responsibility for their own choices.

If the VR system is to empower consumers, it must change how customers are addressed when they initially come to VR. Dr. Martin Seligman, in his studies on learned helplessness (1991), highlights the connection of helplessness to the underlying belief by the individual that he or she has no control over his or her environment. How many public rehabilitation processes are structured to place the control in the hands of the consumer? To begin the empowerment process, counselors should start by asking consumers about their strengths, hopes and aspirations in the initial intake. Counselors should focus their discussion on the consumer's skills and strengths. Potential barriers will be revealed in this process but will not be the focal point. This focus on strengths puts the consumer more on an equal footing and serves as a basis for an empowering relationship. The counselor becomes a facilitator, coach and resource coordinator and assists the consumer to explore solutions that he/she develops. This is very different from the more commonly understood role of the counselor as a problem solver. In many cases, counselors have not been trained to see the whole person and to help consumers figure out how to solve problems on their own, regardless of the stated need. Whether the consumer needs shelter, food and clothing or a high-level career, the counselor must facilitate informed choice and consumer problem-solving. Counseling staff will need support from VR leadership to make a shift from problem-solver to solution-facilitator.

### *Consumer Partnerships*

One element of creating and sustaining an environment that empowers consumers is to view people with disabilities as more than just recipients or potential recipients of services. VR administrators can foster a view of people with disabilities as potential resources, partners and allies.

Consumer organizations, a majority of whose membership and officers is comprised of individuals with disabilities, are an invaluable resource for State VR agencies. These organizations provide a network of individuals whose knowledge and experiences can significantly supplement the efforts of a VR agency in meeting its mission and in empowering persons with disabilities to achieve their employment and independent living goals. Consumer organizations can provide experience-based information, technical assistance, access to role models and mentors, disability-specific training, job matching, advocacy on behalf of persons with disabilities and the needs of the public VR program and a variety of other services that VR agencies would find useful in working with persons with disabilities. Whether representing individuals with mental illness, cognitive disabilities, physical disabilities, or individuals from a combination of these groups, consumer organizations specialize in empowering individuals with disabilities to achieve independence and self-sufficiency. See Chapter 8 for more information on consumer organizations.

*Real choice, the kind that people will find useful, must include contact with others who can translate options into real life experiences. In this way, the individual acquires skills and the self-confidence necessary to put those skills into action. To have choice consumers must have perspective. A person with a disability must have a clear vision of what is possible for persons with disabilities based on their own experiences within the broader context of the collective experiences of people with disabilities. —Schroeder, 1995, p. 6*

Consumer organizations and centers for independent living can provide this broader context for VR consumers. VR administrators can take the lead in establishing contact with consumer organizations and developing partnerships. These partnerships might be formal or informal. They might involve actual contracts and fees for service, or they might involve simple cross referrals between the organizations. Whatever the structure, VR administrators can take the lead in making those connections and support staff members in using those resources.

One way of developing partnerships with consumer organizations is to provide cross training or shared training opportunities for staff. Agencies might invite members of consumer organizations to participate in agency-sponsored training, both as students and as trainers. VR administrators can encourage staff members to attend training opportunities provided by consumer organizations and centers for independent living.

Consumer organizations have proven that they can be a formidable political force and can be valuable as political allies and spokespersons on behalf of consumers, VR agencies, and the system. Many consumer organizations want to accomplish the same things people in VR agencies want to accomplish: more choices for people with disabilities, including more job opportunities, and integrated and accessible communities. By working together and supporting each other's efforts we create win-win situations for everyone.

### *Comprehensive System of Personnel Development*

The Rehabilitation Act addresses professional qualifications in its discussion of a Comprehensive System of Personnel Development (CSPD). Public VR has spent time and money to ensure that staff members are professionally trained. It is essential that staff members use their expertise to empower consumers. State VR agency leadership can take active steps to ensure that university or other training programs incorporate empowerment as a critical component to professionalism. The PSG recommends the following:

- Work with higher education programs to ensure that counseling and guidance skills to empower consumers are priorities in the curricula.
- Develop internal staff training that reinforces empowerment as an essential component to service delivery.
- Develop scenarios reflecting pivotal empowering opportunities with consumers. Use these scenarios in interviews for VR counseling positions to show to candidates the importance the organization places on empowering consumers and to help identify candidates with relevant skills. (See Appendix B for suggestions.)
- Utilize consumer organizations in pre-service and in-service training activities (for example, immersion experiences) to broaden the perspective and increase understanding of disability and the role that consumer organizations can play in promoting empowerment.

### *Integrating Organizational Systems to Support Empowerment*

Integrating the concept of empowerment into any organization is not easy. VR administrators know that fundamental shifts or changes in organizational behavior do not happen without concerted effort. It takes hard work and a commitment of resources (time and money) to help staff members make necessary changes in business practices. To integrate empowerment into business practices, VR administrators will need to:

- Empower and encourage staff members to use the flexibility of the Rehabilitation Act.

- Restructure services to give consumers more control of their VR program.
- Seek innovative ways to help staff members address the consumer holistically.
- Conduct pilot projects to experiment with new methods. (For example, developing “mentors” or “coaches” that could assist consumers to be more empowered; giving the consumer control over the budget for planned case services; partnering with groups of consumers; facilitating peer support, etc.)
- Provide staff training to highlight practical ideas that empower consumers, including experiential and immersion training to increase awareness and understanding of disability.
- Promote staff interactions and customer referrals to consumer organizations.

The above is by no means an exhaustive list. These are but a few of the ideas that will help consumers discover and use their personal power. There are many other potential ways to empower consumers. This PSG believes the following systems must be carefully examined and revised to actively support consumer empowerment.

### *Policies and Procedures*

Many policies and procedures can inhibit the counselor in helping consumers to exercise control of their VR program. Others may be so bureaucratic or confusing that they make little sense to the consumer. If the consumer is to be empowered, the VR program must be easy to use and understandable.

Policies and procedures must be crafted to actively support consumer empowerment. Staff roles in empowering consumers must be clearly defined and understood. We must also take the time to review, analyze and eliminate those policies and practices that in any way inhibit consumers' ownership of their own rehabilitation.

For example, “public stewardship” for VR funds has often resulted in restrictive policies that place the counselor in charge of the Individualized Plan for Employment (IPE) and services. This diminishes the consumer's power and elevates the counselor's power in the consumer/counselor relationship. However, there are other ways to adhere to the concept of public stewardship and still give the consumer the control of how their VR dollars are spent. Counselors who are skilled at empowering consumers have proven that fiscal integrity and consumer empowerment are fully compatible.

Many states have only one way of purchasing planned services; and more often than not, the counselor controls the budget for planned services. If VR agencies examine their purchasing policies they can find new and innovative ways that support the consumer's control of how

planned services are purchased. While there are many potential ways to address purchasing policies and procedures, the following are examples of some state agency experiences:

- In certain offices in Arizona, the counselor and consumer agree on the cost of services in the IPE. Fiscal control of the budget for planned services is then removed from the counselor and control of the budget is placed with the consumer, who is responsible for authorizing the services and monitoring the budget. A fiscal support worker is assigned to the consumer. When the consumer wants to authorize a service or payment, he or she requests the fiscal worker to process the authorization or payment.
- Vermont and Alaska have used systems in which vouchers or checks are given to consumers who then purchase services themselves.
- The Nebraska Commission for the Blind, the New Mexico Commission for the Blind and the Iowa Department for the Blind, among others, allow blind consumers to choose their place of training in other states. Blind clients can go to other adjustment centers as part of their IPE.

These methods place the consumer in control of the relationship with the vendor and give the consumer the responsibility for finding the best service provider for the money and the “biggest bang for the buck.”

There are always alternative ways to do any task or accomplish any objective. VR programs must put less emphasis on controlling the services and greater emphasis on service delivery methods in which consumers direct their own rehabilitation.

## *Production*

Naturally, VR programs try to serve as many persons as possible with limited resources and without sacrificing quality. The Rehabilitation Act requires that professionals embrace informed choice that will lead to quality employment outcomes, but current systems often demand that professionals control the process for efficiency and speed. Services are structured to give consumers options, but rarely are they structured to give consumers control. Control is therefore a tension point between empowerment and production/efficient case movement. It is a struggle to find the correct balance.

To see the effect that empowerment has on case services, Washington State Division of VR (DVR) conducted a study. The study compared the Participant Empowerment Project (PEP), one of the seven national choice grants, to a local DVR office in the same geographic area. The study identified 80 individuals at PEP and selected a control subject for each within the DVR local office caseload. Each control was “matched” for age, gender, ethnicity, and disability. The study then examined the successful rehabilitations, consumer wages, cost of service, and overall time in service.

The study found that PEP rehabilitated a greater proportion of cases than did the traditional program. PEP consumers received a significantly higher average wage than did the DVR consumers and PEP services cost less than DVR. Consumers in both programs spent about an equal amount of time in their respective programs. This data indicates that actively working to empower consumers does not adversely affect production. If there is any drop in production, it more likely occurs during the initial period when counselors seek efficiencies in new service delivery techniques. (Gallagher, Cooper, and Blair, in-house study, 1998)

## *Provider Certification*

Chapter 7 will address in detail the role of community providers in empowering consumers. Here we will explore the impact of certification on consumer empowerment. The Federal regulations regarding service providers are surprisingly flexible. As a matter of fact, in the Amendments of 1998, Congress removed requirements pertaining to the development of standards for providers, leaving it up to the states to decide what standards to apply. Federal regulations only require states to use providers that are accessible, hire affirmatively, have the ability to serve individuals with limited English proficiency, and have alternative modes of communication. Additional requirements are left to a State’s discretion.

Many State VR agencies have chosen to place additional requirements on service providers. Most have developed accreditation standards that are either state-based or national (such as Commission on Accreditation of Rehabilitation Facilities (CARF)) and have chosen to certify only those providers who have been accredited by such bodies. Does this guarantee that consumers will receive quality services that meet the unique needs of individuals? Do accrediting bodies ensure that organizations actively support consumer empowerment?

Although VR agencies pride themselves on their ability to individualize services, most service provider systems have evolved to providing a menu of standard services. Providers often develop their services based on what state agencies will pay for, need or want. Consumer needs and wants are often not a large part of the equation. Consumers rarely have an active role in authorizing services in the provider relationship. They are left out of the negotiations and frequently are offered counselor requested services which may or may not meet their needs. Yet consumers frequently do not have the option to walk away from the deal and find another certified provider who will negotiate with the consumer and support consumer empowerment. Indeed, none of the available certified providers may actively support consumer empowerment. Often, in some rural areas, no other provider is available. The more empowered consumers become, the more likely they are to find the traditional provider system unacceptable.

On the other hand, state agencies have a responsibility to consumers to have community providers that provide quality services. So, what is the correct balance a state agency should strive for? The PSG believes that there are criteria that could be put in place to help balance the responsibility for qualified providers with the consumer’s need for providers that view the consumer, not the state agency, as their customer.

The following are some strategies and ideas that will help agencies and consumers find the right balance. These ideas include, but are not limited to:

- Service outcomes are consistent with what the consumer requested.
- Consumers are treated as the customer and as such receive copies of paperwork, as appropriate, that traditionally would be sent to VR counselors only. (Examples include reports of services provided, outcomes achieved, any data or observational notes taken during service delivery, etc.)
- Agreed-upon work is performed in the targeted timeframes.
- Providers willingly negotiate cost, timeframes and services with consumers.
- Providers willingly tailor their services to meet the unique needs of the consumer and enhance the consumer's options.
- The consumer indicates satisfaction with the service as a condition of payment.
- Information shared by providers about their services is clear, accurate and user friendly.

The strategies and ideas outlined above are not meant to be an inclusive list but starting points. VR administrators must be willing to rigorously examine the areas that state VR agencies should control, the areas that consumers should control, and the areas that should be jointly controlled. The clarity of these decisions will demonstrate the state VR agency's commitment to empowering its staff and consumers.

### *The Challenge of Change*

Among the most recent challenges facing the public VR program are the folding in of the Rehabilitation Act into the Workforce Investment Act (WIA) of 1998 and the passage of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA).

How public rehabilitation defines itself and its partners within these systems is at a crucial juncture. These new federally created structures pose daunting challenges for VR administrators and the consequences of any missteps in the collaboration process can seriously impact services to persons with disabilities. The PSG believes empowerment must be part of the VR identity. A holistic view and empowerment set VR apart from all other employment programs.

It seems that public VR has sometimes felt threatened or has struggled to see the value in working with the workforce investment system. Some have expressed concern that the one-stop system will usurp public VR and replace it with a generic system that does not meet the

needs of individuals with disabilities. On the other hand, some workforce system partners have not understood the specialized needs of the disability community and have seemed to reject the "uniqueness" claim in favor of "one size fits all." The result of these divergent perspectives is a "dance" of pretending to cooperate with each other, yet not truly collaborating in the best interest of persons with disabilities. The well-established individualization of the VR program serves as a model for other workforce partners. Over time, the workforce system has the potential to meet the employment needs of many individuals with disabilities, particularly those whose disability is not significant enough to require the multiple and specific services offered by VR. As advocates for the inclusion of individuals with disabilities in all aspects of community life and public services, VR professionals must encourage the workforce system to build services that are not only accessible and user-friendly, but are empowering to consumers.

It is a difficult balance for public VR administrators to work in partnership with the one-stop system to create empowering services for consumers while taking care that VR remains a unique entity that meets the employment needs of individuals with disabilities whom the one-stop system cannot adequately serve. Public rehabilitation is charged with serving persons with disabilities, particularly the most significant disabilities, but resources prevent the public rehabilitation program from being able to serve all the consumers who need employment services. The one-stop system offers an alternative in which VR can partner to ensure that individuals with disabilities are empowered to access the appropriate system to meet their needs.

Ticket to Work legislation was designed by the Social Security Administration (SSA) to expand options for its benefit recipients. The "ticket," which can be assigned to a specific provider within the employment network (EN), offers choice to an individual with a disability in the selection of his or her preferred provider. Each state public VR program has the option to be an EN provider along with other providers. Offering choice alone, however, does not lead to empowerment. The public VR program can set the standard for empowerment by providing quality services in a system that prioritizes the consumer's "informed choice" and offers maximum opportunities for individuals to reach their optimal career goals and independence. The public VR system can serve as a leader and role model for EN providers to customize and structure their services to empower consumers.

Both the WIA and TWWIIA have a potential impact on the future of public VR. In the current environment, Congress could take public VR in a variety of directions. VR administrators must make sure Congress understands the VR program and how it differs from other employment programs while working in partnership with them. This PSG believes that empowering VR consumers offers us the opportunity to re-examine and redefine rehabilitation. It is what distinguishes us from other employment programs. A focus on the individual and lifelong empowerment through a set of comprehensive and specialized services separates public VR from generic employment programs. If public VR is to remain viable in the future, we must emphasize and embrace this distinction with pride and sustain an environment that empowers VR consumers.

Political support from a committed disability community will be important in marketing the ongoing success of this program. The PSG believes that a system designed to empower consumers will not only result in excellence of service, but also create a dedicated and loyal constituency; a constituency whose collective voice will magnify our advocacy efforts.

### *Measuring Organizational Success*

The current methodology for measuring success of the public VR program is primarily based on the production of employment outcomes. This methodology contributes to placing control of the VR process with the counselor and the organization, rather than the consumer. Providing the right to take risks and the right to fail contributes to empowerment, but includes a disincentive to the counselor whose success and performance are measured in terms of employment outcomes.

In order to create programmatic success measures that support empowerment, this study group recommends the addition of qualitative measures for increased self-direction to align the system's needs with those of the consumer. This shift would require a change in how the performance of individual counselors is measured. Instead of the current system that relies heavily on statistical outcomes alone, this PSG recommends use of a system that measures increased capacity to be self-directed as a specific outcome measure. The PSG also recommends serious consideration of a 360-degree approach to counselor performance measurement. That is, the counselor's performance assessment includes input from consumers, peers, service providers and the supervisor.

Designing new ways to measure success to incorporate and emphasize empowerment will take new thinking. VR administrators and professionals have worked for some time in a system that traditionally looks at "26 closures" as the bottom line. While this study group did not have the time to devote to solving this issue, we believe finding new ways to measure success is critical to realizing the goal of empowering our consumers. We recommend a national task force be formed to examine and test new ways to measure success and ultimately reframe how we define success.

### *Conclusion*

The current methodology for measuring success of the public VR Program is primarily based on legislative requirements and Office of Management and Budget (OMB) common measures. For VR counselors this equates to the production of employment outcomes. This methodology contributes to placing control of the VR process with the counselor and the organization, rather than the consumer. Providing the right to take risks and the right to fail contributes to empowerment, but includes a disincentive to the counselor whose success and performance are measured in terms of employment outcomes.

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## Study Questions

- 1. Which of the following are important components of empowerment:**
  - (a) Employment
  - (b) Economic self-sufficiency
  - (c) Independence
  - (d) Inclusion and integration
  - (e) All of the above
  
- 2. Which of the following are not important for the VR counselor to consider in their efforts to empower a consumer:**
  - (a) Housing
  - (b) Transportation
  - (c) Food
  - (d) Medical care
  - (e) None of the above
  
- 3. To begin a counselor/consumer relationship in an empowering fashion, the counselor must:**
  - (a) Focus on the consumer's problems or deficits
  - (b) Take the lead as a problem-solver or resource manager
  - (c) Focus on what the consumer can do, not what he cannot do
  - (d) Be viewed as the expert
  - (e) Always defer to the consumer
  
- 4. To integrate empowerment into everyday business practices, VR administrators must:**
  - (a) Encourage counselors to use the flexibility inherent in the Rehabilitation Act
  - (b) Restructure service delivery systems to give more control to consumers
  - (c) Seek innovative ways to help counselors view consumers holistically
  - (d) Provide in-service training and innovative projects that highlights awareness of disability culture, rights and history
  - (e) All of the above
  
- 5. Use of a counselor performance system that measures consumers' increased capacity to be self-directed as a specific outcome measure aligns the system's needs with those of the consumer.**

True      False

*Chapter 6*

## **Empowerment and Policymakers**

In this chapter, we discuss existing Federal policy that supports empowerment for individuals with disabilities participating in the vocational rehabilitation (VR) program, best practices and model approaches for developing empowerment policies, recommended policy changes or issues to consider with regard to maximizing the extent to which individuals with disabilities become empowered through the VR program, and concluding thoughts.

### *Background*

The foregoing chapters demonstrate that many parties play a key role in empowering individuals with disabilities. Certainly, the individual with the disability holds the primary responsibility for utilizing the information, services and supports he or she receives to pursue and realize his or her own employment and life goals. At the same time, the VR counselor, the agency supervisor or administrator, the education or training professional and others can each employ specific strategies to assist individuals with disabilities in achieving their individual goals. We are confident that many of the strategies outlined in the previous pages will result in a greater number of consumers of VR services taking charge of their plans of services, their employment options and their lives. However, creating a system of VR that is empowering to all individuals seeking services requires a shifting of long-held philosophies and approaches and corresponding changes in the policies under which VR systems operate.

There have been several advances in the Rehabilitation Act and corresponding rules and other policies that have improved the extent to which consumers of VR services can direct, or even develop, their plans of services. In fact, the current Act specifies that the collective purpose of the VR, independent living and other authorized programs for persons with disabilities is to “Empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, inclusion, and integration into society...” (Section 2(b)(1) of the Act). Curiously, this is the sole instance in which “empowerment” is mentioned in the Act. Informed choice provisions within the VR program (calling for individuals to exercise informed choice throughout the VR process in selecting employment goals, services, service providers, employment and service settings, and methods for procuring services) and Individualized Plan for Employment (IPE) provisions (enabling persons to decide the level of assistance that they will receive in developing their IPE) are important advances. [Section 101(a)(19) for the first and Section 102(d)(4)(A), for the second].

Both of these examples relate to a key tenet of the VR program calling for individuals (and, if appropriate, their family members or other representatives) to fully participate in every aspect of the rehabilitation process. From the time the individual is referred or applies for VR services until the individual exits the program, he or she is to be actively engaged in each decision that impacts the services that the individual receives.

On the other hand, the scope of employment options and services under the VR program from which an individual chooses is established by State agencies and while individuals are to be afforded many options in securing technical assistance in developing their IPEs, often the only option made available is that provided by the State agency. Moreover, State-imposed mandates on VR agencies to identify the most cost-effective services and service providers without due consideration of the individual's needs or interests and measurements of "success" that call for recipients of VR services to obtain any job, are also examples of policies that, in practice, often run counter to empowering the individual.

This Primary Study Group (PSG) believes that establishing a VR system in which the empowered consumer is the rule rather than the exception requires changes in attitudes, expectations and service-delivery strategies (as described in the previous chapters). Because those attitudes and expectations are often based on established policies—whether Federal, State, or local—those policies must empower consumers. Thus, policymakers at all levels must rigorously assess whether a given policy initiative will impact service delivery and will result in the empowered consumer, i.e., the individual who "has control over one's own life and has the knowledge, skills, supports, resources and the confidence necessary to exercise that control in determining and achieving one's life goals."

We recognize that policies affecting persons with disabilities are developed at different levels of government (Federal, etc.) and take many different forms at each of those levels. Legislative proposals, regulations and other rules, memoranda and directives, grant criteria, performance measures and reporting requirements are some of the more common initiatives which reflect or drive policies affecting those with disabilities. Some of the recommended strategies discussed in the previous chapters, or in this chapter, may be better suited for certain policy forms. Nonetheless, we believe that policymakers should develop all policy forms in consideration of these recommendations in order to maximize the empowering effect of their policy initiatives.

### *Developing Policies of Empowerment*

The way in which State VR agencies involve persons with disabilities in the policy-making process is instructive. The current Rehabilitation Act and VR program regulations call for State VR agencies to conduct public hearings and solicit input from representatives from disability organizations. Moreover, VR agencies are to "take into account the views of" individuals with disabilities who are recipients of services from the agency in developing matters of policy related to the administration of the agency's VR program (see Section 101(a)(16) of the Act). Many State agencies do a good job of soliciting input from the disability community as they amend existing State rules or policy directives. However, these public input and "outreach" requirements hardly represent a commitment to developing policies that empower individuals. Rather, some States often garner input by inviting public comment on mostly completed policies,

a course that saves time and may be efficient in the short run but is unlikely to result in policies that empower consumers.

In order for Federal, State and local policymakers to produce and implement policies that will result in empowered consumers, policymakers must work closely with individual consumers, and organizations of consumers, in developing those policies. Regardless of whether the policy at issue will affect the coming year's budget priorities for a local VR agency office or will govern the manner in which VR services will be delivered across the country for several years, that policy will be better-received and more likely to result in empowered individuals if current VR consumers, as well as potential VR consumers, are actively involved in its development and implementation.

One effective, national-level outreach model was used by the National Council on Disability (NCD) in the mid and late 1990s. NCD is an independent Federal agency charged under title IV of the Rehabilitation Act to advise the President and the Congress on public policy issues affecting people with disabilities. Under capable leadership, NCD sought to advocate for public policies that reflected the priorities of the grass roots of the disability community. NCD recognized that in order to be effective, it needed to:

- Hold meetings and hearings around the country and work with local disability organizations to help publicize the sessions;
- Reach underserved groups within the disability community, including diverse cultural groups and groups of non-English speaking individuals;
- Have frequent contact between Council members and staff and the broader disability advocacy community;
- Hire well-respected disability community leaders to research and draft reports and recommendations for the Council; and
- Develop an overarching policy framework with broad, grass roots support.

For this last item, NCD convened a national summit of more than 300 grass roots leaders in 1996 to develop recommendations in eleven different areas of public policy. The document that emerged from this summit, *Achieving Independence*, created the framework which guided NCD's work for the remainder of the decade. In selecting participants for the summit, NCD worked hard to ensure that the attendees reflected the diversity of the disability population in the U.S., including young people, people from diverse cultural backgrounds, and people from underserved and emerging disability populations.

NCD's strategy was successful in part because the diverse group of disability leaders on the Council were able to identify and convene consumer expertise on any policy topic before

the Council. For example, when the Council decided to issue a report with recommendations that would articulate a public policy agenda on behalf of people with psychiatric disabilities, NCD held its meeting in conjunction with a large national gathering of the psychiatric consumer-survivor community so that it could hear directly from a broad cross-section of its leaders. This meeting led to a report called “From Privileges to Rights” that set forth an unfiltered policy agenda as articulated by leaders from this community. Similarly, when NCD recognized that it had not heard from many non-English speaking individuals at its various public meetings, it held a hearing in San Francisco with professional interpreters and technology that enabled all in attendance to follow the hearing in English, Spanish and Cantonese simultaneously. NCD partnered with local organizations that had active outreach programs in the Chinese and Latino communities in the Bay Area. Many of the witnesses at this hearing testified in Spanish or Cantonese, and for many of them it was their first opportunity to share their personal experiences and ideas with a federal agency (NCD, 1999).

Overall, NCD accomplished a great deal in a relatively short period with a staff of nine and a miniscule annual budget. It was able to do this because it was able to quickly identify and tap expertise from the disability community to help it carry out its multiple tasks.

Federal organizations such as NCD are not the only policy-making bodies that have committed to infuse people with disabilities into the policy-making process and thereby create policies that truly result in empowered individuals with disabilities. While some State agencies, as noted above, institute efficiencies in fulfilling their statutory obligation to seek public input on policies related to VR program administration, others have proven successful in enabling those with disabilities to influence policy-making. One such State-level strategy has been implemented by the California Department of Rehabilitation through a formal effort to expand consumer participation in the agency’s strategic planning processes. The director of the agency has transformed her periodic visits to the agency’s district offices into sessions in which she solicits and receives policy and other input from consumers with disabilities and community partner organizations (as well as from VR program professionals). A typical visit starts with meetings with agency employees, followed by sessions with the district administrator and the executive director(s) of local centers for independent living [to promote closer collaboration across the VR and IL programs], and finally a full input-gathering session with consumers, representatives of advocacy organizations, service providers and other partners in the disability community. Those community sessions allow for an open discussion of key issues facing persons with disabilities in the district, identification of problems and the sharing of potential solutions to those problems—whether the solutions lie in policy changes or other steps that the agency director can adopt.

Empowering consumers in the policy process begins with the recognition that consumers have valuable expertise grounded in personal experience. It means taking the time to explain how policy is developed to consumer leaders and cultivating them as partners in the VR system. It means being respectful of language and cultural differences and taking the time to identify

diverse sources of input from all segments of the disability community. Ultimately, it means blurring the divisions between “professionals” and “consumers” and recognizing the value that broad input can bring to policy decisionmakers and those charged with implementing those decisions. Congress, the Rehabilitation Services Administration, State VR agencies, and local VR offices can learn from the examples of NCD, California VR agency and other policy-making bodies that have taken steps in that direction. The results of those efforts—greater consumer satisfaction, a more productive and motivated workforce, better outcomes and more empowered VR consumers—are clearly attainable.

### *Policies That Empower*

The following recommended policy changes are provided for the reader’s consideration and are intended as potential means of translating the strategies for empowering consumers set forth in the previous and subsequent chapters into actual policies utilized by VR counselors and others in the field. While some recommendations are more appropriate for policymakers at certain levels, we suggest that all policymakers, individuals with disabilities, advocates, consumer groups and others in positions to influence policy development consider these ideas closely as they look to further empower individuals through the VR program.

### *Policy Recommendation for Congress*

**VR eligibility criteria.** The Rehabilitation Act criteria that an individual with a disability must meet in order to receive services under the VR program run counter to principles of empowerment. The Act requires an eligible individual, among other things, to have a physical or mental impairment that constitutes a substantial impediment to employment (section 102(a) of the Act). The criteria, in effect, call for applicants to prove they “can’t work because they’re disabled,” fortifying the low self-esteem and low expectations that many potential consumers already hold before coming to the VR agency. It is not surprising, therefore, that many individuals, once they’ve “proved” their limitations during the eligibility process, are unlikely to believe that they are, or can become, empowered to direct their program of services, their employment goals or their lives.

Accordingly, the PSG recommends that Congress simplify the eligibility requirements under the VR program along the lines of those that afford individuals protection under the Americans with Disabilities Act (ADA). In general, individuals regarded as having a disability (or who have documentation of their disability) are included among those covered by the ADA and its non-discrimination provisions. A simple, similar assessment can be established for purposes of determining eligibility under the VR program, thereby minimizing the effort applicants must expend on proving their limitations and focusing, instead, on the services, resources and supports that empowered individuals can utilize in pursuing their preferred employment goals.

The authors recognize that this significant change to the VR program eligibility criteria would need to be implemented in consideration of certain factors. For instance, a less onerous eligibility process does not alter the fact that VR agencies and consumers must still carefully address the individual's comprehensive service needs to ensure that the individual receives, as the Rehabilitation Act intends, the full scope of services that the individual needs to pursue and achieve his or her employment goals. Similarly, State VR agencies operating under an "Order of Selection" [i.e., the statutory mandate that requires VR agencies to first serve individuals with the most significant disabilities when resources are insufficient to serve all eligible individuals] would need to rely on the process of assessing the individual's rehabilitation needs to determine which individuals have the most extensive service needs. Thus, the streamlined eligibility criteria is not an invitation to change the nature or priorities of the VR program, shortchange the assessment of the individual's service needs or alter the scope of services afforded the individual. Rather, this proposal offers an opportunity to shift the individual's first experience (and, thus, impression) of the VR program from the current dis-empowering eligibility process that focuses on limitations to the joint process of planning a comprehensive plan of services that will lead to the empowered individual's attaining his or her goals.

### *Policy Recommendations for the Executive Branch (Including RSA)*

**Employment outcomes.** A fundamental measure of a VR agency's success under the VR Program is the number of consumers that the agency assists to achieve an "employment outcome," defined in Federal regulations as:

[E]ntering or retaining full-time or, if appropriate, part-time competitive employment . . . in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. (34 CFR 361.5(b)(16))

In rehabilitation vernacular, the number of an agency's employment outcomes is often referred to as its level of "26 closures," a reference to an old designation in RSA reporting instructions for a consumer whose record of services has been closed because the individual has achieved an employment outcome through the VR program. While RSA no longer uses the "26" designation in its reporting instructions, many State VR agencies continue to code the service record of an individual achieving an employment outcome as a "26." Thus, State agencies often refer to their number of consumers who achieve "employment outcomes," which they must report (along with other program data) annually to RSA, as their level of "26s" for a given fiscal year.

Regardless of the designation used to identify successfully employed consumers of VR services, it is commonly understood that, apart from RSA reporting requirements, many agencies emphasize and promote—internally to staff, to its State legislature, and to the public—the extent to which an agency continually increases the number of consumers who achieve employment outcomes. Yet, to many, an emphasis on the agency's number of employment outcomes (or 26s) serves the system rather than the individual. While on the one hand, increasing the number of employed consumers can be used to justify the cost-efficiency or effectiveness of the VR program, that justification is somewhat superficial as pressure (whether internal or external to the agency) to continuously expand its number of employment outcomes can result in serving those who require services the least, causing "creaming"—providing minimal services expeditiously at the expense of quality, comprehensive services. Focusing on increasing the number of employment outcomes can, in effect, dis-empower the consumer with significant disabilities from maximizing his or her employment potential.

In light of the fact that the reporting and performance standards by which State VR agencies must abide greatly influences State agency practice, the PSG recommends that RSA reassess its regulatory definition of "employment outcome," its reporting requirements for VR agencies, and the VR program performance measures in order to better reflect the quality of employment outcomes achieved by consumers. Some in the disability community believe that the Federal definition of "employment outcome," and the agency annual reporting of such, ought to include only competitive employment outcomes chosen by the individual for which the individual earns the appropriate wage and level of benefits for that job (RSA's current definition of "employment outcome," noted above, allows for both competitive employment and jobs in integrated settings in which individuals earn less than minimum wage). Others have advocated for weighted performance measures that attach greater significance to employment outcomes in which individuals receive higher wages and employer-provided benefits. Finally, related, and perhaps more readily available, steps include eliminating the current performance indicator that calls for agencies to increase the numbers of individuals who achieve employment outcomes from one year to the next or to increase the required performance levels under RSA's current "primary" performance indicators (i.e., those that focus on extent of consumers with significant disabilities, extent of competitively employed individuals, and the relationship between consumer wages and that of the general population in the State; 34 CFR 361.81 and 361.84(c)).

No matter which strategy is adopted, however, the PSG stresses that any changes—including those to the current "employment outcome" definition, reporting requirements, or performance measures—facilitate comprehensive planning for each consumer, lead to services and supports that meet the individual's specific needs, and place responsibility for success on both the agency and, more importantly, the empowered consumer. Such an approach will greatly increase the likelihood that VR agencies view each individual consumer in consideration of that individual's unique circumstances, service needs, and (high quality) employment goals and will be less inclined to maximize numbers of outcomes ("26's") at the expense of consumer empowerment.

**RSA Grants.** This document focuses largely on the VR program, the \$2.6 billion program on which much of RSA’s monitoring, assessment, technical assistance and policy-making efforts are focused. However, RSA also administers several other grant programs authorized under the Rehabilitation Act, including competitive grant programs to support training of rehabilitation professionals, special demonstrations and other projects focused on enhancing service delivery and VR and independent living outcomes for persons with disabilities. The PSG recommends that RSA make consumer empowerment a key focus area of all such competitions and funded projects. The more empowerment-related concepts are built into rehabilitation training curricula, innovative service delivery strategies and other Federally-funded efforts, the greater the potential that such programs will realize their intended result, i.e., empowered individuals succeeding in the workplace in their communities.

### *Policy Recommendations for State and Local Entities*

**IPEs.** The Individualized Plan for Employment is a highly effective tool that specifies the critical elements (e.g., the individual’s employment goal, services, service providers) necessary to guide an individual’s participation in the VR program and pursuit of high-quality employment. Unfortunately, budgetary limitations are also viewed by State agencies as a key part of the IPE development process to the point that consumer expectations and interests can be relegated to a lower priority than making certain that services are the least costly possible. The PSG believes that a system that focuses on the individual’s service needs and expectations is more likely to foster empowered consumers than those systems that are budget-driven. At the same time, we recognize the fiscal constraints imposed, especially today, on State agencies and emphasize that a system based on service need not weaken an agency’s fiscal accountability. The PSG recommends simply that agencies be sure not to establish budgets at the outset of the IPE process and to develop the appropriate plan as a first step. Fiscal control can be factored in at a later point, and we contend that State officials may be surprised by the extent to which consumers make reasonable—rather than extreme or costly—demands of the agencies from which they receive services.

**Pre-vocational services.** One of the key features of the VR program that distinguishes it from the generic employment and training programs that serve the general public is the availability of adjustment and other services that assist in readying the individual for employment. Adjustment services may include, for example, teaching orientation and mobility to individuals who are blind; training in the use of communication aids for those who are blind, deaf, or unable to speak; and intensive counseling from VR counselors able to help those with any type of disability to adjust to their impairments, become self-confident and independent, and succeed in the workplace and in their communities. Such services are vitally important to assisting individuals with disabilities in adjusting to living and working with a disability. For that reason, the PSG recommends that State VR agencies ensure that their systems adopt a holistic, or whole person, approach to VR and—absent the individual’s informed choice to

the contrary—avoid quick “assess, place and train” philosophies. The more agencies focus on the entire scope of needed services (that may include adjustment and other pre-vocational supports and is consistent with the individual’s informed choice), the greater the potential for the individual’s long-term success in the workplace will be.

**Service Providers.** This PSG also recommends that State VR officials re-examine their standards for service providers and assess whether such standards allow for, or preclude, VR consumers’ working with a varied and competent scope of providers. Agencies that require all providers to meet the same, singular set of standards (such as CARF) may be inhibiting individuals from working with providers who might have smaller staffs, fewer resources or different missions, yet still are quite effective in serving and empowering individuals through skills training, on-the-job supports, mentoring and other activities that they offer. For that reason, State VR agencies should ensure that their provider standards are fair and effective, yet afford the individual as many options as possible.

**System Evaluations.** To their credit, many State VR agencies are committed to continuously improving their programs and to re-assessing the quality of their service delivery processes and consumer outcomes. As those (and, we hope all) agencies continue to critically analyze and evaluate the quality of their programs, we recommend that such evaluations be conducted not only by officials and staff internal to the agency, but by the consumers themselves, community organization representatives and other advocates. By responding to the needs of wider audiences of persons with disabilities, program evaluations will prove more effective and, ultimately, empowering to the consumer.

**Investment of Resources.** Unlike the specific recommendations above, we close this chapter with a final point for State VR administrators to consider. In a recent colloquy, Dr. Fredric Schroeder, former RSA Commissioner, addressed the delicate balance between maximizing the reach of agency resources and providing high quality services that enable consumers to become all that they can. In determining whether an agency should serve greater numbers of consumers by providing limited, scaled-down services that meet only some of the individual’s needs, or provide high quality, fully comprehensive services to fewer individuals, Dr. Schroeder actively advocates for the latter approach. In using an analogy to a traditional A-B-C-D-F grading system, Dr. Schroeder indicates that while many may “think of the very best services that [VR agencies] can provide as A level services,” the persistent problem is that “there are always more people who need help than there are resources to help them.” In response, agencies may choose to employ the strategy of serving more individuals by cutting back to B+, B-, C+ (and so on) level services depending on the extent to which the comprehensiveness or overall quality of services is compromised (Schroeder, 2001).

Dr. Schroeder’s analogy implies that the lower the grade of the services afforded by an agency is, the less likely it is that the consumer will receive what she/he needs, be satisfied with the program or, most critically, be empowered to succeed after exiting the VR program. A further implication is that agencies that seek to provide “A” level services produce an empowered

and satisfied constituency who will thrive in society and passionately advocate—to Congress, State legislators and government officials, consumer groups, friends and family and all other stakeholders—in support of the VR program and the agency. Such broad support (to complete Dr. Schroeder’s point) could lead to additional resources for the VR program which could, in turn, enable agencies to serve more individuals with disabilities without resorting to providing B, C or D level services.

Take, for example, VR agency policies related to postsecondary education opportunities for consumers as one area in which to consider this “investment” theory. The Bureau of Labor Statistics (BLS) projects that, through 2006, most occupations with the highest number of anticipated new jobs will require a higher education degree (Schroeder, 1999). Moreover, while it is commonly understood that postsecondary training may often lead to greater employment opportunity in terms of salary, benefits and opportunity for advancement, many VR program consumers (for whom college may be appropriate) do not receive training in colleges or universities through the program [Recent RSA-911 (Case Service Report) data indicates that less than 14% of VR consumers receiving services in FYs 2000-2002 had received college or university training.] Investing greater resources in higher education training or other significant services, consistent with the informed choice of the individual consumer, could significantly impact the quality of consumer outcomes and lead more readily to empowered consumers.

The PSG recognizes that the need for any particular service, and the quality of that service, are subjective matters best assessed by the individual consumer with the support of the VR professional with whom he or she works. Nonetheless, we offer the grading analogy above for purposes of perspective, one that may assist State and local officials in identifying broad or innovative strategies for investing limited program resources in ways that more readily empower consumers and, ultimately, their agencies. At the very least, we would agree that agencies are wise to rigorously assess the quality of the services that they provide, as many already do, and that expanding access to existing quality (i.e., “A” level) services, or developing other such services, serve as potential options for further empowering consumers and garnering broad support from both disability constituencies and budgetary decisionmakers.

## Conclusion

Whenever new policies are developed, it is imperative that they, first and foremost, be reflective of the needs of individuals with disabilities. That outcome can occur only through a sustained, comprehensive effort to infuse persons with disabilities into the policy-making process from the very beginning. The result will be policies that facilitate rather than impede individual empowerment. Aspects of the Rehabilitation Act provide a good start on which to move the empowerment movement forward. Additional policy changes—either the examples discussed above or others developed at the local, State, or Federal level—are needed in order for the VR system to prove empowering to the greater and greater numbers of persons with disabilities coming through VR agency doors.

## Study Questions

1. **Creating a system of VR that is empowering to all individuals seeking services requires**
  - (a) a shifting of long-held philosophies and approaches
  - (b) changes in the policies under which VR systems operate
  - (c) hiring new VR counselors and administrators
  - (d) (a) & (b)
  
2. **Examples of policies that pose barriers to consumer empowerment include**
  - (a) making the state agency the only option for providing assistance in developing the IPE
  - (b) requiring counselors to use the most cost-effective providers
  - (c) measuring success by whether or not the consumer obtains any job
  - (d) all of the above
  
3. **Inviting input from the disability community on mostly completed policies is an efficient and effective way of empowering consumers and involving people with disabilities in policy-making.**  
True    False
  
4. **Which of the following is not a strategy for empowering consumers in the policy process?**
  - (a) recognizing that consumers have valuable expertise
  - (b) maintaining the distinctions between “professionals” and “consumers”
  - (c) doing outreach to and providing accommodations for underrepresented cultural and disability groups
  - (d) investing in developing consumer leaders as partners
  
5. **Consumers who have “proved” that they are “too disabled to work” during the eligibility determination process are likely to believe that they can direct their own services and obtain their employment goals.**  
True    False

## Chapter 7

# Empowerment and Community Partners

## Introduction

Much thought and attention have focused on what needs to change in vocational rehabilitation (VR) in order to ensure that services are empowering to persons with disabilities. Discussions in this document have covered the full gamut from policies and procedures (including payment processes and counseling techniques and strategies) to what the consumer can do to be empowered. For all the worthiness of the discussion, it is limited without some thought being given to how community rehabilitation programs (CRPs) and the numerous systems consumers must orchestrate impact empowerment. Empowerment is an internal process that is felt and defined by each consumer. Yet every one of us knows how systems can make people feel powerless and insignificant, regardless of how empowered they might be in other situations. This chapter will examine how CRPs and other systems impact empowerment. It will identify some of the elements that impact VR consumers being empowered and what needs to change.

## Control

A key element to being empowered is the ability to believe that a person has control over his/her life, choices and environment. Viktor E. Frankl illustrates this in his book *Man's Search for Meaning* as he creates control of his experience in the Nazi concentration camp by framing it in terms of "am I worthy of this suffering?" (1984) The ability to feel that one has control is a critical component of human dignity regardless of the environment. The independent living movement understood this concept long before empowerment was part of the wider VR vocabulary.

Current VR regulations prescribe the type of information a consumer must receive when choosing a provider, but they do not specifically address how to help customers take control of their decisions (Cooper, 1998). As a rehabilitation system, we need to think collectively how to structure the system so that consumers can take control of the process. This is difficult because it not only demands that control traditionally held by professionals is placed back in the hands of consumers, but it also assumes that all consumers want that control.

Many consumers are not empowered when they seek rehabilitation services. They are at a fragile point in their lives. Making choices in their rehabilitation and being empowered can feel overwhelming. The fear of making a decision and taking responsibility for one's action is scary for many people, not just individuals with disabilities. In Fyodor Dostoevsky's *The Brothers Karamazov*, the Grand Inquisitor suggests that people are afraid of choice and invent systems to avoid having to take responsibility for their own actions. They find it easier to follow a ritual

or have someone tell them what to do. When consumers allow providers to control the choices, it is the provider's fault if things do not work out. Whereas if consumers make their own decisions and something goes wrong, then consumers must accept the responsibility. Choice and empowerment can be a double edged sword (Cooper, 1998).

### *Information*

Information is power. It is one of the foundations of informed choice. If consumers have the information they need, then they will make decisions that work for their lives and the issues they face. Access to the information is one of the seven principles underlying the WorkForce Investment Act. Every system that consumers deal with, from disability-related services to generic services to private for-profit services, understands the importance of clear, accurate information. Advanced degrees are offered in how to market information. Yet being sure a person understands the information is rarely an integral part of any systems process. At best, information is provided in a variety of formats. Perhaps due to time constraints, little thought is given to how consumers process information. The assumption is that they understand the information unless it is overwhelmingly clear they do not. Many consumers, rather than being empowered, have learned that they get more from the system when they act like "good clients." A necessary component of understanding information is being able to process it, question and check other sources.

Consider our common reaction when someone gives us information with which we disagree. We often question the source or ask someone else. This is rarely a behavior of "good clients," but it is a behavior of empowered consumers. It should be an essential function of the VR counselor's job to help consumers structure how they are going to get the information they need from VR and other systems. Consumers should be encouraged to question information until they understand it.

### *Community Rehabilitation Providers*

State VR agencies often spend up to half their budgets on purchasing services from providers (Cooper, 1998). CRPs are defined as individuals or organizations that sell their services to public VR agencies. They do this by providing services such as job development, job coaching, travel training, assistive technology, vocational evaluation, independent living services, etc. They have a contractual relationship with the public VR agency.

Due to the intensity of their services, CRP staff are frequently more familiar with the consumer than is the counselor. Their contact is usually more hands-on, in close proximity and often occurs in a variety of situations that allow the provider to obtain a daily working knowledge of the consumer. As a result, consumers often identify the provider as the professional who assists them in achieving their vocational goal. These factors place the CRPs in an influential position.

A CRP's policies and philosophy about empowerment of consumers and who the true customer is greatly impact the extent of power and control that CRP places with the consumer. In the current system, VR personnel contract with CRPs to purchase services or outcomes (i.e: job placement). "Empowerment" currently is not a purchased service or outcome, and public VR has offered limited direction to CRPs in this arena.

Certainly many CRPs are in a position to make conscious choices on how they will facilitate empowerment. The expectations over the last ten years have slowly changed. Empowerment and self-determination have become buzz words. CRPs are questioning what part of empowerment is their responsibility. They are starting to implement strategies that can help empower consumers. The strategies may be as simple as providing information about the organization's services and staff in a format that consumers can easily understand.

For example, Washington Vocational Services, a job placement provider in Washington State, implemented strategies to help consumers be empowered. Rather than assigning the consumer to a staff person, consumers can choose who will provide their services. A staff profile was created for consumers. Each profile includes the staff person's education, experience, expertise and philosophy of working with consumers. The profiles provide consumers with a basic level of information. It helps consumers to frame questions they will want answered to choose the right staff person for them. This method places the consumer in the position of being a customer.

Being viewed as the customer is an important element in being empowered. Being a customer creates a different set of expectations than does being a recipient of services. Consider how evaluation or community assessment information is frequently shared with consumers. The information is usually prepared for the VR counselor, making him or her the customer. It is rarely an empowering experience for the consumer. Instead, it can feel like the professionals talk to each other and then tell customers what is wrong, even if it is in a very professional, neutral manner. Often, consumers withdraw from the process and only hear what is wrong with them.

Imagine empowered consumers in the above scenario. They would expect the provider to listen to and answer to them. They might even demand a different type of evaluation, one that was customized to highlight the contributions they could offer. A number of people with significant disabilities can do very little in a traditional evaluation and need a customized tool to highlight their talents. VR needs to develop tools that highlight consumers' strengths and are tailored to the unique needs of the individual.

When the consumer is truly the customer, a paradigm shift will occur. Traditionally, CRPs have built their businesses by establishing vocational counselors as their customer base. The relationships between CRPs and vocational counselors create interdependence that can exclude the consumer. In reality, each of the three needs the others to succeed.

Many CRPs perceive the VR counselor as the true customer, rather than the consumer, because the counselor is the one who authorizes the services, negotiates the cost, and pays the bills. There is a direct correlation between power and money regardless of the field: business, politics or rehabilitation. The one who pays the bills gets attention. Not to say that one must have money to be empowered, but it does help in our society. This PSG believes a primary strategy for empowering consumers is to place the purchasing power with the consumer.

For example, once an IPE has been agreed upon by the consumer and the counselor, give the control of the agreed upon case service dollars to the consumer. The consumer can then pay the provider or school with their case service dollars. The consumer would negotiate with the provider for service costs and become the paying customer. This levels the playing field by placing the real control and power with the consumer.

If the consumer pays a school directly, the relationship between the consumer and the school changes. No longer will individuals be identified as public VR consumers by the school. It will be the consumers' choice to reveal such information. They will choose whether or not to use the services of the Office of Disabled Students. Having control over one's own information and when to reveal it is an important element of empowerment.

### *One-Stops*

In FY 2004, of the 80 State VR agencies, 40 were on an order of selection, compared to 39 agencies in FY 2003 and 37 in FY 2002. Eligible individuals who do not meet the State VR agency's order of selection criteria, i.e., individuals on waiting lists, must be referred to other appropriate Federal and State programs, including other components of the statewide workforce investment system (Section 101(a)(5)(D) of the Act and 34 CFR 361.37.

During the past several years, many State VR agencies have developed Memoranda of Understanding relating to the operation of the one-stop service delivery system that includes a description of services, how the costs for services and operating costs of the system will be funded, and methods for referrals. In some states, collaborative relationships have evolved that may prove to be beneficial in assisting individuals with disabilities to achieve employment outcomes without entering the State VR program.

There is an ongoing need for cross training of all one-stop partners on the unique mission, purpose and service delivery system of the public VR program. Individuals with disabilities must be afforded the choice as to whether they want to receive services through the generic employment services program offered through the one-stop center, or the more structured and comprehensive State VR agency service delivery system. Personnel employed by both the generic employment programs and the State VR program need to discuss how they might best empower individuals with disabilities so that they may make an informed choice as to where they would like to receive services. Below are a few examples of strategies that could be implemented:

- The VR counselor could provide the consumer with information about the one-stop. Consumers need to know what to expect from the services the one-stop offers. The VR counselor should provide information that describes the one-stop environment to consumers. The information could include how busy the center is, noise level, any accessibility issues that exist, classes that are available and software programs that could assist in a job search.
- The VR counselor could provide consumers with a checklist or script that walks them through the steps they could take at the one-stop and how to request any needed accommodation.
- The one-stop could hire and train greeters to direct individuals as they come through the door so that every person coming into the one-stop receives personal contact.
- VR Staff and the one-stop staff could jointly teach classes that focus on being an empowered consumer, career planning, interviewing.

### *Conclusion*

Those working in public VR have an opportunity and a responsibility to expand and facilitate empowerment. We in VR must look beyond our current system to not only the services we contract for but the services that consumers use in conjunction with public VR, such as one-stop centers, schools, public assistance, Section Eight housing, etc. Creating a VR system that empowers consumers is not easy and demands using the creativity of those working in the system and the willingness to make mistakes in the effort. We know that it requires public VR to be holistic and have a global perspective. We can begin empowering consumers by implementing some or all of the following strategies:

- View empowerment as an integral part of our outcomes, as employment is. In other words, empowerment should drive services as much as employment.
- A common language around empowerment must be developed. Everyone in the rehabilitation field must understand what it means to empower a consumer and how it is accomplished.
- Have consumers, rather than the VR counselor, contract with CRPs.
- Have consumers pay for their own CRP services with their case service dollars.
- Have the CRP write reports to the consumer and send those reports directly to the consumer with a copy to the VR counselor.

- The Rehabilitation Services Administration should award demonstration dollars to design new service models and determine how to measure empowerment.
- Make empowerment part of the standards and indicators for the VR program since we all respond to the criteria by which we are measured.
- Improve and expand Public VR's ability to collaborate with other systems. Establish strong relationships so that other systems listen to our suggestions on how to improve the ability of all services to empower consumers across agencies.

Creating a VR Service delivery system where all elements of the system empower consumers will require careful thought and commitment from everyone. It demands that public VR take the lead in helping create a system where consumers are in control of their services.

### Study Questions

- 1. A key element to being empowered is believing:**
  - (a) You have control over your life, choices and environment
  - (b) That you can spend your plan dollars on your dreams
  - (c) That you as the customer have the final say in all decisions
- 2. It is common place for public VR to buy tailored assessments that are customized to the individual.**  
True    False
- 3. A primary strategy for empowering consumers is to place the purchasing power with the consumer.**  
True    False
- 4. Creating a public VR system that empowers consumers demands:**
  - (a) A lot more money
  - (b) A holistic approach
  - (c) Creativity
  - (d) All of the above
  - (e) (b) & (c)
- 5. Some good strategies for empowering consumers are:**
  - (a) Give them whatever they say they need
  - (b) Give the consumer the information and let them decided
  - (c) Have consumers, instead of the VR counselor, pay for their CRP services with case service dollars
  - (d) All of the above
  - (e) None of the above

*Chapter 8***Empowerment and Consumer Organizations**

Chapter 2 focused on strategies that individual consumers can employ to become empowered and to maximize the benefits of vocational rehabilitation (VR). In this chapter, we will look at ways VR counselors and administrators can partner with consumer groups to optimize consumers' experience with VR and to assist them in building a support system that will continue to provide assistance and encouragement after the consumer's relationship with VR has come to an end.

Non-rehabilitation community organizations—consumer groups and quasi-governmental or government funded advocacy agencies—can be helpful, even critical, in the empowerment process. These community organizations serve as an extension of the rehabilitation counselor in the empowerment process in that they provide helpful information, knowledge, advocacy and mentoring during the counseling process and, potentially, for years after the counseling relationship has ended.

Active and vigorous consumer organizations have played and will continue to play a significant and ever-increasing role in empowering people with disabilities. Some of these organizations represent broad groups of people with different disabilities, such as the American Association for People with Disabilities. Others are disability-specific and represent consumers with one particular disability, for example the National Alliance for the Mentally Ill, the United Cerebral Palsy Association or the National Federation of the Blind. Some consumer organizations are organized on a national level, while others are primarily local organizations.

In addition to consumer organizations, there are organizations in every state that can provide helpful services to people with disabilities, ranging from information and referral through individualized legal representation. VR counselors can call these organizations directly, or refer their clients to these organizations. For purposes of this chapter, however, these organizations are listed but not discussed in detail. The list of helpful organizations includes, but is not limited to disabled student service offices on university campuses, State Rehabilitation Councils, Statewide Independent Living Councils, centers for independent living, university affiliated programs, regional rehabilitation continuing education programs, federally funded university research and training programs, and protection and advocacy agencies.

The benefit of involving the above-mentioned consumer, community and advocacy groups in the empowerment process cannot be overstated. However, it is impossible for a VR counselor to provide information to, or efficiently receive information from, all of these disability organizations by him or herself. As was pointed out above, there is a ready source for needed help—consumer organizations. It is incumbent upon the VR counselor and agency to join forces with the active and progressive consumer organizations in the state to provide the latest

information and to stress the significance of the empowerment model of assistance and support to these community partners.

Most VR counselors and administrators are aware of, and probably members of, professional organizations such as the Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER) or the National Rehabilitation Association (NRA). These professional organizations serve an important role for VR professionals. Consumer organizations can serve an equally important role.

The importance of listening to and learning from consumers was emphasized in an address by Commissioner Joanne Wilson delivered at the National Federation of the Blind Jernigan Institute in Baltimore, Maryland. She stated:

I believe that true rehabilitation, the actual changing of blind people's lives, comes not just from technology experts or blindness professionals like me but from our working in partnership with consumer organizations. Consider the general business picture. When you look around at ordinary companies, you will see that some are just getting along and some are thriving. What makes the difference between these two groups? The successful businesses are able to reach beyond the standard resources that we think of: products, personnel, technology, and financial resources. They are tapping into hidden resources that have been under-used. The evidence shows that they are looking to their consumers, the people to whom they provide services. They invite consumers to join their boards and to take part in analysis of their products and services. In short, they are listening to consumers.

I was on a plane the other day and listening to a program. A man from an organization called Redhead Technologies was being interviewed. He explained that the company had not been doing very well. They looked at their corporate structure and discovered that they had a lot of inbreeding. So they began consciously listening to the people who used their products and making decisions based on what they learned. When they began involving consumers, the business took off. This is what the rehabilitation world needs to do. We can tap a valuable resource if we will partner with the organized blind in doing training and rehabilitation and education. We have vastly under-used that resource. We have maintained a wall between rehab professionals and [people with disabilities.] (*Braille Monitor* June 2004).

In Chapter 1 of this book, the Primary Study Group discusses several “barriers to empowerment and informed choice.” These barriers include the lack of knowledge, skills, support networks and understanding of disability-specific techniques. All of these deficiencies can be ameliorated or mitigated through the help and ready-made support network that exists within consumer group organizations. Consumer organizations can be vigorous advocates and can play a vital role in promoting disability awareness and providing public education about disability.

### *Consumer Groups—A Source of Knowledge and Information*

VR counselors and administrators can gain a wealth of knowledge from consumer groups representing people with disabilities. Who better knows which services are desired and needed than former consumers who have received VR services and are now successfully employed? VR counselors cannot be expected to know or fully understand disability-specific information for all disabilities. Consumer groups can provide knowledge about the following:

- Pros and cons of services or techniques to be provided or learned
- Effectiveness of a variety of available technology
- Efficient methods for self-advocating
- Information about rights and protections

These organizations can help the counselor in several ways. They allow the counselor to gain insight and a better perspective on various disabling conditions. Thus, the counselor will be better able to assist today's consumers. The members of each of these organizations—those who have had extensive experience with the VR process—can provide firsthand information about which VR programs or services are helpful and those that are less helpful. This information may offer a completely different perspective for the counselor than what is received from a textbook or in a lecture hall or laboratory.

The following paragraphs provide examples of information which VR counselors can receive from consumer groups.

- A consumer who is deaf or severely hard of hearing needs information and knowledge about choices of services. Will the consumer pursue technology to attempt to ameliorate a hearing disorder or choose to learn sign language? What services and equipment are available for telecommunication, communicating with doctors or other medical professionals, or requesting and receiving information about education or employment? Consumer groups of people who are deaf have knowledge and experience available on these subjects. Administrators and VR counselors are invited to participate in meetings and learn firsthand answers to some of these questions. Likewise, the counselor and consumer will both benefit from the perspective gained by discussing issues with consumer groups with different approaches to their disability.
- A blind or visually impaired consumer must make decisions about whether to learn Braille, learn why Braille is important, locate resources for acquiring printed material in Braille, available technology that produces Braille electronically, or decide whether to use voice output devices, large print screen reader technology, telescopes, lenses, and closed-circuit TV services for enhancing the use of low vision. Consumer groups for people who are blind or visually impaired have members who have firsthand experience in all of these choices and decisions.

- One of the greatest frustrations for people using wheelchairs is the lack of accessibility in many locations and environments. At a meeting of a consumer group for people with physical disabilities, a VR counselor or administrator can find information about how frustrating and limiting inaccessibility can be. Members of these groups have experienced inaccessibility due to narrow doorways, lack of curb cuts, constricted aisles and inaccessible restroom facilities. Some members of these consumer groups are expert in bringing about change through group advocacy, providing information about the Americans with Disabilities Act and providing information to the counselor and the consumer about locations for shopping, recreation, eating and other daily life activities. Some of the groups have taken legal action when locations have remained inaccessible.
- Technology is always changing and evolving. Technology used by people with disabilities is no exception to this rule. A VR counselor cannot be expected to, nor would it be possible to, stay current with all the latest software and hardware changes used by people with disabilities. VR counselors are frequently unfamiliar with new technology they are requested to include into an Individualized Plan for Employment (IPE). Members of consumer groups who use technology during their rehabilitation or during their employment can serve as a valuable resource to the VR counselor. A counselor can meet with members of a consumer group and learn how the technology functions and its usefulness to people with disabilities.
- Participating in group meetings, social events, and advocacy sessions with people with mental illness will provide VR counselors with information about the experiences of mentally ill people and choices about medications, treatments and ways to participate effectively in work settings.

The VR counselor and manager who believe in and embrace an empowerment model will participate in and refer their consumers to an appropriate consumer organization of people with disabilities. VR counselors are encouraged to become knowledgeable about and personally involved in the consumer organizations that are relevant to their consumers.

### *Consumer Groups—Adding Perspective to Informed Choice*

Knowledge alone is sometimes not useful. Effective rehabilitation counselors and administrators generally have knowledge about disabilities. Consumer groups, however, can bring the added perspective that makes that knowledge useful and effective.

In setting the stage for this book, we discussed the definition and importance of informed choice (see Chapter 1). Consumer groups can provide an invaluable resource to the consumer and his or her VR counselor when faced with making decisions under the informed choice provisions of the Rehabilitation Act. In 1995, then Commissioner Fredric K. Schroeder, Ph.D.,

delivered an address in which he discussed the importance of perspective in exercising informed choice. He gave the following example of the importance of perspective when making an informed choice:

Last July, when I began my work at the Rehabilitation Services Administration, I was required to complete the considerable volume of paperwork necessary to instate me as a bona fide federal employee. After I filled out the required documentation, the personnel specialist with whom I was working asked if I would be interested in the government's health insurance plan. When I indicated that I was, she told me that there were a number of plans from which I could choose. She took me to a room and began giving me brochures explaining the various options and suggested that I read each one and let her know which plan I wished to select.

I was surprised to find that there were perhaps fifteen or twenty different plans from which to choose, each with a detailed brochure explaining its individual provisions. Some that required a lower biweekly fee provided less coverage or higher co-payments. Some had networks of doctors; others allowed you to visit any doctor you wished. Some offered a list of doctors for whom you would pay less, but gave the option of paying more and seeing someone outside of its program. Some were HMO's, and others were traditional eighty/twenty plans. Some were hybrids offering various features of both. When I returned to my office, I began wading through the various materials and soon became overwhelmed by the quantity of information and the difficulty of finding common characteristics to use for comparison. Finally, in frustration I got up from my desk and went out into the outer office. There I stopped an RSA employee who happened to be handy and asked, 'Do you have the government health insurance?' He replied that he did. I asked, 'What plan do you have?' He told me he had Blue Cross. I said, 'Do you like it?'

He said, 'Yes, it's fine.'

'Great,' I said, 'I'm getting Blue Cross.' Later I weighed the brochures I had been given and found that I had thirteen pounds of printed material explaining my various options.

I had choice in selecting my health plan. I had all the information an individual could ever want. But my ability to exercise choice was limited, not by the lack of information, but by the lack of useful information. I had choice, but what allowed me to exercise my choice was contact with someone else who had real-life experience. As we look at defining choice for consumers of the VR program, I believe we should begin with an understanding that choice is more than lists, more than data, more than volumes of printed information. Real choice, the kind that people want, must include contact with others who can translate options into real-life experiences. (*Braille Monitor* August/September 1995).

A VR counselor who is concerned about empowerment can sometimes get stuck without a response to questions raised by a consumer. An enlightened counselor will not curtail or limit the employment choices of a consumer simply because the counselor does not see how a person with a disability could possibly do such a job. Empowered counselors can work with consumers and consumer groups to find a person with a similar disability doing almost every job imaginable.

One of the most empowering experiences a consumer can have is to visit with another consumer who has a similar disability and who is employed in a job that the consumer would like to have. Such a conversation can be critical in the empowerment process because the consumer now has a mentor—a person with a similar disability doing the job that has been identified as the employment objective in the IPE. Members of a consumer group can help the counselor and consumer by

- Identifying other people with disabilities who are doing similar jobs
- Identifying mentors who are willing to invite the consumer to job shadow
- Providing role models for identifying and teaching the disability-specific skills necessary to perform the required functions of a job
- Providing information about transportation available in the area
- Networking with other people with disabilities to identify job opportunities
- Discussing available technologies that make jobs accessible
- Identifying training centers, schools or other educational opportunities that lead to the desired job

Despite a counselor's best efforts to help a consumer learn and understand the VR system, the consumer might feel overwhelmed, confused and frustrated. A consumer group usually has members who have experienced the rehabilitation process. Consumer group members can help explain the VR process, and can even assist by making suggestions for services or items to be included in an IPE. Consumer group members can share information about the process for completing an IPE, as well as the process for appealing an adverse decision about the completion or implementation of an IPE. Most counselors understand that genuine differences of opinion concerning the preparation or the implementation of an IPE will sometimes occur. Ensuring that consumers have the opportunity to meet with and learn from other consumers who are similarly situated is a critical part of helping a consumer to be empowered. Rather than feeling threatened or annoyed, a counselor concerned with consumer empowerment will welcome the input and suggestions from the consumer group members who have already been through the process.

Despite repeated assurances to the contrary, a consumer who receives a referral from his or her counselor to visit with a Client Assistance Program (CAP) may question or mistrust the referral made by the counselor. A suggestion by the counselor that the consumer visit with other members of the consumer group about the CAP program, or his or her appeal rights, can bring assurance and added empowerment to the consumer.

One of the most beneficial elements of consumer groups to a VR counselor and consumer is the networking and information-sharing aspect. A VR counselor concerned with a consumer's empowerment will encourage the consumer to contact other people with similar disabilities to gain information about employment opportunities, education, and skills necessary to perform the required duties of their employment.

The views of veteran VR consumers within consumer groups will be based upon the experiences—both good and bad—that they and their friends have had. The new consumer can then judge for himself or herself whether those experiences relate to the goals and ambitions he or she has.

### *Advocacy*

Consumer groups all across America have become very informed about the legislative process and have organized efforts to bring about changes on behalf of people with disabilities. Some states even have formal organizations consisting of members from a variety of consumer groups who focus on proposed legislation in their state. These consumer organizations have been successful in bringing about much-needed reform in a variety of areas relating to disability issues. There are few groups more effective and efficient in grabbing the attention of state and federal legislators than a well organized consumer group armed with an important issue. VR counselors and administrators can benefit from the land swell of enthusiasm for change and improvement generated by well-organized and legislatively-minded consumer groups.

State Rehabilitation Councils (SRCs) are a vital part of the VR system in every state. By law, people with disabilities must occupy several positions on SRCs. VR administrators can contact consumer groups to receive nominations for individuals to serve on SRCs. Nominees from consumer groups will bring the information and perspective representative of their consumer groups. Encouraging consumer groups to provide nominees to serve on the SRCs ensures a broader base of representation on the part of people with disabilities. [Since this writing, RSA has initiated a series of trainings focused on empowering SRC participants to advocate for improvements in the VR program in order to enhance opportunities for high quality employment for individuals with disabilities. For more information on this training contact the Regional RSA offices.]

Consumer groups can also serve as advocates for individuals dealing with environmental and attitudinal barriers to employment. Although civil rights legislation is in place, VR

consumers still sometimes experience discrimination in the workplace, educational settings, social environments, etc. This is very nearly impossible to face and overcome alone. If the consumer is aware of and connected with an organized and strong consumer group, he or she will have a built-in support system and an established mechanism for challenging and overcoming the discrimination.

The Disability Law Center in Utah was contacted by a deaf individual requesting assistance in an appeal before that state's Medicaid agency. The issue facing the deaf consumer was an archaic state regulation and the lack of understanding on the part of the state's Medicaid agency concerning technology that was medically necessary for the individual's rehabilitation. The staff of the Disability Law Center contacted the deaf consumer group in that state to learn more about the technology being requested, the deafness condition experienced by the consumer, the advantages and disadvantages of technology used by deaf and hard of hearing individuals and information about deaf and hard of hearing culture. The deaf and hard of hearing consumer group provided the deaf consumer and her representatives with perspective about the technology being requested and a support network of other deaf individuals using the same technology. The consumer group was able to suggest vendors and providers of service and helped provide the Disability Law Center with good information as it proceeded to represent the individual before the Medicaid hearing officer. Because of the collaborative effort of the VR counselor, the staff of the Disability Law Center and a deaf and hard of hearing consumer group, the state's Medicaid policy concerning medically necessary technology for deaf and hard of hearing people was improved and the individual received the needed technology and moved further along the road of empowerment.

Another example of effective advocacy by consumer groups is illustrated by a consumer group that came to the assistance of a blind school teacher. This blind individual attended a training center where she learned the skills necessary to read and write Braille, to travel independently and to maintain her independence. The VR agency that had provided the rehabilitation training was also instrumental in assisting her in obtaining employment as a school teacher, which was her employment objective. Despite excellent annual performance ratings, the school district terminated the blind school teacher based solely on the fact that she was blind. The National Federation of the Blind learned of this situation and advocated, wrote letters and provided legal representation on her behalf. The result was that the school district corrected its erroneous decision. The VR agency was not required to help find another job and the blind individual remained successfully employed and empowered.

## Mentoring

One of the most powerful tools a VR counselor can provide to a consumer striving for true empowerment is that of a role model or mentor. The members of consumer groups are a ready source for enlightened, educated and empowered role models and mentors. A consumer struggling with self-confidence or self-efficacy issues can benefit immensely from having access

to one of these role models or mentors. These mentors are frequently willing to meet with the consumer in a social setting—one that will inspire and facilitate free-flow of ideas and emotions—to discuss questions and problem solve together.

The mentor will have insight into available jobs, transportation issues, living arrangements, service providers, educational opportunities, recreational opportunities and opportunities to provide service. Information on all of these issues can be provided by a mentor, backed with the resources of a consumer group. These issues play a critical role for a consumer who is moving toward empowerment.

Finally, there is the issue of a consumer's "giving back" and what it can do for personal empowerment. In *Freedom For The Blind*, James H. Omvig (2002) introduces a concept he refers to as "the empowerment circle" (see p. 60). Omvig points out that to close the loop completely on the empowerment circle, the final step in the relationship between the consumer and the consumer organization, i.e. the final link in the quest for empowerment, is for that new consumer not only to become aware of, but also to get outside of himself or herself and to become actively involved in the appropriate organization. His or her personal empowerment will truly be completed by getting involved and helping to make life better for other people with disabilities. Soon, this new consumer will be the empowered mentor, inspiring and encouraging and giving hope to another person with a disability who is just beginning his or her road to empowerment. This new role for the consumer will be empowering, since one gains enormously by giving back.

## Conclusion

This book focuses on empowerment and, as we have discussed, becoming empowered is a collaborative process; it does not happen alone. The empowerment process is facilitated by enlightened VR counselors, managers, administrators, policymakers and consumer groups. The progress toward empowerment is greatly facilitated when a VR counselor and agency acknowledge and participate in the vital role that consumer groups play in the empowerment process with the individual.

VR counselors and managers can take advantage of the critical and effective tools for reaching empowerment provided by consumer groups. Below are a few suggestions for taking advantage of this powerful tool for empowerment.

- Identify the consumer groups in your area dealing with disabilities in which you are interested. These consumer groups can be identified by using the Internet, searching business and commercial sections of telephone directories, making inquiries to your local protection and advocacy program, or contacting your Client Assistance Program.
- Contact a local leader and explain that you wish to learn more about the disability group he or she represents.

- Meet with the local leaders and explain that you would like to partner with them. Explain that you would like to share information with the consumer group about the VR process and receive information about job opportunities, available technology, mentoring and other opportunities which the consumer group may provide.
- Attend a local or state convention of the consumer group and invite consumers to attend with you.
- Request from the local leaders to have a mentor assigned to meet with and serve as a role model for a consumer.
- Recommend that a member of the consumer group be nominated for the Statewide Rehabilitation Council.

### Study Questions

- 1. Consumer groups can provide VR consumers with information on**
  - (a) VR services and procedures
  - (b) Available technology and adaptive equipment
  - (c) Information about rights and protections
  - (d) All of the above
- 2. Consumer groups can support VR consumers facing discrimination by providing**
  - (a) Peer support
  - (b) Access to the organization's legal resources
  - (c) Input to policymakers
  - (d) All of the above
- 3. Consumer groups can provide \_\_\_\_\_ to informed choice.**
  - (a) fun
  - (b) legitimacy
  - (c) perspective
  - (d) choice
- 4. Members of consumer groups can mentor VR consumers by**
  - (a) Inviting the VR consumer to job shadow
  - (b) Connecting them to a network of other people with disabilities to identify job opportunities
  - (c) Providing information about transportation, social activities, training, etc.
  - (d) All of the above
- 5. VR counselors can take advantage of the support and opportunities consumer groups provide by**
  - (a) Referring consumers to consumer groups
  - (b) Recommending members of consumer groups for membership on the State Rehabilitation Council
  - (c) Both (a) and (b)
  - (d) None of the above

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# Appendices

## Appendix A: Consumer Hand Out for Chapter 2

### Making the most of your Vocational Rehabilitation Experience

This brochure contains information to help you make the most of your VR experience and partnership with your VR Counselor.

Questions that might be asked:

- What are your job interests?
- If you don't know, do you want to learn?
- What do you think your strengths are?
- What do you think you need help with?
- Who can provide written information about your disability? (Doctors, Hospitals, family, schools, Social Security Office, others)
- Expect that you may be asked to sign releases for the counselor to obtain information.

This is also the best time for you to ask questions of your counselor in order to be fully informed, and begin working together on your goals

Asking Questions:

- How will the information I provide be used?
- Ask who will see the information. Express any concerns you may have.
- What Can I do to help the counselor get accurate information about me?
- Can I pick up the information for the counselor?
- What type of tests or assessments might I take?
- Who can I talk to?
- When & Where is there a consumer or consumer group I can meet?

- How do you usually work with people who have a disability? This is how I work best with a counselor...
- What are your experiences with people who have my disability or barriers with getting training or a job?

Listening to the Answers:

- Be Honest, if you are not interested in going to work-say so. The counselor may be able to refer you to an appropriate source to have your needs met.
- If you have a question-ask.
- If you do not fully understand, it is your responsibility to ask for clarification.
- Ask how to contact the counselor if you think of questions later.
- Ask about the counselor's availability and practice of scheduling appointments, returning phone calls, responding to e-mail, etc.
- If you need assistance from the counselor to understand the VR process-talk about it.

# Making the most of your Vocational Rehabilitation Experience

*This brochure contains information to help you make the most of your VR experience and partnership with your VR Counselor.*

## Appendix B: Vignettes for Chapter 3

When Don first met his rehabilitation counselor, he was asked, “What can I help you with?” Don’s response was, “What services do you have?” Don, like a lot of clients wasn’t aware of the services that were available. His decisions regarding a goal were dependent on his options, and what services were available.

Don’s counselor proceeded to learn more about Don through the counseling relationship. When she later explained the available services, she was able to relate them to Don’s stated interests. While some of the services were not of interest to Don at the time, he was made aware of them for possible use in the future.

When Don decided to apply for VR services, his rights and responsibilities were discussed. Don needed to know what he could do, how his counselor would assist him during the process, and the services and supports that would be available to him in the pursuit of his goals.

An individual expresses an interest in working with children. The counselor has concerns and feels that the individual will get best results if working with elderly adults and presses the individual to accept a position in that area. The individual gives the job a try but is unhappy and eventually quits the job.

An individual applying for VR services had always felt sorry for anyone he saw in a wheelchair. He couldn’t imagine that life was worth living if you couldn’t walk, or run, or dance. He thought his life was over when the effects of a motorcycle accident resulted in amputation of both of his legs. For a long time, this individual wasn’t willing to consider anything his physical therapists and occupational therapists would suggest. He had been a strong man before. It took time for him to finally be willing to risk trying to do something in a different way. His fear of feeling that he was unable to do anything for himself and that family members and others must care for him needed to be addressed before progress could be made.

An individual expresses an interest in becoming employed in an area that will require academic training. The high school transcripts and psychological testing results indicate that the individual’s academic ability is below average. The policy of the local VR office is to factor ability levels into a decision whether or not to support training. Thus, the counselor refuses to support the individual’s participation in academic programming.

The counselor might consider that in many cases the individual’s interest or lack of interest will influence the level of success achieved. Also, since the individual deserves the opportunity to show that he/she can succeed, the counselor might agree to allow the individual to take a course to see if he/she has the ability and interest needed to complete the curriculum, in spite of low test scores. This could be part of the individual’s program and indicating that if attempts to attain the academic goal are not successful, then other areas would be explored.

### *Vocational Rehabilitation (VR)*

VR is an employment focused program for persons with physical and/or mental disabilities whose conditions present barriers to employment, and who are able to benefit from VR services to go to work.

Visit your nearest VR Office at:

Agency Name  
Address  
Phone  
E-mail & Website address

### *The VR Process:*

The VR Process has several steps:

- Referral to the VR Agency
- Participate in an intake interview with a qualified VR counselor
- VR counselor determines your eligibility for the program
- You develop an Individualized Plan for Employment
- You find a job with the help of your counselor
- You can receive additional services after you get a job, if necessary

The following terms will frequently be used during the VR process:

**Informed Choice:** A decision making process whereby the consumer of the VR program accesses and analyzes relevant information and determines his or her vocational

goal, services and service providers. The individual exercises this decision making process in all aspects of the VR process.

**Empowerment:** Empowerment means control. An empowered consumer has control over his or her own life and has the knowledge, skills, supports, resources and the confidence necessary to exercises that control in determining and achieving his or her life employment, economic self-sufficiency, independence, inclusion and integration into society.

### *Roles*

Throughout the VR process, your role is to actively engage in obtaining information in order to make the most informed choices/decisions about going to work.

Throughout the VR process, the VR Counselor’s role is to guide you through the process of obtaining information, and to make decisions related to your job goal.

### *What to Expect*

The first visit or phone call to the local VR office:

- Expect to be asked if you are interested in going to work.
- Expect to provide referral information: name, address, phone number so you

can be contacted for an appointment or to attend an orientation.

- You may be offered the opportunity to attend an Orientation to learn more, or you may be able to schedule an appointment over the phone.
- If you want more information before attending Orientation or an Initial appointment, ask to be contacted by a counselor, or supervisor for more information.

### Referring Yourself, Family Member or Friend:

Visit or call the local VR Office. Provide your name, address, phone number (Contact Information)

In order for the Supervisor to match you with a counselor, the following information may be requested:

- What services are you interested in?
- What is keeping you from working?
- Tell us the best time to schedule an appointment with you.

### *Intake Interview & Application*

The Intake Interview is the time when a Counselor reviews the VR process with you. It is also begins the counselor’s process of getting to know you-your interests, goals, work skills, barriers to employment, support networks, etc.

Matt is a 58 year old man with mild retardation, cerebral palsy and blindness in one eye. He has a great sense of humor, a strong work ethic, and a caring family. He had always worked in a sheltered workshop but he wanted a competitive job. Matt's largest barrier was not his multiple disabilities, but his family's concern about the impact of working on his health and social security benefits. Matt was determined to obtain employment with or without his family's support. The counselor helped him understand how important family support would be to maintaining a job. If his family did not support his job, over time Matt would likely not be able to keep his job. Matt and the counselor considered different ways to obtain his family's support. They decided to have a meeting with his family, facilitated by the counselor, to determine the conditions of employment that he and his family could agree on. Matt and his family agreed that Matt would work part time, not more than fifteen hours a week, no more than a twenty minute bus ride from his house, and for a stable employer. They also agreed that Matt's brother would meet the employer and see the worksite before Matt accepted the job. For the last five years, Matt has worked successfully for a local community college.

A consumer was referred to a community rehabilitation program for a functional assessment because she was making no progress toward identifying a vocational goal. She maintained an interest in becoming a dental hygienist, which her counselor felt was an inappropriate goal due to her visual and fine motor limitations. The counselor refused to support pursuit of the consumer's chosen goal. Rather than saying no to the goal, rehabilitation counselors from the community agency structured a series of activities that one would have to accomplish in order to pursue a vocation of dental hygienist. The activities were supported by the staff. The staff prepared the consumer for the experiences she encountered by helping her to frame questions she might answer through her experiences. After a relatively brief period of time, she determined that her previous goal was no longer of interest to her and she ultimately identified an alternative goal that she successfully achieved.

Jeff is a 24 year old man with severe learning disabilities as a result of childhood illness. In high school, Jeff had been advised that he was "not college material." Upon graduation, he had several meetings with his rehabilitation counselor to select a job goal. Through this process, he learned that he had an interest in computers and that he is very creative. He explored this information and completed his VR plan which included vocational counseling & guidance, graphic design training & education, job seeking skills development. He is now actively seeking employment as a graphic designer. From the beginning, Jeff was determined to attain a college degree. This goal kept him motivated throughout his college experience. He credits much of his success to the support of his VR counselor and family who often reminded him of his goal.

Mike is 50 years old and had never worked. His disability is cerebral palsy which limited his movement and speech. When he and his counselor attempted to hire a job developer, no provider would accept Mike. They all felt he was not employable. His counselor understood how important working was to Mike and decided to try another route rather than close his case.

She and Mike pulled together a circle of friends to do future planning that focused on work. Out of the future planning sessions came the idea of Mike working at his church. Mike was close with his pastor. The counselor met with the pastor and over a six month period designed a job for Mike. Co-workers in the pastor's office provided support to Mike in his job.

If the parents of a consumer are reluctant to allow the individual to try new things, the counselor might suggest that the individual could benefit from participating in a vocational assessment to get information related to his/her skills and abilities. To assist the parents to become comfortable with the idea, the counselor might spend extra time explaining the program and address questions/concerns they may have, or invite the parents to participate in some capacity in the assessment. It may prove advantageous if a tour of the site where the services will be provided could be arranged. The counselor might also adjust his/her schedule to allow accompanying the family on the tour.

In a second example, often the reluctance will lie with the individual. In such cases, the counselor might attempt to get information related to areas in which the individual has interest. Since attempting to get the individual to participate in new activities may raise anxiety, the counselor might get best results if he or she started by suggesting that the individual participate in activities with which the consumer is familiar. The counselor can attempt to increase the level of risk-taking by making a list of things to try that includes some additional activities with which the individual is not familiar. Consumers will have a greater chance at success if they begin with activities that are basic and non-threatening and then increase the level of risk/difficulty.

An individual with a cognitive disability that resulted from a brain injury struggled and failed at several attempts at vocational training, many of which included specific remediation for memory and other cognitive "impairments." The remediation efforts were unsuccessful, as were the training attempts. The individual became increasingly pessimistic about his chances for a career. At a peer support meeting that he happened to attend, he heard for the first time that accommodations for learning problems were not only available but required by law in community college settings. This led to enrolling in coursework at a local community college that, for the first time, proved successful. The individual attributed his success to realizing that he did not have to focus on changing himself, but rather could accommodate his limitations through modifications and assistive technology. This had a positive effect on his mood, level of motivation and self-esteem.

An individual approached her VR counselor requesting support to set herself up in a self-employment outcome in a media production business. While the individual did demonstrate interest, skills and experience, the counselor was unfamiliar with the type of work and the nature of the request. As a way of addressing the request, the counselor and consumer agreed upon using a community-based agency that specialized in entrepreneurial enterprises to assist the consumer in researching and developing a feasibility plan for the enterprise. Results of the study confirmed the feasibility and the services and support were provided by the counselor, resulting in a successful outcome.

Although it took a lot of soul searching, Karen finally decided to participate in personal adjustment training at her state's rehab orientation center. She was scared because she was leaving home, but she was also frustrated because her family did so many things for her, just because she couldn't see as well as she used to. At the training center, Karen worked with other students. She noted that at least half the staff was blind. Karen learned adaptive techniques that allowed her to regain her independence. Karen learned to travel with the use of a long white cane and to operate the computer via a screen reading software program. Karen went camping with this group, chopping wood and participating in a wide range of activities.

James is a fifty year old man with a mental health disability. He has lived in and out of institutions his entire adult life. He struggled with managing his anger and has a felony charge on his record for assault. James very much wanted to be a security guard. He did not believe his counselor when she told him that his criminal record would prevent him from getting a security guard job. He became very angry with his counselor. After he calmed down his counselor suggested an alternative plan. Together James and the counselor called all the security agencies in the area and asked them if someone with a criminal record could work as a security guard. After hearing from twenty-five security agencies that they would not hire someone with a felony, James was ready to reconsider his goal.

Larry was a thirty year old medical student who had had a climbing accident and acquired a TBI and multiple physical limitations. It was very important to Larry that he control his services. When it was time to select a provider, he decided to interview the providers to make sure the chosen provider met his needs. Of particular importance to Larry was that the provider answer to him, treat him as the primary customer, and find him a job that met his specified conditions. The counselor assisted him in designing questions to ask providers and helped Larry evaluate the responses. When Larry chose a provider, they entered into a performance-based contract that delineated Larry's expectations of the provider, including timelines for services and the type of job to be secured and the provider's expectations of Larry. Larry's satisfaction with the services was a condition of payment.

**Appendix C: Rehabilitation Services Administration Technical Assistance  
Circular 98-01 "Support Services for Individuals With Cognitive  
Disabilities and Others Who Need Assistance in Implementing Informed  
Choice"**

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND  
REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, DC 20202

TECHNICAL ASSISTANCE CIRCULAR  
RSA-TAC-98-01  
DATE: November 3, 1997

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)  
STATE REHABILITATION ADVISORY COUNCILS  
CLIENT ASSISTANCE PROGRAMS  
REGIONAL REHABILITATION CONTINUING EDUCATION  
PROGRAMS  
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Support Services for Individuals With Cognitive Disabilities and Others  
Who Need Assistance in Implementing Informed Choice

CITATIONS: Section 12(e)(2)(F) of the Rehabilitation Act of 1973, as amended. 34  
CFR 361.52.

CONTENT: Final program regulations at 34 CFR 361.52 require each state VR agency, in consultation with its State Rehabilitation Advisory Council, to develop and implement written policies and procedures enabling each individual to make an informed choice with regard to selection of a vocational goal, objectives, services, and service providers. These policies and procedures must ensure that each individual receives information concerning the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice.

This guidance, much of which is derived from the RSA Choice Demonstration Projects, is designed to assist State VR agency staff in understanding the needs of individuals with cognitive disabilities for support and assistance in exercising informed choice and in identifying methods for addressing those needs. Although specifically helpful for working with individuals with cognitive disabilities, use of these methods should allow all individuals to increase their participation in the VR process to the extent that they are able to do so.

### STRATEGIES FOR SUPPORTING IMPLEMENTATION OF INFORMED CHOICE

Informed choice is the process by which individuals participating in the VR program make decisions about their vocational goals, the services and service providers that are necessary to reach those goals, and how those services will be procured. The decision-making process takes into account the individual's values and characteristics, the availability of resources and alternatives, and general economic conditions. Implementing informed choice requires communicating clearly, gathering and understanding information, setting goals, making decisions, and following through with decisions. To the extent that the individual participates in the procurement of services, implementing choice may also involve basic consumer skills, such as money management and negotiating in the market place.

Mental retardation, learning disabilities, head injury, and stroke typically result in cognitive impairments that can affect an individual's ability to gather and analyze information, develop and follow through with plans, and decide among various options. Individuals with mental illnesses may have cognitive impairments as a result of the illness or of medications. Organic brain damage associated with conditions such as multiple sclerosis, lupus, and HIV-Aids may result in short term memory loss and other cognitive impairments. Depending upon the nature of the disability and the medications an individual is taking, an individual's ability to do cognitive tasks may fluctuate dramatically from day to day.

Other individuals may also require assistance in exercising informed choice. These include individuals with any type of disability who have not had experience in making decisions for themselves and individuals with severe impairments in communication skills as a result of physical or sensory disabilities.

In general, individuals with cognitive impairments who are eligible for VR services can comprehend information and ideas and make individual judgments if they are provided with appropriate support and assistance. The individual, the VR counselor, and others who are working with the individual need to determine the level of the individual's skills and abilities in these areas. Once the skills and abilities have been identified, a number of strategies can be used to improve the individual's skills and to provide information and assistance with decision-making at the individual's level.

The following discussion describes methods for determining the individual's abilities to exercise choice and for implementing strategies to provide assistance and support, including:

- improving the skills needed by the individual to exercise choice;
- providing support and assistance through other individuals;
- simplifying information; and
- using multiple modes of communication and repetition.

### Determining the individual's skill and ability to implement informed choice.

Methods to determine the individual's ability to implement informed choice may vary depending upon the individual's disability and the severity of that disability. For some individuals, both the counselor, the individual, and others can use a checklist to analyze the individual's skills and abilities in areas important to the implementation of informed choice. Such an analysis provides a way for the individual and others working with him or her to identify those tasks the individual can do independently; those tasks for which the individual needs support, accommodations, and skill building; and those that someone else will need to do. Purchased checklists and inventories about decision-making and goal setting skills can be used or agencies can develop such assessments. (VT)

Checklists and inventories are based on comparing an individual's known performance in decision-making against a standard. Those who lack experience in making decisions and those who have difficulty communicating about their past experiences are not easily assessed by such methods. For these individuals, other techniques of discovery are needed to gather the same information.

For example, working with an individual on developing a vocational profile and employment goals will simultaneously yield information about how the person gathers and responds to information and makes decisions. (UCPA) Situational assessments or trial work experiences provide the opportunity to observe the individual in natural life situations that help clarify not only the individual's goal and service needs, but also provide insight and information about how the individual makes decisions. Interviewing family, friends, and others who are close to the individual may also yield the same information. Such approaches are also especially helpful for individuals who are not able to communicate clearly and assertively. Scheduling a longer time period for meetings with individuals who have difficulty focusing on the issues to be discussed helps assure that the individual's thoughts get expressed. The success of these types of discovery depends upon the ability of the VR counselor and others to listen to and observe the individual carefully over time. If the time required for such observation and interaction is more than is feasible for a VR counselor, VR agencies can consider paying someone other than the counselor to work on this task.

Counselor judgment and observation are a primary source of discovery throughout the VR process. How the individual followed the process of obtaining VR services and how he or she processes information and responds to questions during interview and intake provides information about some of the skills related to informed choice. Probing for the reasons that an individual says "no" to a particular option helps to determine if the individual is responding because of lack of information or because of fear. Assessing changes in the individual's skill in implementing informed choice and adapting supports appropriately is a continuous evaluative and educational role for the counselor.

Counselors may also find **RSA Program Assistance Circular (PAC) 90-7: Guidelines for Determining Whether a Person With Specific Learning Disabilities Has a Severe Handicap for Vocational Rehabilitation Program Purposes**, issued September 28, 1990,

helpful. The guidance for evaluating an individual's capacities in the areas of self-direction and communication can be applied to evaluating the individual's capacities for implementing informed choice. The concepts are applicable to other types of disabilities.

Self-discovery is also an important factor in the implementation of informed choice. *Employment outcome* as defined in the final regulations for the VR program (34 CFR 361.5(b)(15)) includes the element that the employment outcome "is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice." The more complex the individual's situation or disability, the more difficult it is for others to help the person consider all the factors necessary for making informed decisions. Using techniques that teach individuals to develop an awareness of how their disability affects them, how they function on a daily basis, and how they respond to information and make decisions may be a better investment of the time and efforts of rehabilitation personnel.

One method of self-discovery is for the individual to keep a diary/log/journal, either in writing or by audio tape. (TDTI) Individuals can record information such as variations in their energy level, times and conditions when they feel good and are doing their best work, variations in symptoms, and other revelations about the VR process. The log becomes a self-management tool, providing insight into behavior patterns and forming the basis for strategies to maximize the individual's functioning level.

### **Improving the skills needed by the individual to implement informed choice**

The ability to make choices grows with experience in decision making. VR agencies can purchase or provide an array of services that help individuals to move further along the continuum of independently making decisions and taking personal responsibility for those decisions. Consumer empowerment training, training and experience in goal setting and decision making skills, and self-assessment techniques are services that can improve the skills and abilities needed to implement informed choice. In addition to training, the VR counselor and others working with the individual can provide structure to help the individual determine what information is needed, ways to gather that information, what options are available, and ways to decide among those options.

Assisting the individual to gather information can begin during the assessment process by shifting from a process in which an evaluator talks to the VR counselor about the individual to a process that includes the individual in the discussions or allows the individual to direct the discussions. A method common to the choice projects is to facilitate the relationship between the evaluator and the individual. Reports are provided to the individual and must be written so the individual can understand the information. The individual can clarify and discuss the information with the provider, the counselor, a peer group, a rehabilitation team, family members, or others. The goal is for the VR participant to be able to explain what the information means, how it affects that individual's life, and what he or she wants to do as a result.

Individuals can also be taught to gather information about goods, services, and service providers. To provide structure for gathering such information, the VR counselor and participant can

develop a list of questions to ask providers. For example, an individual who is seeking the services of a job developer might want to ask if the job developer specializes in certain types of jobs, how the developer gets job leads, how much time the developer will spend per week working with the individual, and what the developer is expecting from the individual. (SWBIRA) VR agencies can support this method by developing a list of core questions to be supplemented by specific individualized questions as appropriate and by reimbursing the individual for any telephone or travel expenses incurred while gathering information.

To provide experience in planning and decision making, these processes can be broken down into small steps. A series of short-term vocationally-related activities and experiences provides the individual with experience in implementing the choice process and gives the counselor opportunities to observe the individual's growth in planning and decision-making skills. As these skills grow, both the individual and the counselor develop more confidence in the individual's ability to make decisions. The counselor learns how the person works best and what accommodations are needed to facilitate that person's decision-making.

To increase the participation of those who are reluctant to make decisions, the counselor can ask the individual what he or she wants the counselor to do. Another method is for the counselor to state what he or she is willing to do and then ask the individual what they are willing to do. Both methods invite the individual to begin to make decisions, exercise control, and take responsibility.

### **Getting support and assistance from others**

Individuals close to the person can provide support and assistance in implementing informed choice. For orientation and other important meetings, the individual could bring a family member to help with understanding the information, remembering the next steps in the process, and asking questions. In some cultures, individuals naturally rely heavily on the support of their families throughout the decision-making process.

This strategy works best when the family is a neutral party. When the family is not neutral or not available, consumer connectors, mentors, advocates, a buddy system, and peer support groups can be used. One project used a mentor paid by the project who served as a job coach, moved with the individual through a series of short-term work experiences, and provided continuity of feedback to the individual, family, and others working with the individual. The mentor was recruited through a local literacy council. (AR) A peer group of individuals with disabilities may have extensive experiential knowledge that, when shared, becomes a resource for others to use in gathering and analyzing information and making decisions. Individuals with disabilities have an understanding about how they learned to do certain processes and may be able to provide information in a way that another individual with a disability is more likely to understand.

The VR counselor also plays a key supportive role by following up with the individual frequently to see how they are doing and by modifying or developing strategies to help the person improve their planning and decision-making skills.

### **Simplifying information**

Access to appropriate information allows an individual to identify opportunities and solutions to problems, assess strengths and weaknesses, ask appropriate questions, locate resources, and, if necessary, advocate effectively. Access to appropriate information allows an individual to influence, and to be influenced by, the vocational rehabilitation planning process. For individuals with cognitive impairments, access to the information necessary for implementing informed choice can be achieved by breaking information down, taking more time for information gathering, using simpler language, symbols, and tangible methods of conveying information, and providing supports and accommodations.

Written program materials can be simplified by incorporating one thought per sentence, avoiding professional language and terminology, and supplementing text with pictures and graphics. To simplify verbal discussions, break information down into small components, explain more clearly, ask the person to repeat what has been said, note important points stated by the consumer, and review these at the end of each session.

Information and alternatives can be made more tangible by a series of short-term volunteer placements that provides experiential knowledge about working in different types of situations. Other rehabilitation objectives, such as learning to travel and developing social skills, may also be achieved during such experiences.

Pictures and graphics, substituted for written materials, also provide tangible ways to gather and exchange information. A picture checklist of factors that the individual is looking for in a job enables the person to remember all the factors and to check off the appropriate factors when visiting any potential job site. Involvement of the individual in selecting the pictures from graphics available on the computer assures that the person understands what the pictures symbolize. Comparing the checklists from various sites provides a more tangible way of selecting among options. (WA)

Some individuals will benefit from use of accommodations for receiving, organizing, and retrieving information. (BCIL) A quick assessment of whether an individual may need accommodations for reading can be obtained by observing how they respond to the application form. In addition, the VR counselor can ask whether the individual needs accommodations, such as someone to help with reading and writing. If so, the individual can bring someone to help with those tasks or the program can provide a reader. The counselor can provide, or help the individual acquire, tools for organizing and retrieving information, such as a calendar, an organizer, and business card slot holders. For individuals with deficits in attention, working in a distraction-free space or using familiar surroundings may enable the individual to better attend to the information being presented.

### **Using multiple modes of communication and repetition**

The implementing regulations at 34 CFR 361.52(a) require state VR agencies to ensure that individuals receive information about choice in appropriate modes of communication.

*Appropriate modes of communication*, as defined at 34 CFR 361.5(b)(5), means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. The definition provides examples of appropriate modes that include but are not limited to graphic presentations and simple language materials discussed previously in this document. For individuals with cognitive impairments, comprehension and retention of information is enhanced when information is provided in multiple modes of communication and repeated over time.

Audio taping information allows the individual to listen to it multiple times. Family members can help repeat information, such as a fact sheet, by reviewing it at home multiple times. Making information available in auditory, visual, and experiential modes provides the individual with multiple options for acquiring information and assures repetition. Group discussions among peers or rehabilitation teams helps with understanding. Over time, group members will discuss the same issue in many different ways, thus providing the opportunity for multiple presentations and different opportunities to achieve understanding. Information resource centers allow individuals to drop in and repeatedly review information and to discuss information with other individuals using those same resources. Documenting, in writing or other media, what needs to be done and then documenting what was done is helpful for individuals with short-term memory loss. A series of experiences arranged as part of the comprehensive assessment or as short-term objectives on the individualized written rehabilitation program (IWRP) provide experiential and repetitive methods of acquiring information. Use of multiple modes and repetition, especially over a period of time, also provides accommodations for individuals with cognitive impairments whose ability to perform cognitive tasks varies significantly from day to day.

Both the individual and the counselor have a role in discovering the modalities in which the individual achieves the best understanding and in assisting the individual to acquire information in those modalities. The role of the VR agency is to provide opportunities for information to be presented in various modalities.

### **SUMMARY**

There are many methods that State VR agencies can use to provide support services for individuals with cognitive and other disabilities who require assistance in exercising informed choice. A number of the methods discussed above provide support for a variety of needs. Within the discussion, selected specific strategies are accompanied by acronyms for the Choice Demonstration Projects. More information on these specific strategies can be obtained by contacting the projects listed below.

In many instances, use of the methods described above will require spending more time with the individual and allowing for a trial and error approach to planning, gathering information, and making decisions. Agencies have the option of deciding whether the counselor will spend that time or whether they will pay for someone else to provide that service. Often, the time used for such approaches can occur simultaneously with the provision of other rehabilitation services that are directed toward achieving an employment outcome. The individual's skills in exercising informed choice can grow in a parallel fashion along with growth in specific vocational and employment skills.

Both the VR counselor and the individual have responsibilities in determining the individual's skills for exercising informed choice, deciding on methods for improving those skills, and developing needed accommodations and supports. The counselor and the individual can also enlist the aid of others, either paid or voluntary, to help in these efforts.

INQUIRIES: Choice Demonstration Projects:

Arkansas Rehabilitation Services (AR)  
*Nancy Sullivan/Sterling Hughes*  
 501-661-9407/501-534-1372

Berkeley Center for Independent Living (BCIL)  
*Terry Herkimer* 510-841-4776

Southwest Business, Industry, and Rehabilitation Association (SWBIRA)  
*Lee Lanning* 602-275-0180

The Development Team, Inc. (TDTI)  
*Harry Hall* 904-247-4640

United Cerebral Palsy Associations (UCPA)  
*Michael Callahan* 601-497-6999

Vermont Division of Vocational Rehabilitation (VT)  
*Michael Collins* 802-241-2186

Washington Division of Vocational Rehabilitation (WA)  
*Abby Cooper* 206-587-4444

Rehabilitation Services Administration:

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*Suzanne Tillman* 202-205-8303

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Fredric K. Schroeder, Ph.D.  
 Commissioner

CC: CSAVR  
 NAPAS  
 RSA Regions II, IV, V, VIII, and X

**Appendix D: Rehabilitation Services Administration Information  
 Memorandum 98-03 "Advice, Information, and Choice."**

UNITED STATES DEPARTMENT OF EDUCATION  
 OFFICE OF SPECIAL EDUCATION AND  
 REHABILITATIVE SERVICES  
**REHABILITATION SERVICES ADMINISTRATION**  
 WASHINGTON, DC 20202

INFORMATION MEMORANDUM

RSA-IM-98-03

DATE: November 4, 1997

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
 STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) STATE  
 REHABILITATION ADVISORY COUNCILS  
 CLIENT ASSISTANCE PROGRAMS  
 REGIONAL REHABILITATION CONTINUING EDUCATION  
 PROGRAMS  
 RSA SENIOR MANAGEMENT TEAM

SUBJECT: Advice, Information and Choice

CONTENT: The attached paper discusses concepts on the roles of advice and information in helping individuals with disabilities become informed and make effective decisions in the selection of their vocational goals, services, and service providers. The paper was developed by the directors of the RSA Choice Demonstration Projects.

The opinions expressed in the paper are those of the project directors and not necessarily those of RSA. The paper is being disseminated as part of RSA's efforts to facilitate the exchange of information about informed choice between the Choice Projects, State vocational rehabilitation agencies, and other relevant parties.

INQUIRIES: The attached paper provides contact information for each of the Choice Projects. Within the Rehabilitation Services Administration, for matters related to choice the contact person is Suzanne Tillman at 202-205-8303.

Fredric K. Schroeder, Ph.D.  
 Commissioner

CC: CSAVR  
 NAPAS  
 RSA Regional Offices  
 (Regions II, IV, V, VIII, and X)

*Advice, Information and Choice*

Advice and Information: Helping people to become informed and to make effective decisions concerning employment

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*Prepared for:*

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1997

**Advice and Information: Helping people to become informed and to make effective decisions concerning employment**

**advice:** (from Latin, to look at); opinion given as to what to do. *Webster's New World Dictionary*

**information:** something told or facts learned; news or knowledge. *Webster's New World Dictionary*

The underpinning of the Choice Demonstration Authority in the Rehabilitation Act of 1973, as amended in 1992, is for projects to insure that customers not only make individualized choices concerning their employment goals, the types of services received and the providers of those services, but that those choices should meet a higher standard—that is, “informed” choice. Each of the seven national demonstration sites uses some form of advice and/or information as primary tools to assure that the choices made by customers are informed. However, just as Webster’s struggles with the difference between the derivation of the word “advice”, which alludes to information, and it’s definition, which is based on opinion, so too have the projects realized that advice and information are separate, but intertwined components of informed choice.

It is critical to recognize the distinction between these facets of choice. Information is usually considered to be based on the unbiased facts concerning an issue. Opinion is inherently subjective, someone’s personal perspective, even if that opinion is based on fact. However, even though information and opinion are different, they are both necessary ingredients of informed choice.

In traditional rehabilitation, information and advice have been fundamental aspects of the counselor/customer relationship. The counselor has been responsible for gathering facts and offering opinions on the customer’s efforts to become employed as well as defining the questions, issues and barriers which need to be addressed. The provision of counselor-centered advice and information has been an area of concern voiced by many persons with disabilities. Each of the seven choice demonstration projects address this issue in unique ways with designs intended to shift the focus away from counselor ownership of advice and information to a broader, more natural and customer-centered basis.

It is important to distinguish between these two aspects of informed choice. Information relates to the body of knowledge or facts associated with an issue or a decision. It would seem that by this definition, information would be free of opinion or personal bias. However, since most rehabilitation personnel work for systems with rules and traditional responses to certain situations, it is often difficult to know whether an interaction concerning informed choice is factual or biased in some way.

Since the opinion aspect of advice is almost inherently biased, good advice should contain alternate avenues for customer consideration, as well as the opinion of those offering the opinion. Indeed, good advice is an individualized blend of information, opinion and workable options offered to a customer in a manner which can be understood and utilized.

In the implementation of the choice-driven projects, a number of factors, considerations or influences affecting informed choice have been identified. The following headings provide an overview of these factors, along with a brief discussion of each.

**Understanding how an individual processes information and opinion**

Just as with other aspects of employment, individualization is critically important in the delivery of information and advice. Regardless of the relationship with one’s advisor, it is necessary for the person(s) offering input to understand the experiences, the tendencies and

support needs of the customer. This is to say that it is not sufficient simply to give accurate and unbiased advice and information. It is also necessary to get to know the individual well enough to gauge the person's reaction both to the input given and to the source of that input. While it may seem that a customer is making an informed decision based on the information and opinion of an advisor, the reality may be that the customer is seeking to please or to simply follow any advice offered. Understanding the difference requires those giving advice and information to closely monitor all decisions and to consider subtle ways to insure that the customer owns and understands the decision as much as possible. It is important to consider that technology, interpretation services and accessible information formats may need to be available to assure that an individual understands and processes opinions of others. When confronted with new and complex decisions people with disabilities, especially persons with significant intellectual disabilities, may need support and feedback from those most closely concerned about them in order for information and advice to be understood and processed.

### **Gatekeeping issues**

Gatekeeping involves the limitations, inevitable whenever public funds are used by individuals, which are placed on the choices of customers. Since the intention of the choice demonstration authority is to examine the effectiveness of achieving employment outcomes through funds controlled by the individual with a disability, the role of gatekeeping is dynamic and challenging.

When the sole source of information and advice is from a representative of the system, it is easy for that input to become infused with the gatekeeping responsibilities which are a part of any system's policies. Even the choice projects have gatekeeping issues which affect the customer's choices and which often require a blend of information and advice to assist them to make successful, informed decisions. Representatives of the system must recognize the limits of their advice and the possible bias of their information in light of their gatekeeping responsibilities and they communicate those limits to customers. The limits referred to here typically involve monetary issues such as the cost, value or individual's need relative to a service or product. These considerations will arise as gatekeeping issues in any funded relationship—public or private. The choice projects have sought to reduce any arbitrary and limiting rules on the use of funds by placing the customer's needs and satisfaction as first line considerations.

However, there are thorny gatekeeping issues which go beyond money and which can compromise the effectiveness of advice and the validity of information. If physical or emotional harm is considered to be likely, it is often necessary to impose limits as opposed to offering information, options and opinion. Counselors and other gatekeepers must decide if and when it is appropriate to intervene if it seems that harm may occur. Of course, each situation will vary, depending upon specific factors, but decisions to constrain choice cut to the heart of the effort to honor the customer's decisions. In those instances when it is felt to be necessary to not support a customer's decision, we are responsible for accepting a level of discomfort concerning the necessity for placing the restriction, for seeking a wide variety of acceptable options and input and for explaining (possibly even apologizing) to the customer for the necessity of the restrictions which are to be applied.

### **Believability/reputation**

Since one of the traditional counselor roles has been that of a gatekeeper, many customers

have questioned the degree to which advice and information serve their needs or the system's needs. In order for professional input to be perceived as believable, it is necessary for the counselor or advisor to build a reputation of honestly distinguishing between advice and the limiting reality of the gatekeeping needs of the system. To resolve this potential conflict, some projects have separated the roles of gatekeeping and advice while others have sought to provide clear distinctions for customers who receive their advice from sources tied to the funding system.

### **Ownership of the decision**

Perhaps the most important consideration relating to good advice and information is that responsible, viable and final decisions are made by the customer, or by a designated family member, as appropriate. In order to accomplish this, all those in informing and advising roles must strive to provide unbiased advice and information which relates directly to the customer choosing and pursuing a realistic employment objectives. This advice should be adequate for the customer to make an informed decision based on accurate information. The role of system personnel is to provide information, but not usurp ownership by the customer. To enable the customer to make an informed choice that meets their personal needs and wishes while remaining realistic is one of the most challenging aspects of assuring informed choice.

In order to accomplish this, all those in advisor and information roles must consciously give up their prerogative to sway and to direct the decisions made by the customer. This separation is at the core of the changes addressed by the choice projects. It is also one of the most difficult and challenging aspects of choice. The challenge to assure maximum ownership by customers is felt most keenly in regards to gatekeeping. There will always be guidelines and restrictions placed on the use of public funds. Rehabilitation counselors are required by the Rehabilitation Act of 1973, as amended in 1992 (Section 361.52, page 6357), to "ensure that each individual receives, through appropriate modes of communication, information concerning the availability and scope of informed choice, the manner in which informed choice may be exercised and the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice." This clause in the Act clarifies the duties of rehabilitation personnel, however it does not clearly indicate the limits of the "availability and scope of informed choice." These decisions will likely be made at the state and district level, therefore care must be taken so as to maximize the opportunity for ownership of decisions by individuals.

### **Factors which affect how customers make decisions**

There is a family of factors which impact the decisions made by customers. The relationship between the customer and sources of information and advice will vary, depending upon the relative importance of each factor and the combined importance of how the factors work together to impact the customer and the outcomes.

### **Complexity**

Complexity relates both to the issue under consideration and to its relationship with other issues. It also refers to a degree of anticipated or apparent difficulty that the customer is expected to have in understanding and addressing an issue. The more truly complex the issue, the more likely it is that the customer will feel the need professional/technical information and advice. It is important to consider the distinction of whether a decision is truly complex—one

that is beyond the ability of people to understand without a significant investment of time and effort—from one which can be made understandable by a reasonable degree of effort on the part of the informer or advisor to break the issue down into clear, accessible components. If the information can be offered in a form which is understood by the customer, the opinion of the advisor can be minimized. If the decision is truly complex, the opinion of one or more persons who are familiar with the issue is often necessary to assure informed choice.

It is likely that customers will make decisions regarding truly complex situations by relying more on professional opinion rather than on an understanding of the information about the issue. However, because of this dependence on professional opinion, there is an increased chance of professional “steering” of the customer. In order to assure ownership by the customer, information and advice offered on complex issues must be as free from bias and influence as possible. The use of a “second opinion” from a variety of sources can assist customers to deal with complex information. The need for additional supports rises as the complexity of the information to be considered increases.

### **Risk**

Risk is a factor which relates to the impact or degree of harm to the customer —physical, emotional, monetary—that is a possible consequence of a decision. Risk and impact can also be felt by the counselor, service provider or others. Informing and advising issues here are similar to those described in complexity. The intervention related to reducing risk is a gatekeeping issue covered earlier in this paper. Rehabilitation personnel must first identify the party(ies) at risk. If the risk is to the customer, it is necessary to distinguish between risk related to personal harm or personal impact and the risk of losing money. Decisions which can bring physical or emotional harm and significant life impact to the customer, require intervention and support by the system. If the risk is primarily to staff, an agency or the system, the restrictions placed as a part of gatekeeping must be carefully examined. If a such a decision is not covered by the restrictions of the funding, we must allow the decision to be made.

### **Cost**

The cost attached to a decision is one of the most traditional concerns of advisors in rehabilitation. The roles of gatekeeper and advisor are more likely to be confused and crossed on this factor than any other. Effective feedback in this area should focus on a clear analysis of the possible consequences of different levels of spending of the customers resources and on an effort to get value for the money spent.

### **Impact on others**

Good advice and information helps customers see how their decisions will affect the lives of those who are important to the customer. This is an area in which clear information will probably weigh more heavily than the advisor’s opinion.

### **Reversibility**

The degree to which a decision is reversible, will affect the manner in which advice is offered. For those decisions which can be re-directed or re-considered after problems occur, it is likely that information or options will be all that is desired by the customer.

However, for those decisions which seem to be less reversible, clear opinion might be needed from the advisor as to the best direction in which to proceed.

### **Bias/impartiality**

One of the thorniest issues concerning information and advice is for the customer to deal with the degree of self-interest and bias on the part of system personnel. Virtually all information, opinion and options offered to customers will contain some bias, even on feedback based on what is presumed to be “factual” information. Since the traditional source of information and advice in rehabilitation has been from the counselor, the bias felt by customers was a result of the influence and policies of the rehabilitation system. The choice projects have responded to this by broadening the scope of sources of input to include the family, friends and independent advisors. The role of the counselor has been limited to providing and analyzing information and offering options, with the opinion aspect coming from those chosen by the customer.

There is an inherent conflict between advice and service delivery. The conflict occurs due to the significantly increased bias which arises from the self-interest of advisors who suggest that a customer buys their services. Some projects have implemented policies which constrain advisors from offering services.

In addition to the natural conflicts which often occur between individuals and systems, it is important to recognize the bias conflicts which occur among spouses, family members, friends and advocates. These biases are usually different from those of service providers (but not always) and usually seem to have the interests of the participant at heart. The opinions of those closest to the individual are also likely to be the hardest to reject, if the advice is not in line with the participant’s wishes. It is important for support personnel to become aware of those biases, to balance them by gathering information from differing viewpoints, to gather as much information as possible and to suggest a method to weigh the pros and cons of different viewpoints.

### **Variety of sources**

An effective way to reduce bias in information and advice is to broaden the scope of those offering advice. It is common throughout the choice projects to urge customers to seek input from a variety of sources. Even though the downside of this approach may be to overload customers with conflicting information, the gains available from hearing a number of perspectives on an issue far outweighs any possible confusion. In fact, by viewing advice and information as coming from multi-sources rather than a single, system-provided source, it is possible to include counselors in the mix without violating the principle of impartiality. In those instances where there is significant conflict between the sources of advice, most projects advise customers to rely on sources which are closest to them and who know them best.

There is a reasonable expectation that the advice available to customers be effective to meet their needs and that it be as accurate or “true” as possible. The role of monitoring accuracy is complex. In fact, a new role for the traditional counselor may be to offer opinion to customers not on what to do, but rather, on which sources of advice and information seem the most accurate or useful. The finesse of this counselor role would be to assure that the principle of customer ownership of advice be upheld.

A way to manage this role is to assure that the customer has access to information from a variety of sources. However, when advice is sought from a variety of sources, particularly from non-professional sources such as family members and friends, there is likely to be a conflict between accuracy of information and the effectiveness of a suggestion. It is necessary to recognize this conflict as natural in many life dilemmas. Professionals often have viewpoints based on their experience and education which from which they apply facts and theories to the lives of customers. Family and friends often make suggestions based on their intimate knowledge of the life of the customer. A blending of Professional knowledge and personal perspective can provide customers with advice that is both accurate and effective to meet their needs.

### **Education**

In a given advice relationship there is an array of interactions which might exist between the system and the customer. The endpoints of a triangular model might be thought of as information, opinion and options. The information area is often associated with an educational aspect of advice—teaching the customer to understand both the facts surrounding the decision and their responsibilities in the process of decision-making. A number of the choice projects have implemented formal and informal opportunities for customers to receive training in dealing with advice.

### **Experience**

Possibly the most common strategy used throughout the choice projects is to place customers in the position of receiving advice and to urge them, to allow them and to support them to make decisions. Various, these decisions will result in success and they will result in problems. The repetitive experience of behaving as a person in control of one's life and responsible for making the decisions which affect that life is the most universally accepted approach to the issue of advice in the choice demonstrations.

### **Strategies Used by Various Projects to Deal with Advice**

#### ***Arkansas Rehabilitation Services***

This project uses Consumer Connectors, who are private vendors paid through the project, to offer advice to customers. The connectors facilitate the project's person-driven career planning process and assure that the customer's voice is heard throughout their entire effort to become employed. This project also encourages customers to involve parents, friends and other trusted persons to assist with advice and offers empowerment training to all customers.

#### ***Berkeley Center for Independent Living***

This project trains service counselors to act as resource clearinghouses for customers. All of the sources of information in the national and local community—calendars, newspapers, brochures, junk mail, resource directories, etc.—are collected and offered as input. Counselors

urge customers to take control of all aspects of decision-making and will offer advice only if asked. Generic sources of advice are encouraged over system sources: consumer reports, Better Business Bureau, personal opinions of other customers, site visits etc. Empowerment seminars are offered twice a month to support decision-making by customers.

### ***The Development Team***

This project prefers to use information, rather than advice, as a category of service. This multi-site project uses a variety of processes for enhancing information with group dialog with peers as the centerpiece. All customers attend weekly meetings where they belong to a peer group of approximately twelve persons with whom they develop relationships and share responsibility for decision-making. Detailed manuals are available to customers which contain information, along with that provided by guest presenters and business volunteers. Project facilitators are not formally expected to offer advice but they may be called on voluntarily by customers for input and perspective. The project also uses self-assessment interviews as a technique to determine whether someone will join the group. The interviewer offers advice to the customer based on the results of the interaction. Customers may purchase advice from outside sources if they feel that they want that perspective.

### ***Southwest Business, Industry and Rehabilitation Association***

The case managers in this project provide an array of options throughout the customer's journey toward employment. The case manager further offers various options and their impact and encourages the customer to choose the one that best suits the individual. Customers are informed during the intake process as to who will be available to provide advice and who has the authority to make and approve decisions.

### ***United Cerebral Palsy Associations Choice Access Project***

This project primarily recommends that customers use an independent Employment Advisor who is paid by the customer on a retainer basis. Employment advisors are recruited by the project for a pool of advisors held by each site. Advisors may also be identified by the customer from family, friends and advocates in the community. In order to qualify as an employment advisor, the individual must agree to attend at least one free training offered through the project and not to offer service provision to that customer. The role of the employment advisor is conceptually based on a cross between a generic financial advisor and a personal assistant, typically used by persons with physical disabilities. Customers are also urged to broaden sources of advice by seeking out the perspective of family, friends, community advocates and business people.

### ***Vermont Division of Vocational Rehabilitation***

This project encourages customers to seek advice from a array of natural sources. Since this project is a choice-focused replication of the state's Vocational Rehabilitation I 10 program,

counselors interact with customers and may offer advice from their perspective. However, the emphasis is for customers to make their own decisions. The counselor's role is to determine how to assist the customer to get effective and accurate advice and to own the responsibility to make decisions. Counselors also teach customers to be accountable and responsible for their decisions.

***Washington State Vocational Rehabilitation PEP Project***

PEP also encourages customers to seek advice from a variety of sources. However, the project's central strategy for advice involves the use of a Rehabilitation Team which is developed by and available to the customer to assist with the advice needed to make decisions. This team removes decision-making and advice from the traditional counselor-centered perspective by welcoming input from an array of individually-determined sources. Regular classes are offered to customers on topics which span the gamut of employment issues, including advice. Customers work with both natural and professional supporters to help them identify what information and opinion is needed and where that information can be found.



