THE EFFECTS OF THE TEXAS STATEWIDE YOUTH LEADERSHIP FORUM

SUMMER TRAINING EVENT ON THE SELF-ADVOCACY ABILITIES OF HIGH

SCHOOL STUDENTS WITH DISABILITIES

A Dissertation

by

CHERYL HAMILTON GRENWELGE

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2010

Major Subject: Educational Psychology

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ABSTRACT

The Effects of the Texas Statewide Youth Leadership Forum Summer Training Event on

the Self-Advocacy Abilities of High School Students with Disabilities. (May 2010)

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Self-advocates and professionals in the field agree on the critical importance of providing self-advocacy and leadership training to youth with disabilities. Youth Leadership Forum (YLF) programs have been developed and implemented nationwide to provide a training venue for youth with disabilities to gain self-advocacy and leadership skills. The problem is the lack of empirical evidence validating the effectiveness of self-advocacy training provided through the YLF training format. The purpose of this study was to evaluate the effects of the Texas Statewide Youth Leadership Forum (TXYLF) summer training event on the self-advocacy abilities of high school students with disabilities, and to examine the interaction effect of disability type and gender on the improvement of self-advocacy abilities. To accomplish this purpose, a Non-Equivalent Groups Design (NEGD) was selected and used.

The target population for this study was high school youth with disabilities in the state of Texas. The final sample included 68 youth. The TXYLF Pre/Post Questionnaire was the instrument used to measure the participants' self-advocacy abilities. The pretest

was administered the week prior to the training event. The posttest was administered to the treatment group immediately following the training event and to the control group in the two weeks following the training event.

Descriptive and inferential analyses were conducted to answer the primary and the exploratory questions. The inferential analyses included an ANCOVA and two factorial ANOVAS. Results indicated that the training had a positive effect on the self-advocacy abilities of the participants. The results of the ANOVAs indicated (a) type of disability did not interact with treatment to affect the self-advocacy abilities of these participants, and (b) gender did not interact with treatment to affect the self-advocacy abilities of these participants. A descriptive and inferential post hoc examination of the treatment group data yielded an interaction by treatment effect for disability type indicating the treatment was more effective for participants with Developmental Disabilities.

Future research studies should focus on replication of the current study results and examination of the long term effects of the self-advocacy training for youth with disabilities. In designing these studies, group designs should be considered and used.

DEDICATION

First, I would like to dedicate this dissertation to God and thank him. It is through him that I was guided to Texas A&M University, and it is through him that I have been blessed with such wonderful children, grandchildren, family, and friends.

Next, to my children, Erin and Seth, you are my most precious gifts. Thank you for always believing in me! You have witnessed the beginning of my educational career and have supported me to this end. Also to my Jay and Caroline, you both jumped on the band wagon of support. Each of you shares in this success, because without you I do not believe I would have had the strength to accomplish this.

I would also like to thank my mother, Beth Smith, and my sisters, Carole Stevens and Kay Bennett, for your unending support, guidance, and faith in my ability to start and complete this endeavor.

Finally, in loving memory of my father, Raby J. Hamilton, who passed away in July of 1973, and my stepfather, Leonard R. Smith, who passed away in June of 2009. To my father who instilled in me the rewards of teaching, and to my stepfather , who lovingly took over the duties of fatherhood which helped guide me to this end.

ACKNOWLEDGEMENTS

The path leading to the completion of my post secondary education has been a long one. The continuous support from my family, my professors, colleagues, and numerous friends cannot be overstated. I have been so fortunate to be surrounded by so many individuals in my life who have inspired me and believed in me, even when I did not always believe in myself. It is their strength, their inspiration, and their faith that has lifted me up and kept me going.

Dissertation Committee

To my dissertation chair, Dr. Dalun Zhang, I express my sincere gratitude and appreciation for your unending patience, guidance, advice, and time. Your forward thinking provided me with the unique opportunity of full time employment to support my doctoral education career. You have been instrumental in molding my educational and professional abilities through your insistence for excellence in all areas. You have never settled for anything short of my best, and in the process have helped me grow. Thank you.

To the other members of my doctoral committee, Dr. Victor Willson, Dr. Laura Stough, and Dr. Rick Peterson, I express my gratitude for your dedication, support, time and valuable input. I appreciate the unique perspectives each of you provided during this process.

Participants

I thank each of you for taking the time to assist me with this endeavor. Each of you gave of your time willingly with no expectation of compensation. Youth participating in the Texas Statewide Youth Leadership Forum summer training events and regional Youth Leadership Forum training events have been my inspiration for this dissertation. Your dedication to the YLF activities and project continues to serve as an inspiration to me. Thank you for allowing me to join in on your self-advocacy and leadership endeavors.

Colleagues and Friends

Many of you have served as role models, even though you may not know it. I am surrounded by exceptional individuals who were there to act as sounding boards and to give advice, generating ideas and allowing me to vent frustration. I want to thank each of you for being there when I needed you the most. A special thank you to Dr. Shanna Hagan-Burke, and Dr. Mack McCoulskey; you both were instrumental in guiding me to pursue my doctoral degree. Also, I would like to express a special thank you to Lakshmi Mahadevan, for her unending support and for allowing me to utilized and benefit from her expertise with research and design.

Family

To Kent, you have been my rock in support of this endeavor. You always looked for ways to make me journey easier and were there to remind me that it is never a good idea to trash your computer during times of frustration. You have never complained about the countless late nights spent alone because I was attending class. Nor have you

complained about the countless nights spent alone because, even though I was at home, I was preoccupied with completing projects or papers. You have continuously put my efforts toward this doctoral degree as precedence. Thank you.

To my mom, I would like to thank you for instilling in me the love of learning and providing me with an excellent example of the power of an education and the multiplicative power of educating children. I remember your dedication to acquiring a degree in education and your dedication to your profession. It is your strength and dedication to the education of others that has inspired me.

To my sisters, all I can say is "WHOOP". Each of you has listened to countless renditions of the activities I have been involved in during this process and have always given advice, love and support. I can only hope that I have the opportunity to provide as much support and love to each of you.

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CHAPTER I

INTRODUCTION

The central purpose of this study is to critically evaluate the effectiveness of the

Texas Statewide Youth Leadership Forum (TXYLF) summer training event. While

Texas has expanded the Youth Leadership Forum (YLF) model to incorporate a follow-

up training component, for the purposes of this study, the examination will be limited to

the summer training event. To this end, Chapter I presents key background information

that led to the development of YLF, along with a contextual consideration of the

theoretical framework. To provide an understanding of the objectives of YLF in practice,

key components of YLF will be articulated along with important key terms and

definitions. Delimitations and limitations will be discussed as well as the organizational

structure of the study.

Overview of YLF

YLF was developed and implemented in 1992 by the California Governor's

Committee for the Employment of People with Disabilities. Supporters of YLF assert

that the component elements and instructional techniques of YLF are evidence-based

and supported by youth development theories and practices (Epstein, Eddy, Williams, &

Socha, 2006).YLF is a career leadership program geared towards high school juniors and

seniors with disabilities (Epstein et al., 2006).

_____

This dissertation follows the style and format of the journal entitled *Career Development for Exceptional Individuals.*

The purpose of YLF training is to guide and support youth's acquisition of leadership and advocacy skills. The efficacy of the YLF training program is inherently dependent on the ability to accommodate needs specific to youth with disabilities, and requires an understanding of the interrelationship of multiple factors, such as socio-cultural background, the concept of self and self-determination, and workplace issues pertaining to disability (Edelman, Gill, Comerford, Larson, & Hare, 2004).

Primary activities of YLF include a weeklong training event in a state's capital. The financial cost of youth participation is completely supported through various funding agencies. Youth participants are selected through a competitive process and travel to their state's capital during a summer month. They are trained and housed on a college campus. The training event encompasses an intensive schedule incorporating a workshop-style training format to present information on disability history, leadership style and team building techniques, career and employment, volunteerism, disability rights, and legislative action. YLF graduates and adults with disabilities present the information and provide a mentoring element. Youth participants travel to the state's capitol building on the third or fourth day of the training event to utilize their newly acquired advocacy skills and to experience legislative action processes firsthand. On the final day of the training, youth participants develop a personal leadership plan to implement upon returning to their communities.

Historical Background

In the latter half of the 20th century, the social influences of the normalization movement, the disability rights movement, and paradigm shifts converged to reveal a recognized need for a youth development program for youth with disabilities. This is further demonstrated by the social background framework highlighted in Figure 1.1.

Figure 1.1. The convergence of social paradigm shifts, social justice, and legislative action, driven by the normalization theory, impacted the emergence of the YLF model.
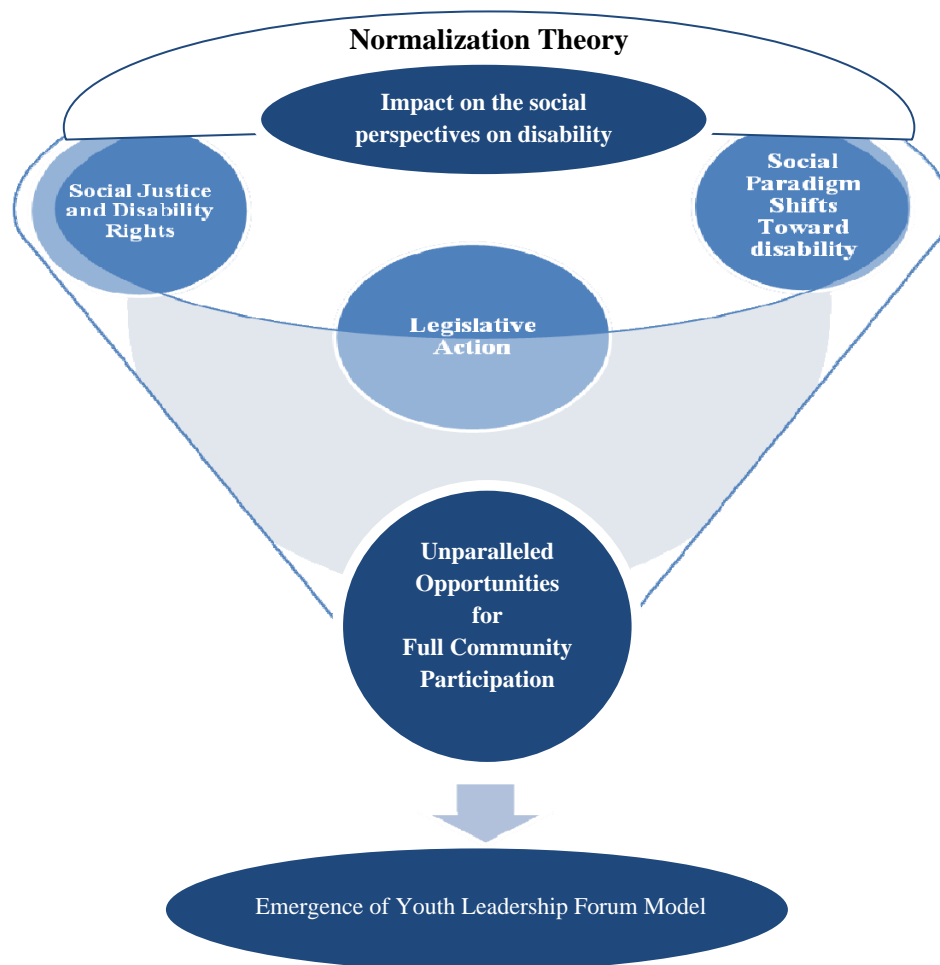
Normalization and the Social Models of Disability

The Normalization Movement was driven by the work of Bengt Nirje in Sweden in 1969. This principle was a call for a "normal" way of life for people with disabilities. Under the normalization paradigm, Nirje proposed that individuals with disabilities and their caregivers needed and deserved an existence that was within the "normal flow of life" (Day, 1987; Ericsson, 1985; Nirje, 1969; Shaw, 2009).

The principles of normalization. Nirje's principle of normalization consisted of the following key elements regarding rights of people with disabilities:(a) routines during their day should mimic their non-disabled counterparts without the confines of rigidity of those routines; (b) routines that encompass numerous environments such as home, school, and community; (c) routines that encompass the normalcy of a normal calendar year, including vacations and holidays; (d) routines that promote experiences that integrate the major developmental milestones for the individual, such as moving out of the parent's home; (e) the individual's interests and wishes are respected; (f) the individual has the opportunity to develop intimate relationships and the opportunity to marry; (g) the individual has the opportunity for employment that provides an average economic standard of living; and (h) the individual lives in the community in housing similar to their non-disabled peers (Nijre, 1969; Shaw, 2009).

Social theory of disability. Different perspectives on disability impact how society, systems, schools and individuals respond to individuals living with disabilities; therefore, it is important to understand the evolution of societal perspectives on disability. From the early 1900s through World War II, children and adults with

disabilities were institutionalized, segregated from mainstream society, and subjected to forced sterilization. As the research of Darwin and Goddard became common knowledge, two overarching viewpoints of disability during this period of time increased the number of persons with disabilities sentenced to life in an institution. The general public believed that individuals with disabilities were better served by the medical community, and that society needed to be protected from the possible ramifications of the proliferation of a deviant subhuman population (Gould, 1981).

With societal understanding of the Nazi war atrocities and their eugenic component, along with the understanding of the recognized eugenic component towards individuals with disabilities in the United States, post-war reforms began to shift the harsh custodial component of institutionalization. Institutions began to focus more on recreation, training, and education (Matysiak, 1998). Treatment of individuals with disabilities began to focus on rehabilitation of the disability's effect. Through the middle to latter part of the 20th century, the societal perspective of individuals with disabilities in America was a viewpoint that rested on this medical perspective. The medical perspective of disability was that a disability was a medical phenomenon, thus all individuals with disabilities needed to be "fixed." This societal model of disability sheltered and otherwise subjugated this population throughout a time span that included the majority of the 20th century. The medical model of disability continued to drive societal viewpoints, thus perpetuating the institutionalization of this population with the advent of "care for," effectively excluding them from mainstream society (Darling, 2003).

In the latter part of the 20th century, the medical model of disability began to give way to an interactive social model of disability that viewed disability as a phenomenon created from societal barriers (Darling, 2003; Wehmeyer, Bersani, & Gagne, 2000). In this societal framework, people with disabilities are handicapped by society (Oliver, 1990). The systemic lack of access to public services, the failure of educational institutions and employers to accommodate in varied formats, and the complicated systems that people with disabilities have to navigate to gain access, are the devices that bind and define individuals with disabilities, not the disability itself. Therefore, social understanding needed to be redirected from the medical impairment or medical model of disability to the social-political issues that surrounded disability subjugation (Dowse, 2001; Wehmeyer, Bersani, & Gagne, 2000).

Impact. The social adoption of normalization principles was realized in the United States through the passage of numerous legislative policy and systems change initiatives beginning in the early 1970s. It is evident that social perspectives of this era toward people with disabilities were moving steadily toward a social model that acknowledged disability as a social phenomenon instead of focusing on medical models of disability, which intrinsically led to prejudice of disabled individuals (Dowse, 2001; Fleischer & James, 2001). Some landmark results of advocacy efforts from self-advocates and their families include the passage of the Education for All Handicapped Children Act (IDEA) in 1975 and subsequent reauthorizations of this law (now known as the Individuals with Disabilities Education Act), deinstitutionalization, the wide

implementation of community integration programs, such as supported employment and supported living, and, most recently, the self-determination movement.

One wide-ranging impact of the adoption of Nijre's normalization principles was its impact on a framework of political objectives, pursued through social, economic, environmental, and political policies, based on an acceptance of difference and diversity and informed by values concerned with:(a) achieving fairness, equality of outcomes, and treatment;(b) recognizing the dignity and equal worth and encouraging the self-esteem of all;(c) importance of reducing inequalities in wealth, income, and life chances; and(d)the equal participation of all, including the most disadvantaged, in America's mainstream society.

The impact of the adoption of normalization principles on organizations, education, policy, and services was distinct and set a course for societal reform for persons with disabilities and their families. The single most significant impact related to Nirje's normalization principles and collective reform for organizations, education, and government policy in the United States was the conceptualization that disability is a normal part of the human experience and is part of, not outside, the continuum of all human abilities. Whereas Nirje's call to self-determination came before such a conceptualization of disability, the current emphasis on self-determination evolved from Nirje's principles of norminalization (Wehmeyer, 1996). Another striking feature related to the adoption of the normalization theory is the basis within societal arenas for the encouragement of persons with disabilities speaking out and acting on their own behalf (i.e., self-advocacy).

Social Justice and Legislative Action

The concept of social justice is linked closely to other key concepts, such as the need to citizenship and rights. Marshall's (1950) exposition of *citizenship and social class*, which included his taxonomy of rights by which one could identify the characteristics of citizenship, outlined the key elements of citizenship in the United States. This taxonomy of rights incorporated: (a) civil rights: property rights, legal guarantees, and freedoms; (b) political rights: right to vote, rights of association, and constitutional participation; and (c) social rights: entitlements to basic standards of education, health and social care, housing, and income maintenance. Beginning in the early 1950s, individuals with disabilities, their family members, and other interested parties, began to advocate through political arenas for social justice and equal membership in society.

The Disability Rights Movement

The Civil Rights Movement of 1964, initiated by the Black community, was the catalyst for another group of marginalized individuals—those with disabilities—to begin their own movement to gain the right to be included in mainstream society (Darling, 2003; Dowse, 2001; Test, Fowler, Brewer, & Wood, 2005a). The disability rights movement was predicated on the notion that it was the structural and attitudinal barriers in society that were primarily the cause for the discrimination faced by individuals with disabilities (Darling, 2003; Stroman, 2003; Whitehead & Hughey, 2004).

Disability activism in the latter part of the 20th century advanced further the altered societal perspectives related to individuals with disabilities (Test, Fowler,

Brewer, & Wood, 2005a).The disability rights movement was the political platform for the self-advocacy and the self-determination movements. The accumulated effects of these civil rights movements for marginalized populations resulted in a novel social archetype, fueled by normalization principles.

The shift toward disability as a social phenomenon was accelerated by individuals who took up the torch of disability activism to help create a society where individuals with disabilities were no longer discriminated against (Dowse, 2001; Test, Fowler, Wood, Brewer, & Eddy, 2005b). Disability activism by parents, family members, and self-advocates resulted in increased demands for equal opportunity and access and resulted in policy and systems changes through the enactment and passage of numerous legislative policy acts, such as the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of1975,and the Americans with Disabilities Act of 1990. The passage of these laws set a precedence in the United States that individuals with disabilities deserved a life of "normalcy." These laws sought to guarantee individuals with disabilities equal opportunity and access. Furthermore, the premise of these laws was to guarantee individuals with disabilities the rights and freedoms held by other American citizens.

The Self-Advocacy Movement

In order to understand the meaning of words such as self-determination and self-advocacy, one must first understand their history. The evolution of self-advocacy has been a striking feature of the movement toward self-determination for the disability population. The self-advocacy movement, in general, was about people with disabilities

speaking up for themselves to highlight the concept of self-determination and autonomy in decision-making (Test et al., 2005b). The collective driving force for the self-advocacy movement was the predication that individuals with disabilities had an indisputable right to speak up and be heard (Test et al., 2005b). Although a person with a disability may call upon the support of others, the individual was entitled to be in control of his or her own resources and how the resources are directed, thereby highlighting the cause for self-determination (Wehmeyer, Bersani, & Gagne, 2000; Whitehead & Hughey, 2004). This movement was about the right of individuals with disabilities to make life decisions without undue influence or control by others.

The self-advocacy movement is purported to have begun in Sweden during the 1960s, where people with mental retardation were encouraged to form and lead their own leisure clubs. National conferences for the members of these clubs were held in 1968 and 1970, and the participants developed statements about how they wanted to be treated. In 1972, the idea spread to Great Britain and Canada, and in 1973 a group from Oregon attended a conference in Canada that was intended for people with mental retardation. However, this group was unhappy with the Canadian conference, which they felt was dominated by medical professionals, and, as a result, formed a self-advocacy group. They called themselves *People First* (Stroman, 2003; Whitehead & Hughey, 2004). The name, People First, was chosen to reflect members' dislike of being called *retarded,* as they felt that their disabilities were secondary to their personhood (Stroman, 2003). According to professionals in the field of disability studies, an additional

movement resulting from People First action was the self-determination movement
(Pennell, 2001; Stroman, 2003; Wehmeyer, Bersani, & Gagne, 2000).

The Self-Determination Movement

The self-determination movement evolved as a result of social movements
involving disability rights and self-advocacy (Pennell, 2001).The movement was a call
for shifting power from the system to the individual, allowing people to choose how they
live and to be supported in ways that facilitated their preferences. Self-determination is a
central theme for self-advocates (Dowse, 2001; Wehmeyer, Bersani, & Gagne, 2000).

The self-determination movement began to make headway in educational arenas
in the late 1980s and early 1990s when special education and disability services began to
focus on self-determination for individuals with disabilities (Stroman, 2003; Wehmeyer,
2004; Wehmeyer, Bersani, & Gagne,2000). Parents, individuals with disabilities,
educators, and disability-related service providers were searching for strategies to help
individuals with disabilities achieve more successful adult outcomes. Indeed, the
common slogan, "nothing about me without me," captures the essence of the self-
determination movement in disability rights campaigning (Stroman, 2003). Individuals
with disabilities have emphasized that having control over their lives, instead of having
someone else make decisions for and about them, is important to their self-esteem and
self-worth and ultimately for their quality of life (Ward& Kohler, 1996).

Researchers in the field of special education have demonstrated the importance
of the skills related to self-determined behavior (Benz, Lindstrom, & Yovanoff, 2000;
Wehmeyer, 1992; Wehmeyer, 2004; Zhang & Benz, 2006). The Office of Special

Education and Rehabilitative Services (OSERS) has had self-determination as a priority since 1988. A self-determination symposium supported by OSERS was held in 1989 and resulted in a report that listed 29 recommendations, the first being: "The enabling of people with disabilities to determine their own futures needs to be seen as the top priority in all governmental policymaking functions" (Johnson, 1999, p. 2). Thus, promoting self-determination has been recognized as best practice in the education of adolescents with disabilities since the early 1990s, when the Individuals with Disabilities Education Act (IDEA) mandated increased student involvement in transition planning (Abery, Rudrud, Schauben, &Eggebeen, 1995; Field & Hoffman, 2002; King, Baldwin, Currie, & Evans, 2006: Wehman, 2006; Wehmeyer & Schwartz, 1997).

Promoting self-determination involves addressing the knowledge, skills, and attitudes students will need to take more control over and responsibility for their lives. Students with disabilities who are self-determined are more likely to succeed as adults (Argan, Wehmeyer, Cavin, & Palmer, 2008; Benz, Lindstrom, & Yovanoff, 2000; Stroman, 2003; Wehmeyer, Garner, Yeager, Lawrence, & Davis, 2006). According to Wehman (2006), the skills leading to enhanced self-determination, like goal setting, problem solving, and decision making, enable students to assume greater responsibility and control. Moreover, when students with disabilities demonstrate they can make things happen and take responsibility for planning and decision-making, viewpoints toward the individuals are changed. Parents, educators, and agency providers begin to see the students as capable, which inevitably raises expectations and perceived possible outcomes (Wehmeyer, 1992, Wehmeyer, Argan, & Hughes, 1998).

Youth Development

As societal viewpoints were shifting to support marginalized populations, so to were viewpoints regarding youth. Societal perceptions of individuals with disabilities and the youth population in America shifted from a stance that these groups were superfluous populations to viewing these groups as individuals with accredited value and worth. These societal paradigm shifts characterized the civil rights era and the historical development of policy changes related to individuals with disabilities and youth in America. Societal perceptions of these subgroups incorporated new key attributes during this time, which included a perception of societal responsibility to ensure equal rights and opportunity for marginalized populations. Thus, societal movements to establish marginalized populations' worth highlighted the discrimination and subjugation of these populations and propelled forward profound systems changes.

The societal perspective of youth as miniature adults began to give way in the early 20th century. The youth development movement began in America in the early 20th century as child development professionals began to realize that adolescence was a critical stage of a child's development (Naughton, 2003). Youth development professionals began to equate the adolescent stage of development with positive or negative post-school outcomes for youth (Bronfenbrenner & Morris, 1998; Catalano, Berglund, Ryan, Lonczac, & Hawkins, 1998; Stroman, 2003; Wehman, 2006).

It has been argued that the period of adolescent to adulthood transition is a pivotal point during which individuals will experience most turning point life events involving family and relationships, education, and work (Elnick, Margrett, Fitzgerald,&

Labouvie-Vief, 1999). Rindfuss (1991) concluded that the transition points of adolescents are shaped by multifarious factors beyond mere macroeconomic forces, including shifts in the roles of social institutions, social norms, and social values, which can further constrain role opportunities (Schwartz, Cote & Arnett, 2005). As such, Schwartz and colleagues (2005) ascertain that the variation in transition is inherently dependent on subjective circumstances such as family support and societal interventions. The importance of family support for healthy adolescent development is well-documented (Bronfenbrenner & Morris, 1998; Catalano et al., 1998; MacNeil & McClean, 2006). It is also well-documented that adolescent development complications have been amplified with the morphing of the family unit over the last 50 years. The dissolution of the typical family unit has been linked to lower levels of family support for adolescent children.

In the latter part of the 20th century, professionals in the field began to consistently recognize the importance of appropriate supports during adolescent years and the impact of those supports (Catalono et al., 1998; Rindfuss, 1991). The effect of the disseverance of many of the natural family supports, which was previously commonplace within the American social framework, highlighted youth development as a social issue. Government-backed institutions began to undertake research into the development of youth programs for at-risk populations in an attempt to accommodate the complex issues facing youth of this era (Catalano et al., 1998).

From one perspective, some researchers charting the beginning of youth development programs in the 1960s and 1970s draw parallels with the civil rights

movements in terms of both models representing the need for positive development and support for marginalized societal groups (Coehlho, 1998). Coelho highlights how the youth programs for underrepresented populations included minority youth and youth in poverty-stricken situations. However, this movement to aid the nation's at-risk youth mostly excluded youth with disabilities as a target audience (Coelho, 1998; Edelman et al., 2004). Indeed, Edelman et al. (2004) reinforces the proposition that youth with disabilities had yet to become recognized as a marginalized or at- risk population.

Research on youth development had positive impacts on social services for the youth population. One impact was the proliferation of youth development programs to support at-risk youth. The programs were rooted in national objectives for supporting at-risk youth as evidenced by the findings of the National Youth Employment Coalition Report (1994). The central, underlying basis for the recommendations posited in the report with regard to the need for youth initiatives was the belief that at-risk youth were not problems to be solved, but were clearly assets to be developed. Data collected for the report established a firm need for youth development programs and conceded that adolescents need positive developmental experiences that provide leadership and civic engagement opportunities, which in turn, promote positive outcomes for at-risk populations (National Youth Employment Coalition Report, 1994). Positive outcomes for youth involved in youth development programs included increased social competence, increased sense of autonomy, self-esteem enhancement, increased problem-solving abilities, increased assertiveness, decreased substance abuse, and the increased knowledge and use of social support networks. However, a factor diminishing the impact

of programs intended to add support levels for youth was that these programs were often not accessible to marginalized or at-risk youth.

Although the 1994 National Youth Employment Coalition Report acknowledged the need to provide quality support systems for "at risk" youth populations, the nation's definition of at-risk youth populations in the report largely ignores youth with disabilities. For example, the report made policy recommendations for improvements and brought into focus the importance of youth development programs for marginalized populations as being imperative to creating long-term successful adult outcomes; however, the youth with disabilities faction is only mentioned once with regard to physical impairment, ignoring the wide range of disabilities impacting youth with disabilities (National Youth Employment Coalition, 1994).

To this end, Powers and colleagues (2002) posit that one of the main reasons the youth with disabilities group has been ignored in historical commentary pertaining to at-risk youth populations may lie in the fact that youth with disabilities were not seen as possible leadership material (Wehmeyer & Schwartz, 1997; Weyman, 2006). Assumptions regarding self-determination and long-term development options led to their inevitable exclusion from the typical discourse of youth development programs (Edelman et al., 2004; Epstein, et al., 2006; Powers et al., 2002). As a result, this societal perspective isolated and effectively excluded most of this marginalized population from youth development programs operating during the last thirty years of the 20th century (Wehmeyer, 2004).

Youth development practices. "Youth development is a process that develops and prepares youth to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them become socially, morally, emotionally, physically, and cognitively competent" (The National Collaborative on Workforce and Disability for Youth, 2005). The National Collaborative on Workforce and Disability for Youth expound on the differences of the terminologies of *youth development* and *youth leadership*. The authors consider youth leadership as a critical component of youth development. Positive Youth Development (PYD) practices incorporate a leadership component and equate the developmental activities with positive outcomes for youth. For this study, youth development programs will be reviewed within this framework and will relate to the practices of youth development programs from the theoretical perspective of PYD. PYD programs operate from a holistic approach to youth development, which emphasizes the development of skills enhancing the youths' "internal" locus of control.

The theoretical origin of PYD programs is embedded within the youth development movement and has evolved from youth/adolescent development theories and research. During the 1960s, American society assumed an increased sense of responsibility for the care of its young people as developmental assets for the nation's future. PYD programs address the broader developmental needs of youth, in contrast to deficit-based models that focus solely on youth problems (Edelman et al., 2004; Epstein et al., 2006; The National Collaborative on Workforce and Disability for Youth, 2005).

Commonalities of successful PYD programs include promoting healthy bonds between youth and adults, recognition of youth participants' strengths, increased opportunities for youth participation, providing a sense of belonging, providing role models, providing opportunities for participation in positive social activities, providing recognition and reinforcement for that participation, and seeking to strengthen social and emotional competencies without addressing deficits in isolation (Catalano et al., 1998). Well-designed and well-run PYD programs promote youth leadership by providing opportunities for youth to experience varying roles (Brungardt, 1997; National Alliance for Secondary Education and Transition, 2009). Professionals in the field of disability studies and youth development agree that additional components need to be added to youth development programs serving youth with disabilities (Edelman et al., 2004; Epstein et al., 2006; U. S. Department of Labor Office of Disability Employment Policy, n.d.).Suggested additional program components include role models with disabilities and a training emphasis on self-determination and self-advocacy training (Edelman, et al., 2004;Epstein et al., 2006; National Alliance for Secondary Education and Transition, 2009; The National Collaborative on Workforce and Disability for Youth, 2005).

Connections to TXYLF. Utilizing the PYD format, the TXYLF summer training event is specifically designed to support the development of youth with disabilities. The goal of TXYLF is to develop youth with disabilities into self-advocates and leaders in their own lives as well as their communities. TXYLF is a mechanism of support for preparing youth with disabilities to gain skills that will help them effectively face the challenges of adolescence and adulthood as an individual with a disability. Unique

TXYLF program components were established to holistically foster the development of leadership and self-determination, self-awareness and self-efficacy, clear and positive identity, self-advocacy, belief in the future, and to provide real-world opportunities for pro-social involvement. Program components include a mentoring/role model component, a holistic training methodology, and an environmental component element that provides for an additional layer of experiential opportunities.

Culmination of the influences. The marginalization of individuals with disabilities from societal programs fueled various movements in the latter part of the 20th century, arguing the case for inclusion of this group within such programs. The extensive changes brought about by legislative action during this era provided unprecedented opportunities for individuals with disabilities to participate in all areas of society (Dowse, 2001; Wehmeyer, 2004; Wehmeyer et al., 2000). Opportunities existed for full societal participation, yet graduation rates and employment rates for young adults with disabilities still lagged despairingly behind their non-disabled peers (Argan, Wehmeyer, Cavin, & Palmer, 2008; Benz & Halpern, 1993; Benz, Lindstrom, & Yovanoff, 2000; Weymeyer & Schwartz, 1997).Reported unemployment rates for this population showed a disparity of anywhere from 5 to 10 times that for individuals without disabilities (Fleishcher & James, 2001; Pelka, 1997). As a group phenomenon occurring in the early 1990s, individuals with disabilities were 30% less likely to graduate from high school, 80% less likely to continue on to postsecondary education, and 40% less likely to become employed. These statistics accentuated this population's marginalized status and the at-risk label that most appropriately applied to its youth (Fleishcher & James, 2001).

In considering causality issues for these results, research during this time indicated that children with disabilities had fewer opportunities to participate in decision-making and fewer typical learning experiences from positive and negative consequences than their peers who were not disabled (Bannerman, Sheldon, Sherman, & Harchik, 1990; Guess, Benson, & Siegel-Causey, 1985). Research showed that youth were better equipped to make a successful transition to adult life if they had meaningful youth development supports and opportunities (Durlak, Rose, & Bursuck, 1994; Gambone, Klem, & Connell, 2002); yet, youth with disabilities were less likely to be involved in activities that would promote the acquisition of skills necessary to pilot their way to becoming self-advocates and leaders of their own lives, and/or leaders in their communities (Arnold &Czamanske, 1991; Wehmeyer, 1992). For many youth, leadership skills were developed during structured extracurricular (recreational and social development) activities, such as clubs, service organizations, sports programs, and fine arts (Larson, 2000; Wehman, 2006). Unfortunately, the participation of youth with disabilities in these types of activities and groups was limited (Grigal, Neubert, Moon, & Graham, 2003; Halpern et al., 1997).

According to Ward (2006) and numerous other stakeholders, the critical importance of self-determination and self-advocacy cannot be stressed enough. Although evidence-based best practices supported the implementation of preparatory transition programs for youth with disabilities that included self-advocacy and self-determination training, too frequently the mandated transition services for youth receiving special education services were ignored in favor of basic skill instruction (Powers, 2001). Youth

with disabilities lacked access to educational programs that incorporated a holistic and systematic approach supporting healthy adolescent development and positive transition to adulthood (Wehman, 2006; Wehmeyer, 2004).

In an effort to remedy the lack of youth development program opportunities, leading disability advocacy groups strongly suggested that a forum be developed to systematically train youth with disabilities to be self-determined, and to become advocates and leaders (Ward, 1988; Williams, 1991). As a result, the YLF prototype program was developed to address educational discrepancy areas for this population through the application of a PYD program format. The underlying premise for the program was the acknowledgment of the importance of appropriate youth development practices and the notion that successful transition to adulthood for youth with disabilities hinged on their ability to exercise self-advocacy, to be self-determined, and to assert leadership over their own lives.

<div align="center">The Texas Statewide Youth Leadership Forum</div>

Theoretical Framework

The self-advocacy model promulgated by Test, Fowler, Wood, Brewer, & Eddy (2005a) with regard to self-advocacy as an educational outcome is used as the theoretical framework for this study. This conceptualization is shown in Figure 1.2. It is submitted that within this framework lies the foundation of the curriculum for TXYLF on the basis that Test and colleagues' (2005b) conceptualization of self-advocacy includes the educational components addressed through TXYLF. Test and colleague's self-advocacy framework provides connected skills related to the overarching component elements,

which is helpful in examining TXYLF. The conceptual elements of self-advocacy and

the attached underlying skills of this framework will be considered further in the

literature review in Chapter II.

Figure 1.2. Conceptualization of self-advocacy as an educational outcome.
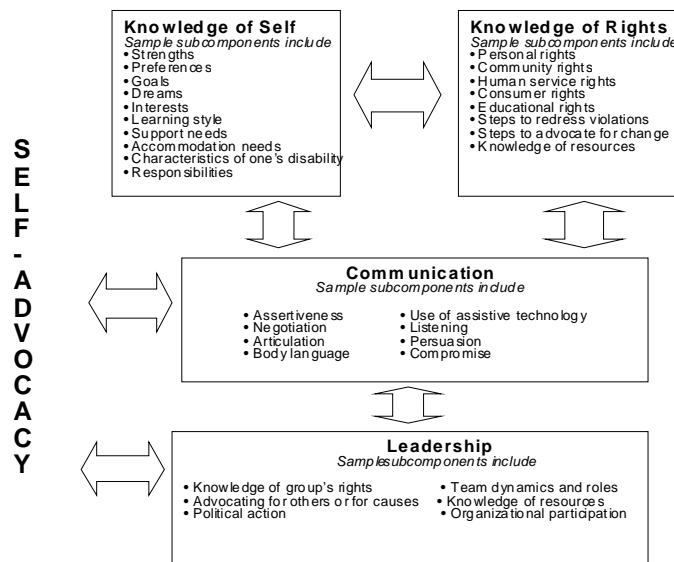
Note: From **"**A Conceptual Framework of Self-Advocacy for Students with Disabilities"

by D. W. Test, C. H. Fowler, W. M. Wood, D. M. Brewer, & S. Eddy, 2005. *Remedial

and Special Education, 26*, p. 49. Copyright 2005 Sage Publications and Hammill Institute

on Disabilities.

TXYLF Summer Training Components

      Youth participants are chosen through a statewide competition that seeks

students with disabilities who have demonstrated leadership potential. Each applicant

submits a standard application, an essay, and two letters of recommendation. On

average, 30 youth are selected to attend a five-day training event at no cost to the youth

or family. Funding for the training event is set up through a state organization. The

training targets students during their last two years of secondary education and is

restricted to youth with disabilities. The mentors/facilitators and presenters for the on-

site modules are adults with disabilities.

      Program components. The TXYLF curriculum addresses skills in the following

areas: (a) disability history, (b) team-building and leadership, (c) self-advocacy, (d)

legislative advocacy, (e) postsecondary education, (f) employment, and (g) volunteerism.

These areas are addressed in a workshop-style training environment with hands-on

activities, speaker presentations, large and small group discussions, and field excursions.

The curriculum is built around a theme or themes for each day of the training with

activities incorporated to support those themes. The TXYLF curriculum emphasizes an

experiential, interactive approach to learning and provides a framework that includes a

safe environment for youth with disabilities to develop leadership and advocacy skills.

To achieve this, three key program elements are incorporated to address the curricular

areas: namely, the environmental element, the mentoring element, and the training

methodology.

      Setting. Environmental elements include the following: (a) travel to the state

capital, (b) a five-day/four-night stay on a college campus, (c) a campus tour, and (d) an

excursion to the state's capitol building. The environmental element mentioned above is

critical to the acquisition of self-advocacy and leadership skills. Wehmeyer (2002)

highlights the necessity of combining the instruction of specific skills with

environmental opportunities to practice those skills. For example, before the selected

youth even arrive at the TXYLF training site, many of the youth will be challenged simply by the act of traveling to a destination that is not familiar to them. Their stay on a college campus provides the youth the unique opportunity to experience college life on a small scale, acquire a sense of freedom and responsibility, and work collectively with a group toward a common end. Furthermore, the trip to the capitol building affords the youth an avenue to practice their newly acquired advocacy skills. The youth see and experience legislative action personally and they have the opportunity to converse with state legislators to share concerns and get feedback on how to progress in future legislative advocacy efforts.

Mentoring. The mentoring element of the TXYLF is provided by TXYLF graduates and adults with disabilities. TXYLF graduates from the previous year's training apply to attend the training as mentors to the newly selected trainees. Approximately 8 to 10 TXYLF graduates are selected as mentors/facilitators, a critical component of effective PYD programs. The majority of the training is facilitated by these young adults who have successfully navigated the transition to postsecondary pursuits and have demonstrated effective leadership and advocacy. Furthermore, they are intimately familiar with many of the common societal and physical barriers presented from having a disability. Consequently, this provides the youth participants' avenues to discuss various barriers and how to overcome them.

Adults with disabilities from the private and public sectors who have successful careers provide an interactive level of support for the training. A significant advantage of the program is that these adults provide leadership by example, another critical

component of PYD programs (Coehlo, 1998). These individuals are presenters at the

forum and speak to the youth about their life experiences as they relate to each of the

curricular components. These adults provide the youth with an avenue for discussing the

problems and barriers to inclusion in societal arenas. Youth participants are provided

information on disability history and accounts of actions that led to policy and systems

changes the youth participants now experience. Youth participants are further provided

with personal accounts of successful goal attainments in the areas of independent living,

postsecondary education, and employment. Through these renditions, the youth are lead

to the conclusion that it is not only their right, but their responsibility to become

successful members of society. They are taught that creating a society that is responsive

to the needs and rights of individuals with disabilities requires that individuals with

disabilities collectively advocate at the political level to enhance their ability to promote

additional policy and systems change (Dowse, 2001; Test et al., 2005b; Whitehead &

Hughey, 2004).

Training methodology. The workshop-style training format includes small and

large group interaction. The format of teaming affords the delegates opportunities to

experience team-building techniques and brings them an awareness of their own unique

capabilities. Extended opportunities to experience the power of working with a team is

promoted through activities that are designed to incorporate all members, regardless of

their disability type. Also, the majority of the activities provide opportunities for

delegates to experience genuine leadership in various situations. Activities are pragmatic

and geared toward participatory learning experiences (see Table 1.1).

Table 1.1

Examples of Texas Statewide Youth Leadership Training Activities by Topic

Day	Topic	Sample Activity
1	Team Building	*Create a Lego Representation Project:* Each team designs and creates a model that represents a topic related to the Texas Statewide YLF training week. Team members self-select a role (leader, art/designer, note taker, material manger, or time manager). Projects are presented by the groups on Day 4 and are judged on visual assessment and team process.
2	Self-Advocacy	*How Can You Get There If You Do Not Know Where You Are Going?* In this goal-setting activity, your participant teams watch a video clip of the same name, then select a destination from a map or atlas. The teams write their "goal," which is their destination, and the "short-term objectives," which are the steps of how they are going to get there and what they need to take. Debriefing after the activity includes connecting the goal-setting techniques to setting and accomplishing personal life goals.
3	Legislative Advocacy	*Jeopardy's Disability Trivia* is an activity that combines famous persons in disability history and famous individuals with disabilities in current venues. Materials include a "Jeopardy's Disability Trivia" PowerPoint and 5 posters with information from each of the 5 Jeopardy categories. Teams have 5 minutes to collect as much information as possible from the posters displayed around the room, and are told to strategize the best way to accomplish this. The game is played the same as any Jeopardy game.
4	Legislative Policy Action	Youth participants travel to the Capitol and have the opportunity to publicly deliver their civic testimonies related to disability issues in front of a legislative panel. This provides applicable public speaking opportunities and valid experiences in legislative advocacy procedures.
5	Overview and Application	*Be a Leader: Action Plan*: Each youth participant sets a personal goal and a community goal, with steps and timelines established for each goal. The youth are then charged with carrying out these plans in their own communities.

Note: From ""Comprehensive Leadership Training for Youth with Disabilities: A New and Improved Youth Leadership Forum Model", 2010, TEACHING Exceptional Children, 42(4), p. 66. Copyright 2010 by the Council for Exceptional Children Association. Adapted with permission of the author.

The Problem

The problem, however, is that very little empirical evidence exists to support the effectiveness of the YLF training model in practice. Evidence-based programs are a subtype of evidence-based practice. Most programs designated as evidence-based (i.e., model, exemplary, or promising), have three primary criteria in common: (a) the program must be theory-based, (b)there must be strong evidence that a program works, and (c) the program must be ready for dissemination (Catalano et al., 1998).Although several researchers have connected evidence-based practices with the YLF program (Edelman et al., 2004; Epstein, Williams, & Socha, 2006), strong evidence of program effectiveness is lacking. However, even though evidence of program effectiveness is lacking, government and non-profit organizations allocate funding in significant amounts annually to conduct YLF trainings. Twenty-six states, including Texas, are currently conducting advocacy and leadership training for youth with disabilities using the YLF training model. While empirical evidence is bountiful for other populations on the positive effects of leadership training for youth in general, only three studies assessing the effectiveness of the YLF model can be found anywhere in the literature.

Purpose of the Study

The purpose of this study is to investigate the effects of the TXYLF summer training event on the self-advocacy and leadership abilities of high school students with disabilities. Specifically, this study will investigate whether the TXYLF training improves youth participants' self-advocacy and leadership skills and will determine its concomitant impact on the development of youth with disabilities. This study will

further examine the interaction effect of disability type and gender on the improvement of self-advocacy and leadership skills.

Research Questions

In supporting the central hypothesis that the TXYLF training has a positive impact on attainment of self-advocacy and leadership skills for youth with disabilities, this study is designed to answer one primary and two exploratory research questions. The primary research question is: Is the TXYLF summer training effective for teaching youth with disabilities self-advocacy and leadership skills? In considering this primary question, the two exploratory research questions are as proposed. First, does disability type affect the youth participants' acquisition of self-advocacy skills as measured by the post-test? Second, does gender affect the youth participants' acquisition of self-advocacy skills?

Hypothesis

Although there are clearly deficiencies in the literature pertaining to the efficacy of the YLF model with regard to youth with disabilities, this researcher submits the following hypotheses: There is a positive relationship between the TXYLF training and the attainment of self-advocacy skills by youth with disabilities.

Significance of the Study

This study is significant because it contributes to both the theory and practice of self-advocacy and augments the current body of literature on self-advocacy. First, this study will investigate an area of self-advocacy where little has been studied by previous empirical research. This will be accomplished by examining the effectiveness of self-

advocacy and leadership training implemented through the TXYLF format. Secondly, this study will examine the interactive effects of certain demographic and internal factors on the effect of the self-advocacy instruction. Additionally, this study is significant because it will contribute nationally to youth development professionals in the field by providing them with empirical data to evaluate the effectiveness of the YLF model. These professionals can use findings from this study to identify the curricular components of self-advocacy that are supported through the TXYLF summer training event.

Additionally, the field has advanced in numerous ways related in the delivery of self-determination and self-advocacy instruction; however, the YLF model has remained basically the same since its inception. Accordingly, it is proposed that an empirically designed study of the TXYLF summer training event, which is a replicated utilizing the YLF model, could yield definitive results related to the model as a whole. Knowledge gleaned from such a study could validate the need for the program and substantiate the importance of teaching self-advocacy and self-determination holistically, in natural settings, with hands-on, real-world activities and experiences.

<div align="center">Key Terms and Definitions</div>

Adolescent: A young person who has undergone puberty but who has not reached full
     maturity; a teenager (The Medical Dictionary, n.d.).

Adolescence: The period in development between the onset of puberty and adulthood. It
     usually begins between 11 and 13 years of age with the appearance of secondary
     sex characteristics and spans the teenage years, terminating at 18 to 20 years of

age with the completion of the development of the adult form. During this period,

the individual undergoes extensive physical, psychological, emotional, and

personality changes (The Medical Dictionary, n.d.).

Disability: In this study, the term disability refers to disability as defined by IDEA and

includes the following disability categories: mental retardation, hearing

impairments (including deafness), speech or language impairments, visual

impairments (including blindness), serious orthopedic impairments, autism,

traumatic brain injury, other health impairments, or specific learning disabilities;

and who, by reason thereof,   needs special education and related services.

High School Students: In this study, high school students are defined as students who are

enrolled in secondary education.

Leadership: While numerous definitions for leadership exist, for purposes of examining

TXYLF, the working definition of youth leadership,

according to Edelman et al., 2004, will be used. The definition of leadership by

Edelman and his colleagues (2004) is as follows:

"youth leadership is: (a) 'The ability to guide or direct others

on a course of action, influence the opinion and behavior of other

people, and show the way by going in advance' (Wehmeyer,

Agran, & Hughes, 1998); and (b) 'The ability to analyze one's own

strengths and weaknesses, set personal and vocational goals, and

have the self-esteem to carry them out. It includes the ability to identify

community resources and use them, not only to live independently,

but also to establish support networks to participate in community life

and to effect positive social change' (Maryland Developmental Disabilities

Council, n.d.).

Legislative Advocacy/Action: Refers to efforts to influence the introduction, enactment,

or modification of legislation. This can include lobbying, ballot initiatives,

legislative networks and campaigns, and explanations of legislative processes.

Legislative advocacy can also encompass instruction on how to conduct

campaigns, educating legislators, communications strategies to implement

lobbying campaigns, rules regarding lobbying, building legislative networks,

and tracking legislation and committee votes.

Mentor/facilitator: Designated title for youth trained through TXYLF activities who

return to assist in training the newly selected trainees.

Mentoring: Is a developmental partnership through which one person shares

knowledge, skills, information, and perspective to foster the personal and

professional growth of someone else. The power of mentoring is that it creates a

one-of-a-kind opportunity for collaboration, goal achievement, and problem-

solving.

Medical model of disability: Is presented as viewing disability as a problem of the

person,directly caused by disease, trauma, or other health condition which

therefore requires sustained medical care provided in the form of individual

treatment by professionals. In the medical model, management of the disability is

aimed at acure, or the individual's adjustment and behavioral change that would

lead to an almost-cure or effective cure. medical care is viewed as the main issue,

and at the political level, the principal response is that of modifying or reforming

    healthcare policy (Dowse, 2001).

Positive Youth Development: Addresses the broader developmental needs of youth, in

    contrast to deficit-based models that focus solely on youth problems (National

    Collaborative on Workforce and Disability for Youth, 2005).

Self-advocacy: The terms *self-advocacy* and *self-determination* are often used

    interchangeably (Field & Hoffman, 1996); however, self-advocacy, according to

    Test and colleagues (2005b) is a multifaceted concept, is the ability to speak and

    advocate for oneself and others, and is defined and framed by four core elements:

    (a) self-knowledge, (b) knowledge of rights, (c) communication, and (d)

    leadership.

Self-determination: The definition of self-determination is "acting as the primary causal

    agent in one's life and making choices and decisions regarding one's quality of

    life free from undue external influence or interference" (Wehmeyer, 1996, p. 24).

Social Model of Disability: The societal perspective of disability as a social phenomenon

    connected to the philosophy that the disability perspective is a consequence

    of environmental, social, and attitudinal barriers that prevent people with

    impairments from maximum participation in society (Dowse, 2001).

Youth Development: In this study, youth development is the process that prepares young

    people to meet the challenges of adolescence and adulthood through a

    coordinated, progressive series of activities and experiences which help them

    become socially, morally, emotionally, physically and cognitively competent.

(National Collaborative on Workforce and Disability for Youth, 2005).

Youth and youth participant: Youth and youth participant are terms that are used

interchangeably in this document and refer to persons who are 16 to

22 years of age.

Delimitations of the Study

According to Test and colleagues (2005b), research on self-advocacy by

individuals with disabilities falls into one of two major foci: (a) changing state and

federal service systems based on the principles of self-advocacy, and (b) promoting self-

advocacy as an educational outcome through instruction. This study is based on the

theoretical framework of the latter.

This study is intended to examine the effects of self-advocacy instruction through

TXYLF and its implication for the acquirement of these skills by youth with disabilities.

It is not intended to investigate self-advocacy from the perspective of changing current

service systems, nor will it study self-advocacy from the perspective of motivation. This

study will not examine the interactive effects that environmental factors may have on the

effect of self-advocacy instruction. Individual factors related to demographics are the

focus of the current study. Participants of the study are limited to high school students

with various disability types.

Limitations of the Study

The subjects of the present quasi-experimental study were selected because they

completed the application process and were selected by a committee to attend the

program. Control subjects were selected because their profiles matched the experimental

subjects. Variables, such as training environment, socio-economic levels, and ethnic composition, were not controlled for. Although generalizations to youth accessing the TXYLF training can be made, generalizations concerning all other youth with disabilities should be made with caution.

Organization of the Dissertation

In Chapter I, the history of social movements and their significance to the development of the YLF training model is reviewed. The history of the YLF model and its unique curriculum components are discussed. The importance of self-advocacy and its acquisition for positive adult outcomes for youth with disabilities is discussed. Research questions and justifications of the study are proposed. The theoretical framework that views self-advocacy as an educational outcome, including definition and component elements, is presented. Important terms are presented and defined. Delimitations are discussed and the organizational framework of the study is presented.

Chapter II contains a review of the literature that provides the background for the theoretical framework, selection of research questions, and methodology in the present study. The literature review covers five major topics: (a) theoretical issues of disability culture and social justice for the disability community, (b) theoretical basis for the component elements of self-advocacy, (c) theoretical aspects of youth leadership development, (d) strategies for teaching self-advocacy, and (e) strategies for teaching youth leadership.

Chapter III presents the methodology of the study, including subjects, design, instrumentation, procedures, data collection, and analysis.

In Chapter IV, descriptive statistics and the results of study are presented.

In Chapter V, findings of the study are addressed, interpretations and applications to professionals in the field are proposed, and future research areas are considered.

CHAPTER II

LITERATURE REVIEW

Historical Factors

Three historical factors seem to have influenced the development of Youth

Leadership Forum (YLF) model: (a) social paradigm shifts, (b) social justice and

disability rights movements, and (c) legislative action. These three factors interacted in a

complex manner, affecting each other, and, in turn, impacting the emergence of the

YLF. Researchers who have examined the effectiveness of YLF have examined the

programming terms of its effect on youths' acquisition of self-determination (Bauer,

2003; Griffin, 2007).While self-advocacy is listed as a component element of self-

determination, the self-determination concept does not include the disability rights and

legislative components highlighted and addressed through the YLF program. Therefore,

this study will examine the TXYLF summer training event through a self-advocacy

framework. This study will examine the Texas YLF summer training event in terms of

its effect on youths' acquisition of self-advocacy and leadership skills.

The review of the literature presented in Chapter II provides the background for

the theoretical framework, the selection of research questions, and methodology in the

present study. The literature review covers five major topics (a) theoretical aspects of

disability culture and social justice for the disability community, (b) theoretical

characteristics of self-advocacy as an educational outcome, (c) strategies for teaching

self-advocacy, (d) theoretical aspects of youth leadership development, and (e) strategies

for teaching youth leadership and civic engagement. Chapter II will also synthesize

information gathered on current YLF programs and examine the common elements across projects. Finally, the YLF curricular components are examined using Test and colleagues' (2005) self-advocacy theoretical model, incorporating an outline of the skills taught and an exploration of the empirical evidence supporting the model.

Social Paradigm Shifts

In consideration of the social perspective of disability, persons with disabilities were viewed through a medical perspective throughout the majority of the 20th century (Dowse, 2001; Darling, 2003).The social perspective evident through the mid- to late-20th century effectively stymied the disability population and perpetuated the lack of equal opportunity and access. As a result, individuals with disabilities and their families were faced with a systematic lack of access to public services such as education (Beirne–Smith, Ittenbach, & Patton, 2002). Liachowitz (1988) argued that the lack of equal access and legislative social policies had roots in institutionalized racism and segregation. Additionally, Liachowitz advocated for the need to recognize the social construct of disability and argued that failure to do so inherently limits the efficacy of any disability-specific legislation.

From its inception through the early 1960s, the medical model viewpoint of "disabled" held true and persons with disabilities were often institutionalized as infants and stripped of their civil rights. This social marginalization of the disabled community was compounded by the fact that public and private sectors failed to accommodate the varied formats needed to afford individuals with disabilities equal opportunities and equal access (Dowse, 2001; Erkulwater, 2006; Putnam, 2005; Putnam, 2007; Whitehead

& Hughey, 2004). The failure of public institutions to recognize and value persons with disabilities perpetuated the societal misconceptions of persons with disabilities. Indeed, these "built-in" societal barriers to inclusion of individuals with disabilities effectively bound and defined this population as "substandard" through the latter half of the 20th century. Disability history reveals that individuals with disabilities have gone through various types of mistreatment, from deprived right for life, forced sterilization, and segregation to denied education and employment opportunities. However, effective change agents were executed, and the medical model began to give way to a more interactive social model as indicated by the Social Models of Disability in Table 2.1.

Table 2.1

Comparison of Social Models of Disability

Medical Model	Interactional Model
Disability is a deficiency or abnormality.	Disability is a difference. Being disabled is a natural part of humanness.
Disability resides in the individual.	Disability derives from the interaction between the individual and society.
The remedy is cure or normalization of the individual.	The remedy is a change in the interaction between the individual and society.
The agent of remedy is the professional.	The agent of remedy can be the individual, an advocate, etc.

Note. From "Challenging Traditional Models of Disability," retrieved August 14, 2009, from the University of Minnesota website, http://ds.umn.edu/faculty/challenging.html.

In the midst of this shift toward disability as a social phenomenon were individuals who took up the torch of disability activism. Self-advocacy as a movement was an effective change agent, and these individuals sought to create a society where persons with disabilities were no longer discriminated against. More and more parents and adults with disabilities demanded equal opportunity and access (Darling, 2001; Dowse, 2001; Test et al., 2005b). A disabilities rights movement commenced and this movement catapulted the interactive social model forward (Putnam, 2005; Racino, 1999; Whitehead & Hughey, 2004).

Disability leaders believed that creating a society that is responsive to the needs and rights of individuals with disabilities required that individuals with disabilities collectively advocate at a political level to enhance their ability to promote policy and systems change (Dowse, 2001). It was the organized advocacy efforts by individuals with disabilities and their families that changed the ways that these individuals were treated (Beirne–Smith et al., 2002). These advocacy efforts started in the 1940s after the end of World War II by a parent organization, American Association on Mental Deficiency (now American Association on Intellectual and Developmental Disabilities), and several other organizations founded in the 1950s and 1960s (Thorine, Browning, Irvin, 1988; Whitehead & Hughey, 2004). People with disabilities and their families organized to assert their rights of citizenship, campaign for social and political change, and demand access to the neighborhoods, jobs, schools, and activities enjoyed by persons without disabilities (West, Barcus, Brooke, & Rayfield, 1995).

In charting the growth of disability enfranchisement, it is evident that disability community leaders recognized that unrelenting efforts by self-advocates as organizational and civic leaders were necessary to guarantee the continued expansion of representation for the disability community. Therefore, ensuring the continued growth and development of the disability movement as a comprehensive force for social change required that people with disabilities become students of power and leadership (Dowse, 2001). To this end, disability advocacy groups strongly suggested that individuals with disabilities become self-determined and become leaders and advocates (Ward, 1988; Williams, 1991).

Self-Advocacy and Self-Determination

In addressing self-advocacy as an educational background, it is important to acknowledge the parallel component elements of self-advocacy and self-determination and the fact that often these terms are used interchangeably. Field and Hoffman (1996) correlated component elements of self-determination and self-advocacy and concluded that the terms as educational outcomes are intrinsically similar (see Table 2.2). Therefore, studies addressing self-determination and self-advocacy are reviewed in the following section. To date, over 450 topic and research studies have been published on the topics of self-determination and self-advocacy. Studies were selected for review for this study if they incorporated at least three component elements of self-advocacy or self-determination, used multi-level/multi-modal level intervention strategies, had participants with comparable demographics as the YLF participants or parents with youth with comparable demographics as the YLF participants, used empirically sound

methodological techniques, addressed transition and post-school outcomes related to self-advocacy/self-determination levels, and were reported in peer reviewed journals, thus adding to the literature base for evidence based intervention practices. Additionally, three syntheses on self-determination/self-advocacy studies were reviewed that included studies with the above mentioned criteria.

Table 2.2

Comparison of Test and Colleague's Self-Advocacy Framework with Wehmeyer's Component Elements of Self-Determination

Test and colleagues component elements of self-advocacy	Wehmeyer's component elements of self-determination
Knowledge of self (identifying information about self-interests, strengths and weaknesses).	Self-awareness and self-knowledge
Knowledge of self(goal-setting and responsibilities)	Goal-setting and attainment
Communication (assertiveness, negotiation, articulation, persuasion and compromise)	Self-management skills
Communication (assertiveness, negotiation, articulation, persuasion and compromise)	Internal locus of control
Knowledge of rights and leadership(personal rights, community rights, human service rights, consumer rights, educational rights, steps to redress violations, steps to advocate for change, and knowledge of resources)	Positive attributions of efficacy and outcome expectancy

Table 2.2 Continued

Test and colleagues component elements of self-advocacy	Wehmeyer's component elements of self-determination
Knowledge of rights and leadership(personal rights, community rights, human service rights, consumer rights, educational rights, steps to redress violations, steps to advocate for change, and knowledge of resources, knowledge of group rights, advocating for others, or causes, political action, team dynamics, knowledge of resources, and organizational participation)	Self-advocacy and leadership skills
Knowledge of self, knowledge of rights, communication, and leadership(component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve throughout decision-making actions)	Decision-making and problem-solving skills
Knowledge of self, knowledge of rights, communication, and leadership(component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve when taking risks, becoming more successful and independent)	Independence, risk-taking, and safety skills

Abery and colleagues (1995) undertook a preliminary evaluation of an integrated education system geared towards encouraging self-determination of youth with disabilities. To gather measurement data, the authors utilized a *Self-Determination Skills Evaluation Scale* (SDSES), which is a 75-item, five-point rating scale designed to assess the degree to which raters have observed various behaviors over a three-month period.

The measurement of self-determination was undertaken through the *Opportunity and Exercise Self-Determination Scale* (OESDS). Their study results suggested that out of the sample of 18 young adults with disabilities tested, the incorporation of a multi-component educational and support program for enhancing the self-determination of youth improved classroom competency and leadership attributes in terms of decision-making, problem-solving, autonomy and self-advocacy. Additionally, Abery et al. put forward that self-determination appears to be a by-product of an ongoing interaction between individuals and the environments in which they function.

Algozzine, Browder, Karvonen, Test, and Wood (2001) undertook a review of the literature pertaining to self-determination models of intervention for youth with disabilities. Algozzine et al. (2001) conducted a meta-analysis of 22 studies to consider the actual impact of such interventions in practice and concluded that self-determination can be learned and taught from intervention models in education. The studies incorporated either multi-group or single subject designs. The median effect size for studies with multi-group designs was $d = .60$, reflecting a moderately strong effect. Effects of studies using single subject designs were also reported as quite high, with a median PND (percentage of non-overlapping data points) at 95%. The National Secondary Transition Technical Assistance Center (NSTTAC) has recognized this study as their basis for empirical based evidence for the teaching of self-determination skills. NSTTAC recognizes the sub-skills under self-determination as: (a) self-advocacy; (b) goal-setting; (c) self-awareness; (d) problem-solving skills; (e) decision-making; (f)

choice-making; (g) self-observation, evaluation, and reinforcement; and (h) Individual

Education Plan (IEP) participation (NSTTAC, 2009).

Aune et al. (1996) were awarded a grant to develop Project LEEDS (Leadership

Education to Empowerment Disabled Students) from the Dwight D. Eisenhower

Leadership Development Program, funded through the U.S. Department of Education.

The foundation of this funding was the U.S. Department of Education's recognition of

the importance of teaching leadership and self-determination skills to students with

disabilities. Project LEEDS was a national project and student/staff teams were

established at universities across the U.S. The study had 178 student participants and 57

universities who participated in the leadership training project for youth with disabilities.

Student participants were both under graduate and graduate level students. A mixed-

method study was conducted to ascertain the effects of the program's training. Project

LEEDS developed a conceptual model of leadership based on the leadership training

development related to the American disability culture. Their conceptual model of

leadership had self-identity and peer support as the springboard to pride in oneself as a

person with a disability, identification with others with disabilities as supporting peers,

and viewing one's group as part of a unique culture, the disability culture. The program

then developed a leadership training curriculum for college students with disabilities and

provided two, six-day training institutes for a total of 60 trained individuals (30 college

students and 30 disability professionals). Outcomes reported for student participants

include: (a) changed or increased awareness of their disability, (b) increased

understanding of the broader disability community, (c) realization that their issues were

similar to those faced on other campuses, (d) development of relationships and establishment of networks, (e) discovery of a sense of purpose and direction, (f) viewing leadership in a new way, (g) development of specific leadership skills, (h) increased self-confidence in ability to be a leader, (i) recognition by others as leaders, and (j) challenging the roles of non-disabled partners.

Cobb, Lehmann, Newman-Gonchar, and Alwell (2007) conducted a narrative meta-synthesis of seven narrative and systematic reviews published on self-determination/self-advocacy since 2000. According to the authors, the findings evident from their synthesis are that self-determination as a construct is extraordinarily multi-faceted and complex. Also, self-determination is similar to other important constructs particularly evident in the secondary intervention literature in special education. Results from this study indicate positive outcomes related to self-determination/self-advocacy interventions seem best achieved or maximized by instructional or curricular interventions that contain multiple components. The researchers pinpoint the need and importance of this for curriculum developers, researchers, and practitioners as they develop, research, and implement these types of interventions.

Rothman, Maldonado, and Rothman (2008) utilized a concurrent mixed method data collection strategy to examine a pre-college summer training program for youth with disabilities. The training program was implemented to assist participants to gain self-advocacy/self-determination skills. The 132 participants in the program self-identified their disabilities which included: visually impairment/blindness, ADD/ADHD, learning disability, Asperger's syndrome, cerebral palsy, pervasive developmental

disorder, hearing impairment, and multiple disabilities. The primary goals of the pre-college summer program were: (a) participants would acquire skills necessary to succeed both during their first year of college and after completing college and (b) participants would become more independent and assertive. Participants attended a one-week residential program (participants were housed in dorms) held during the end of June and beginning of July. Workshops, led by individuals who also had disabilities, were held throughout the day and consisted of the following topics: (a) independent living; (b) advocacy skills; (c) study skills; (d) student disability services; (e) transition skills; (f) college systems (registration, financial aid, etc.); (g) assertiveness training; (h) reasonable accommodations; and (i) teen sexuality. Participants stated that they learned a great deal of valuable information, particularly regarding self-advocacy and understanding their rights protected under the ADA, and they also rated these two components as highly important (4.65 and 4.46 out of 5, respectively) for their career success. Rothman and colleagues reported that the results of this study suggested that the participants increased skill levels in all the focus areas addressed through this one-week summer transition program. Furthermore, these researchers reported that the elevation of skill levels gained through this program could easily correlate to the increased the likelihood of college completion and career success for the participants.

Test and colleagues (2009) conducted a review of evidence-based practices in secondary transition. Their literature review was conducted to identify evidence-based practices using quality indicators for sound research. Although the researchers reviewed 240 documents, only 63 studies met the researchers' criteria as high or acceptable. These

studies included group or single subject intervention studies, comprehensive literature reviews, and meta-analyses. The authors' criterion for determining levels of evidence for this study was based on the inclusion criteria for National Secondary Transition Technical Assistance Center's (NSTTAC) literature base. The researchers identified 32 evidence-based practices and categorized them as (a) strong, (b) moderate, or (c) potential. Based on this review, self-advocacy was highlighted as a moderately effective intervention strategy for student development related to secondary transition. The researchers suggest that all evidence-based practices be elevated to a strong status and that sound research needs to be continued and reported, highlighting self-advocacy as an outcome.

Based on their review of the literature, Test and colleagues (2005b) developed a conceptual framework to examine the self-advocacy concept and the underlying skills related to self-advocacy. These researchers thoroughly examined the definitions and interventions of self-advocacy presented in the 160 position and research articles that were published or in press in a peer-reviewed journal within the stated timeline. The researchers' inclusion criteria for the research articles included the following: (a) participants in the study were individuals with a disability classification, and (b) the studies described and empirically examined interventions intended to promote self-advocacy. To further substantiate their findings for practical application, Test et al. sought input from more than 30 individuals with various positions within the disability community. Parents, individuals with disabilities, adult self-advocacy organizations, and corresponding researchers involved with the research studies in question, and

professionals in the field provided input on definitional and curriculum components related to self-advocacy.

Wehmeyer and Schwartz (1997) conducted a follow-up study of 80 youth with intellectual or learning disabilities. They collected data prior to the youth participants' exit from high school and one year after their exit. Findings showed that individuals with high levels of self-determination were more likely to have experienced a greater number of positive post-school outcomes, including a higher likelihood of gaining meaningful employment and earning substantially more per hour than their same-age peers who had lower levels of self-determination.

Wehmeyer and Palmer (2003) conducted a follow-up study of 94 high school graduates, assessing them one and three years after exiting school. These youth had been assessed with the ARC Self-Determination (SD) scale to determine their self-determination competency levels prior to exiting high school. The one year follow-up results revealed significant differences between the individuals in the low SD group and the individuals with high SD group. Individuals in the high SD group fared better in six of eight adult living areas. By the third year follow-up, individuals in the high SD group fared better in all eight adult living areas. More individuals in the high SD group lived independently, had bank accounts, and paid their own bills. Individuals in the high SD group also enjoyed better overall employee benefits at the three-year follow-up, including specific benefits in vacation, sick leave, and health insurance.

Wood, Fowler, Uphold, and Test (2005) reviewed self-determination intervention studies targeting individuals with severe disabilities. The researchers first examined

articles included in the Algozzine et al. review and added studies published from 2000 to 2005. Twenty-one studies were identified for review. All other inclusion criteria set by Algozzine et al. was followed. Twenty of the studies used single subject design and one study used a case study format. Studies examined within this review most often addressed choice-making as one of the subcomponent skill within the intervention. The researchers reported that all studies showed positive effects for at least one participant, and, with one exception, all studies that measured multiple components of self-determination for their outcome measure resulted in increases in all participants in the study.

Zhang, Katsiyannis, and Zhang (2002) put forward that although the self-determination model focuses on the need to involve youth with disabilities in their own decisions, there needs to be more research into the actual correlation between self-determination intervention and positive impact on long term career outcomes after high school. Therefore, Zhang and colleagues' study undertook an investigation into teachers' and parents' practices in fostering self-determination skills of high school students with mild disabilities. In undertaking their research, they further assert that the road to encouraging self-determination takes place in the formative stage and that large-scale interventions lead to improvement.

Youth Development Theory and Strategies

Research on effective youth development programs noted that youth who have had the opportunity to be civically engaged in meaningful ways are much more likely to become adults who contribute to civic upkeep (U.S. Department of Labor Office of

Disability Employment Policy. n.d.; & National Collaboration on Workforce and Disability for Youth, 2005). For example, earlier research undertaken by Catalano and Hawkins (1996) reviewed the efficacy of 77 youth development programs in the U.S. and found that 25 satisfied the effective criteria in terms of "positively affecting youth behavior, resulting in significant improvements to interpersonal skills, the quality of peer and adult relationships, self control, problem solving skills, cognitive competencies, self-efficacy, commitment to schooling, and academic achievement" (Epstein et al., 2006).

Catalano and Hawkins' (1996) study suggested that in the 25 effective programs, there was a distinct reduction of negative behaviors in relation to drug abuse and social misbehavior. In reviewing Catalano and Hawkins' study, it is evident that comparison of the 25 effective programs is important in highlighting elements that are crucial to the success of achieving intended objectives of a leadership plan. The elements indicate the following strategies as imperative to success of the YLF: (a) increase social, behavioral and cognitive levels (b) increase the concept of self worth, (c) increase bonding with adults, (d) expand opportunities for youth, and (e) provide ongoing support for at least nine months(Edleman, Gill, Comerford, Larson, & Hare, 2004; Epstein et al., 2006).

Additionally, in terms of personal development and leadership for youth with disabilities, the work of Benson and Saito (1999) suggests that the interrelationship between youth development and youth leadership programs is clearly demonstrated to positively impact youths' development in their adolescent years, which in turn impacts social integration after high school.

The need for effective youth development practices is further supported, considering the complexities of the crossover effect regarding the transition from childhood to adulthood, which is intrinsically complicated for all youth (Bronfenbrenner & Morris, 1998; Montepare, & Lachman, 1989; Setterson, 2007; Schwartz, Cote, & Arnett, 2005). Rindfuss (1991) has defined the crossover effect as being "demographically dense" because it is defined by a large number of transitions in and out of varying roles in a short period of time. It has been argued that these transitions are pivotal points during which individuals will experience most key turning point life events involving family and relationships, education, and work (Arnett, 1994; Arnett, 2000; Arnett, 2004; Arnett, & Brody, 2008; Arnett, & Galambos, 2003; Elnick, Magrett, Fitzgerald,& Labouvie–Vief, 1999). However, for youth with disabilities the transition to adulthood is compounded by other multiplicative factors (Zhang, 2000).

The additive transitional issues for youth with disabilities addressed by Zhang (2000) correlate to the arguments of Epstein et al. (2006). To address the specific transitional issues youth with disabilities face, Epstein and colleagues suggest that youth development programs for this population should: (a) foster bonding, resilience, self-determination, spirituality, self-efficacy, clear and positive identity and pro-social norms; (b) promote social, emotional, cognitive, behavioral, and moral competence; and (c) provide recognition for positive behavior and pro-social involvement. These propositions are further supported by the Workforce Investment Act, which promotes youth development programs through adult mentoring geared towards leadership goals.

The need for programs, specifically supporting youth with disabilities transition to adulthood, is further highlighted by the review of the literature undertaken by the National Collaborative Workforce and Disability for Youth, which underlined the organizational and programmatic components of youth programs as highlighted in Table 2.3 below. The National Collaborative on Workforce and Disability (NCWD) is based at the Institute for Educational Leadership in Washington D.C. It is supported by a grant from the U.S. Department of Labor's Office of Disability Employment Policy. The implementation of this program was supported, in part, to develop a venue to provide comprehensive information on an extensive literature review of research, demonstration projects, and effective practices covering a wide range of programs and services for the youth with disabilities population. The information gleaned from this effort includes lessons from youth development, quality education, and workforce development programs, thereby identifying core commonalities across the disciplines, programs, and institutional settings. The NWCD connects quality youth development and leadership programming to positive post-school employment outcomes for youth with disabilities and equates youth leadership development programs with effective transition programming for youth with disabilities (National Collaborative on Workforce and Development, 2009).

Table 2.3

Components of Effective Youth Programs with Additional Components for Disability

Focus

Level	Activity Description
Organizational	- Create a clear mission and clear goals
	- Provide trained staff who are professional, supportive, committed, and youth friendly
	- Offer a safe and structured environment
	- Involve youth at all levels, including program administration and the Board of Directors
	- Create physically and programmatically accessible settings and programs
	- Provide staff who are aware of and willing, prepared, and supported to make accommodations
	- Provide connections to community and other youth-serving organizations
	- Identify resources (national and community-specific) for youth with disabilities
	- Collaborate and create partnerships with other agencies serving or assisting youth with disabilities
Programmatic	- Focus on each youth's individual needs, assets, and interests
	- Provide hands-on, experiential, and varied activities
	- Involve youth in the development and implementation of activities

Table 2.3 Continued

Level	Activity Description
Programmatic	- Include opportunities for hands-on involvement at all programmatic levels, including planning, budgeting
	- Create opportunities for success
	- Provide opportunities to try new roles
	• Provide multiple opportunities to develop and practice leadership skills
	- Create varied, progressive leadership roles for youth (e.g., small group, large group, event, program)
	- Provide peer and adult role models and mentors, including people with disabilities
	- Stress personal responsibility
	- Build self-advocacy skills
	- Provide independent living information and assessment (e.g., career, employment, training, education, transportation, recreation, community resources, life skills, financial and benefits planning)
	- Encourage family involvement and support
	- Provide opportunities for youth to develop self-awareness, identity, and values
	- Provide education on the disability community
	- Provide education on disability history, law, culture, & policies

Connections to TXYLF. Test and colleague's (2005b) self-advocacy framework provides a framework to connect skills related to the TXYLF curricular focuses (see Table 2.4). Additionally the connection of the TXYLF to key elements of successful youth development training is accomplished in position papers by Edelman et al. (2004), and Epstein et al. (2006) (see Table 2.3). In specifically targeting youth with disabilities, Epstein et al. attend to this unique feature of the YLF model which creates a "safe environment for young adults to address concerns about their disabilities, to appreciate their peers with different disabilities, and to gain pride as members of the disability community" (p. 4). Additionally, the YLF model offers core curriculum modules, which incorporate experiential hands on activities addressing several key component areas. Youth participants need experiential opportunities in order to bring about the best outcomes for this population (Catalano et al., 1998; Damon & Lerner, 2006).

Table 2.4

Linkages Between TXYLF Program Elements, Test and Colleagues' Self-Advocacy Component Elements, and NCWD's Effective Youth Leadership Program Elements

TXYLF Program Elements	Self-Advocacy Component Elements	Effective Youth Leadership Program Elements
Incorporates a competitive application process	Knowledge of self, knowledge of rights, communication, and leadership(component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve when taking risks, thereby becoming more successful and independent)	- Provide opportunities for youth to develop self-awareness, identity, and values
Is held on a college campus with youth participants housed in dorms for a 5 day, 4 night training event	Knowledge of self, knowledge of rights, communication, and leadership(component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve when taking risks, thereby becoming more successful	- Offer a safe and structured environment - Provide hands-on, experiential, and varied activities - Create opportunities for success - Provide opportunities to try new roles
Includes only youth with disabilities as participants in training		- Offer a safe and structured environment
Utilizes trained YLF youth and adults with disabilities to facilitate the training		- Provide peer and adult role models and mentors, including people with disabilities - Provide opportunities to try new roles

Table 2.4 Continued

TXYLF Program Elements	Self-Advocacy Component Elements	Effective Youth Leadership Program Elements
Utilizes a workshop style training strategy incorporating small and large group format-participants are teamed to provide opportunities for varying leadership roles	Leadership(team dynamics)	- Provide opportunities to try new roles - Create varied, progressive leadership roles for youth (e.g., small group, large group, event, program) - Create opportunities for success
Provides opportunity for youth participants to travel to the Capitol	Knowledge of rights, Communication, and leadership(component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve when taking risks, thereby becoming more successful and independent)	- Provide opportunities to try new roles - Provide hands-on, experiential, and varied activities - Create varied, progressive leadership roles for youth (e.g., small group, large group, event, program) - Create opportunities for success

Curricular focus areas include activities addressing:
 	
    - strengths and weaknesses
 	
    - goal-setting and attainment,
 	
    postsecondary education
	Knowledge of self (identifying information about self-interests, strengths and weaknesses).
	
	Knowledge of self(goal-setting and responsibilities)
	
	Knowledge of rights and leadership(personal
		- Stress personal responsibility
		
		- Build self-advocacy skills
		
		- Provide independent living information (e.g., career, employment, training, education)
		
		- Provide opportunities for youth to develop self-awareness, identity, and values

Table 2.4 Continued

TXYLF Program Elements	Self-Advocacy Component Elements	Effective Youth Leadership Program Elements
- IEP planning and leadership - career awareness and employment - effective communication - volunteerism and community service opportunities - assistive technology -resources	rights, community rights, human service rights, consumer rights, educational rights, team dynamics) Communication (assertiveness, negotiation, articulation, persuasion, and compromise)	- Provide multiple opportunities to develop and practice leadership skills
Includes activities on disability history and culture addressing: - Knowledge of disability history - Knowledge of personal rights - Knowledge of consumer rights - Knowledge of steps to redress violations - Knowledge of steps to advocate for change	Knowledge of rights and leadership(personal rights, community rights, human service rights, consumer rights, steps to redress violations, and steps to advocate for change)	- Provide education on disability history, law, culture, policies, and practices - Provide opportunities for youth to develop self-awareness, identity, and values - Provide hands-on, experiential, and varied activities
Includes activities on legislative advocacy (civil rights and public speaking) addressing: - Steps to advocate for policy and	Knowledge of rights and Leadership(personal rights, community rights, human service rights, consumer rights, educational rights, steps to redress violations, steps to advocate for	- Provide multiple opportunities to develop and practice leadership skills - Provide hands-on, experiential, and varied activities

Table 2.4 Continued

TXYLF Program Elements	Self-Advocacy Component Elements	Effective Youth Leadership Program Elements
systems change - Effective communication avenues and skills - How a bill becomes a law	change, and knowledge of resources, knowledge of group rights, advocating for others, or causes, political action, team dynamics,	- Provide education on disability history, law, culture, policies, and practices
- Forms of political action	knowledge of resources, and organizational participation). Communication (assertiveness, negotiation, articulation, persuasion, and compromise)	
Includes activities on leadership addressing: - Effective team-building - Power of working in a team - Elements of an effective leadership - Leadership style differences - Alternate ways to lead	Knowledge of rights, communication, and leadership(team dynamics, component sub-skills are all interconnected to position individuals with disabilities to consider and effectively problem solve when taking risks, thereby becoming more successful and independent)	- Provide multiple opportunities to develop and practice leadership skills - Provide hands-on, experiential, and varied activities

Another central element of the YLF model is the acknowledgement of the need to consider the influences of complex factors impacting youth development. This is supported by Catalano and colleagues (1998) who propose that the effective youth

development programs geared toward aiding at-risk youth and those with disabilities in particular "have shifted from a single problem focus to a focus on factors that affect both positive and problem-based youth development" (Catalano et al., 1998, p. 292).

  Connection between the Self-Advocacy Framework and TXYLF. Test et al. synthesized the key attributes of the definitions, interventions, and stakeholder information addressing the acquisition of self-advocacy skills and proposed a theoretical framework with the underlying concepts and skills. In essence, Test and colleagues' conceptual framework of self-advocacy contains the following core component elements: (a) knowledge of self, (b) knowledge of rights, (c) communication, and (d) leadership (see Figure 1.2). Embedded in each of these core concepts are the skill sets that correspond to skills taught through the YLF training program. Their framework will be used to recognize and describe the curricular components of the YLF training model. The consideration of the self-advocacy model, its core concepts, and the underlying skill sets will be utilized to examine the supporting activities of the YLF training model. Test et al. (2005b) argue that the integration of the four central elements within the wider self-advocacy model is useful in planning activities particularly for students with disabilities (Test et al., 2005b).

  The first conceptual element addressed in the self-advocacy framework by Test et al. (2005) is the *knowledge of self* component element. Test and colleagues define the *knowledge of self* element as "knowing one's own interests, preferences, strengths, needs, learning style, and attributes of one's disability" (p. 102). If considered contextually under the TXYLF training model, the archetype appears to incorporate the

sub-skills under Test and colleagues' knowledge of self concept and includes activities that teach the youth participants to recognize their strengths and weaknesses, the basics of goal setting, and the responsibilities of adult living in the areas of postsecondary education and employment.

Additionally, Test and colleagues (2005b) describe the knowledge of rights conceptual element as "knowing one's rights as a citizen, as an individual with a disability, and as a student receiving services under the Individuals with Disabilities Education Act" (p. 102). To this end, the TXYLF training model incorporates the sub-skills under the knowledge of rights paradigm and includes activities that teach the youth participants to recognize their personal community rights, educational rights, and consumer rights. This, in turn, activates self-determination towards campaigning for change, and possessing knowledge of community resources.

Test et al. (2005b) propose the conceptual element of *communication* in the self-advocacy model, which is defined as "including subcomponents such as negotiation, persuasion, and compromise as well as body language and listening skills" (p.102) The TXYLF training model incorporates these same sub-skills for the communication concept and includes activities that teach the youth participants public speaking skills to advocate for policy systems change.

In considering the leadership aspect of self-advocacy, Test et al. (2005b) believe that learning to lead involves practicing team-building skills, learning the roles and dynamics of a group, as well as understanding how to function in a group. Additionally, they believe that in order to lead, individuals have to "develop an understanding of one's

role within a culture of individuals with disabilities and stand up for the rights of a group" (p. 102). The TXYLF training model incorporates the sub-skills under Test et al.'s leadership concept and provides embedded activities that teach the youth participants team-building, component elements of an effective leader, and leadership style. The youth participants are exposed to information on how the disability rights movement fits within the civil rights movement to fight against marginalization. The training curriculum incorporates information on how laws are made and how laws affect policies and procedures, particularly with regard to disability issues. Information on current disability issues is included and youth participants are encouraged to experience advocacy beyond a personal level when they provide developed testimonies in front of legislators at the capitol.

Connections between TXYLF and PYD program practices. The concept of positive youth development (PYD) as a part of youth leadership strategy originated from two youth development program approaches. One youth development program, *problem-based youth development*, uses a prophylactic approach, is deficit-based and is geared toward rehabilitation/abstinence of problem behavior such as drug use. This youth development approach provides young people with information on the harmful effects of risky behavior, utilizing extrinsic measures such as retribution from law enforcement and poor health as logical barrier to engaging in such behaviors. The problem-based youth development approach operates from the stance that if youth are given the right information they will: (a) never engage in the risky behaviors being addressed, or (b) stop engaging in those behaviors. An example of this approach is the

Drug Abuse Education (DARE) program implemented in Texas schools to address illegal drug use. This prophylactic approach has had minimal effect in deterring youth from engaging in risky behavior (Ferber, Pitman, & Marshall, 2002: National Youth Employment Coalition, 1994; Naughton, 2003). Furthermore, this approach has not been recognized for assisting "at risk" youth to develop the skills recognized as necessary for the successful transition to adulthood and related to positive post-school outcomes.

As discussed earlier, PYD is the other approach to youth development. It is holistic in style and is geared toward developing intrinsic human characteristics, such as a positive self-identity and positive feelings of worth, to give youth the resilience they need to abstain from risky behaviors and to assist them in developing the skills necessary to successfully transition to adulthood (Larson, 2000). Additionally, the PYD approach uses evidence-based youth development strategies to accomplish the program objectives. Another key feature of the PYD approach is the incorporation of a leadership component.

According to Edelman et al. (2004) and Epstein et al. (2006), effective youth leadership programs: (a) build on solid youth principles, (b)use a PYD approach to youth development with an emphasis on those areas of development and program components that support youth leadership, and (c) utilize evidence-based strategies. These professionals recognize YLF as one such program on the contention that it incorporates all of the criteria listed for effective youth development programs as defined by the field. Although Edelman et al. and Epstein et al. acknowledge the YLF program as an

effective program; little exists in the literature to substantiate their claim. Catalano et al.

argues that one of the central challenges of youth development and youth leadership

programs to date has been the lack of empirical evidence for programmatic

effectiveness. Researchers in the field of youth development agree and note that

programs need to make certain that all youth leadership programs, including youth

leadership programs targeting youth with disabilities, are high quality programs(Eccles

& Gootman, 2002; Edelman et al., 2004). Furthermore, they concur that those programs

must incorporate standard measures for collecting and reporting program effectiveness

(Catalano et al., 1998).

Overview of National YLF Programs

Identifying common elements of youth leadership programs required a

comprehensive review of each existing YLF program. To gather this information, the

websites affiliated with each project were examined with follow-up phone calls to

project coordinators to gain additional information not listed on those sites. To date, 26

states are conducting YLFs annually. A common overarching goal of YLF is to develop

youth with disabilities into self-advocates and leaders for the disability community

(Edelman et al., 2004; Epstein, et al., 2004). A comprehensive review of YLF revealed

the following similarities: (a) an application and selection process; (b) an annual training

of an average of 30 youth with disabilities who are juniors and seniors in high school at

an average cost of $1,700 per student; (c) use of a selection process to achieve a broad

representation of youth participants of various hometowns, ethnicities, and disabilities;

(d) focus on five core curricular areas; (e) attendance of successful adults with

disabilities to provide leadership by example through personal testimonies and mentoring of the youth; (f) guidance of the youth participants in developing leadership plans; (g) holding the training on college campuses; and (h) incorporating a legislative activity at the capitol. Nationally, 780 youth participants receive training each year at an estimated annual cost of $1,326,000.

Although there is not a standard curriculum, each YLF provides youth participants a safe arena to learn about themselves, identify strengths and weaknesses, and to apply their newly acquired leadership skills. Some show unique features, such as assigning advisors (i.e., adults with disabilities) to work with the youth participants following the weeklong training. One hundred percent of the YLF programs incorporate a format that includes a teaming attribute with small group and whole group workshop-style training.

Common core instructional areas include: (a) disability history and culture, (b) leadership development, (c) self-advocacy, (d) employment, and (e) legislative advocacy. The format of teaming affords the youth participants opportunities to experience team building techniques and brings an awareness of their own unique capabilities. Leadership and team-building activities are embedded in the training throughout the week along with effective mentoring practices. The power of working with a team is promoted through activities that are designed to incorporate all members, regardless of their disability.

YLF also employs the use of role models. Adults with disabilities who have successfully navigated the transition to adulthood serve as speakers, mentors, facilitators,

and staff for the training event. This feature of *leadership by example* is unique and key to the success of YLF, which has an overall goal of developing youth with disabilities into self-advocates and leaders for the disability community(Edelman et al., 2004; Epstein et al., 2006). Leadership is learned experientially by practicing skills, experimenting with approaches, and trying on the roles. For youth leadership development, it means creating opportunities for young people to do more than hearing stories of great leadership or participate in skills-building activities (see Table 2.5).

Table 2.5

Youth Leadership Forum Program Components Examined

YLF program components	Percentage of YLFs that incorporate components
Core Curriculum:	
- Disability history and disability culture	92%
- Leadership development (team-building)	100%
- Self-advocacy (recognition of strengths and weaknesses, knowledge of disability type, goal-setting, and responsibilities)	84%
- Employment (career development, postsecondary education, volunteerism, assistive technology, and community resources)	92%
- Legislative advocacy (civil rights and public speaking)	96%
- Leadership plan	100%
Environmental Component:	
- In-state travel	100%
- Training held on college campus	96%
- Visit to state capitol building	96%

Table 2.5 Continued

YLF program components	Percentage of YLFs that incorporate components
Populace Component:	
- Youth participants are sophomores, juniors, or seniors in high school	100%
- YLF alumni serve as mentors to facilitate training for new youth trainees	23%
Successful adults with disabilities provide leadership by example	100%

Note: Of the YLF programs examined, 7% have collected and reported empirical evidence o f program effectiveness.

Rationale for TXYLF

    Research supports the premise that leadership and self-advocacy skills help youth to successfully transition to adulthood, thus become contributing and active members in their communities and beyond (Bannerman, Sheldon, Sherman, & Harchik, 1990; Dowse, 2001; 1997; Edelman et al., 2004; Epstein et al., 2004; Fields & Hoffman, 1996; Wehman, 2006; Wehmeyer & Schwartz, 1997). The core curricular concepts taught in the TXYLF are represented in Test et al.'s (2005) self-advocacy conceptualization, and the YLF curriculum supports the acquisition of self-advocacy skills. Higher level competencies in self-checking, choice-making, goal-setting, and problem-solving are related to higher levels of self advocacy and self determination and were directly linked to better post-school outcomes (Field et. al., 1998; Benz et al., 2000; Martin et al., 2003). Furthermore, the underlying skill sets identified by Test et al. are recognized nationally as crucial skills that need to be acquired by youth with disabilities for positive post-school outcomes (Benz et al., 2000; Fields & Hoffman, 1996; Field et al., 1998; Test et al., 2005; Weymeyer et al., 1998;Wehmeyer & Schwartz, 1997). Research in youth development programs and self-advocacy demonstrates that skills addressed in YLF

trainings are necessary for all adolescents to become successful adults (Fields &

Hoffman, 1996; Field et. al, 1998; Weymeyer et al., 1998; U.S. Department of Labor).

These research findings reveal that youth who engage in youth development and youth

leadership activities are more likely to have positive post-school outcomes. Finally, the

TXYLF includes evidence based programmatic elements that researchers in the youth

development field find imperative for program success (Catalano et. al, 1998; Edelman

et. al, 2004; Epstein et al., 2006).

Moreover, disability history accounts indicate that in order to promote the

collective independence of all people with disabilities and to develop an expansive body

of influential individuals with disabilities, individuals with disabilities must become

empowered (Dowse, 2001). Disability activists emphasize the need to have well-trained

self-advocates joining in the disability community and contend that this population must

be trained and prepared to become state and national disability leaders in order to

perpetuate the continued expansion of positive policy and systems change for the

disability community (Dowse, 2001; Liachowitz, 1988; Whitedhead & Hughey,

2004).However, research indicates that children with disabilities have fewer

opportunities to engage in extracurricular activities and programs that often are the

arenas where youth gain leadership and team-building skills (Wehmeyer and Schwartz,

1997). Consequently, YLF is one of the only avenues for youth with disabilities to

develop the skills necessary to become leaders for the disability community and to effect

systems and policy changes.

Synthesis of Empirical Evidence on the Effectiveness of YLF

A review of the literature was conducted in an effort to obtain empirical evidence on the efficacy and effectiveness of youth leadership training for youth with disabilities. Additionally, a search of self-determination and self-advocacy interventions was undertaken to determine the commonalities between self-determination/self-advocacy intervention studies to examine commonalities related to the areas of skills specifically addressed by the intervention, participants' disability type, the environment in which the studies were conducted, the most common interventions used to address skills related to self-determination/self-advocacy, and the specific intervention strategy utilized.

The literature search was conducted using an EBSCO Academic Boolean search with the following population based key words: *moderate mental retardation, mental retardation, severe mental retardation, Down syndrome, disabilities, perceptual impairments, developmental disabilities, intellectual disabilities, physical disabilities, injuries, visual impairments, language impairments, learning disabilities, severe disabilities, mental disorders, multiple disabilities, special health problems, behavior disorders* or *communication disorders*, *speech impairments,* and *congenital impairments*. These population-based words were combined with the following concept terms: *self-advocacy, self-determination, youth leaders, youth programs, leadership, outdoor leadership, student leadership, African American leadership, teacher leadership, transformational leadership*, or *instructional leadership*. In addition, *peer-reviewed* and *English* were used as limiters. The search yielded 68 articles.

Although the search yielded a substantial literature base on the effectiveness of teaching self-advocacy and self-determination skills to youth with disabilities and two meta-analyses on the effectiveness of youth development programs for marginalized populations, there were no peer-reviewed studies on the effectiveness of youth leadership training for youth with disabilities. Returning to the literature search without the limiter of *peer-reviewed* yielded several articles on the appropriateness for implementing the YLF model (Edelman et. al. 2004; Epstein et al., 2006); yet only one published empirical study was found on the YLF model. Returning to the search without the limiter of high school youth and expanding the age limiter to include college-age students yielded two more studies conducted on leadership programs aimed at providing leadership training to youth with disabilities. Additionally, an electronic review through ProQuest was undertaken in an effort to find empirical studies on the subject. In this search, the phrase, *Youth Leadership Forum*, was used and yielded three unpublished dissertations.

Self-Advocacy/Self-Determination Studies

Eighty-two percent of the studies' participants were high school students with disabilities with gender representation across studies being evenly distributed. Ethnicity was representative across studies as compared to the U.S. Census 2000 Statistics Report and the Advocacy Institute's Congressional Report with the exception of participants of Native American or Asian American ethnic backgrounds. The Advocacy Institute's 23rd Annual Report to Congress reported ethnicities rates across disabilities in public schools as: (a) 62.9% White, (b) 20.3% African American, (c) 13.7% Hispanic, and (d) 1.3%

other. The ethnic population of participants in the studies was reviewed using the above criteria. Eight-two percent of the studies reported ethnicity representation in this range. Disability representation in the studies included: mild or moderate intellectual disabilities, learning disabilities, emotional disturbance, other health impairment, hearing impairment, visual impairment, and/or speech impairment.

The experimental designs utilized most frequently in the studies were one-group quasi-experiments with pre- and post-tests and multiple baseline designs across individuals, settings, behaviors, or instructional units. Other designs included an independent group with repeated measures design, quasi-experimental design with three groups, and matched samples.

Common skills addressed across 82% of the studies included goal-setting and self-awareness. Fifty-five percent of the studies' interventions addressed five or more skills related to self-advocacy or self-determination. Fifty-five percent of the studies addressed communication skills. Sixty-seven percent of the studies addressed problem-solving skills. Personal advocacy or self-advocacy was addressed across 45% of the studies and leadership skills and knowledge of civil rights were each variables addressed across one of the studies. Eighty-four percent of the studies were conducted in school settings. The most frequently used measurement instruments were the ARC Self Determination Scale and the AIR Self Determination Scale. Across studies, 82% reported statistical gains both pre and post.

Factors impacting self-advocacy/self-determination ability levels included disability type and gender. Fifty percent of the studies reported on disability type and its

impact on the self-advocacy/self-determination of individuals with disabilities. Twenty-two of those studies reported disability type as a factor impacting the self-advocacy/self-determination skill level of individuals with disabilities. Ten studies reported cognitive differences as a factor in the self-advocacy/self-determination abilities of individuals with disabilities (Powers, et al., 2001; Shogren et al., 2007; Test, Fowler, Brewer & Wood, 2005a; Wehmeyer & Lawrence, 1995).

Twenty percent of the studies reported on gender differences. The studies reported that difficulties acquiring self-advocacy skills and achieving successful post-secondary outcomes for this population were exacerbated if the youth with a disability was female (Benz & Halpern, 1993; Dunn & Shumaker, 1997; Powers et al., 2008; Rabren, Dunn, & Chambers, 2002). Reasons mentioned for the lower self-advocacy levels of youth with disabilities who were female included (a) the complex interrelationship of parents, schools, and community agencies contributing to the lack of access and equal participation for girls with disabilities; and (b) females with disabilities are often viewed as more vulnerable; thus, more dependent and in need of additional protection (Downing, Earles-Vollrath, & Schreiner, 2007).

Studies of Youth Leadership Forums

Seventy-five percent of the participants were high school students with disabilities. Three of the studies reported ages of the participants that ranged from 16 to 22. Ratios on the demographic variables of ethnicity and gender were representative of national disability population parameters. The Advocacy Institute's 23rd Annual Report to Congress reported ethnicities rates across disabilities in public schools as: (a) 62.9%

White, (b) 20.3% African American, (c) 13.7% Hispanic, and (d) 1.3% other. The Cornell University 2007 Disability Statistics Report shows gender representation within the disability population as: (a) 54% male and (b) 46% female within the 5 to 21 age group. Disabilities represented included mild or moderate intellectual disabilities, autism, learning disabilities, other health impaired, visual impairments, hearing impairments, and emotional disturbance.

Seventy-five percent of the studies were qualitative in nature. Concepts and underlying skills assessed include: self-advocacy and skills related to self-advocacy. Three of the four studies reported the setting for the study, which was a college campus. Three of the four studies used measurement instruments developed by the researcher for each particular study assessed. General themes across the three qualitative studies include: (a) increased understanding and appreciation of disability culture, (b) increased self-advocacy skills, (c) increased realization of common barriers, (d) increased sense of purpose and pride, (e) increased self-confidence in ability to be a leader, and (f) increased leadership skills. The quantitative study reported significant growth pre to post on the measure of self-determination as measured by the *ARC Self-Determination scale.*

The review of the literature, although extensive, yielded only a few empirical studies related to youth leadership programs for youth with disabilities, of which only three have been published in peer-reviewed journals. Although similarities exist between programs in the areas of setting, focus areas addressed, participants trained, and format of the training using mentoring strategies including peers and adults with disabilities, the uniqueness of the YLF model does not allow for the generalization of these results for

evidence of effectiveness. Additionally, numerous studies have been conducted on the efficacy of self-determination/self-advocacy interventions with positive results; yet again, the uniqueness of the YLF model does not allow for the generalization of these results to support the efficacy of the YLF training format for teaching self-advocacy. Only 30% of the studies on self-advocacy/self-determination included a leadership component in the intervention, and when addressed, the majority of the interventions were in school settings and taught students self-advocacy and leadership skills through their IEP meeting process.

Summary

The extensive replication of the YLF model across the nation at considerable cost warrants the need for an empirically designed study using scientific methodology to validate the effectiveness of the model itself. Based on a search conducted on YLF websites, it appears that currently there are 26 states conducting YLF training with an average of 30 participants per program per year at a cost of $1,326,000. Although empirical evidence abounds for each of the core elements that make up the YLF model, virtually no empirical evidence is available to holistically validate the effectiveness of the YLF training model in practice. For example, the majority of YLF programs did not publish effectiveness of the program training, and the few YLF programs reporting effectiveness did so through student testimonials and consumer satisfaction surveys. A primary advantage of using evidence-based practices or programs is that they provide convincing evidence of accountability in the use of limited resources. Evidence-based programs are a subtype of evidence-based practice. Most programs designated as

evidence-based (i.e., model, exemplary, or promising) have three primary criteria in common: (a) the program must be theory-based, (b) there must be strong evidence that a program works, and (c) the program must be ready for dissemination (Catalano et al., 1998). YLF programs do not have the empirical evidence base to support the effectiveness of the training, thus lack the evidence needed to support replication.

YLF proponents cite empirical evidence related to the teaching of self-determination and self-advocacy as justification for the effectiveness of the YLF; yet, interestingly, empirical studies on self-advocacy and self-determination interventions are often conducted in school settings in self-contained classrooms (Edelman et al., 2004; Epstein et. al., 2006). Additionally, YLF core elements, which are linked to and empirically validated as effective practices for youth leadership programs, are correlated to the YLF model. Yet, the empirical evidence referenced is based on studies of other populations. Several unpublished dissertations were uncovered that were qualitative in nature and whilst the general themes consistent within these qualitative studies demonstrated pre/post growth in the thematic areas pertaining to self-advocacy, there was no control of extraneous variables.

In considering recommendations for future research, this examination includes the recommendation for a scientific investigation of the TXYLF to determine efficacy. The recommended research study needs to incorporate sound research design to examine the YLF's effectiveness for teaching self-advocacy. For example, the interaction of curricular, ecological, and populace predictive variables are inherently unique to the TXYLF model and cannot be accurately assessed for effectiveness through research

studies that do not contain and control for all of the component elements. Model

component variables need to be addressed using a measurement instrument designed to

assess its unique component elements.

CHAPTER III

METHODOLOGY

The purpose of this study was to critically evaluate the effectiveness of the Texas Statewide Youth Leadership Forum (TXYLF) summer training event and its effect on the leadership and advocacy skills of youth with disabilities. Specifically, this study examined whether the training improved the youth's leadership and advocacy skills. The study also examined whether the acquisition of these skills is influenced or moderated by disability type or by gender.

Subjects

Population

Target population. The target population of this study was high school juniors and seniors with disabilities in the state of Texas. The age range of this population was youth from 16 to 22 years of age. To be considered for the study, youth were identified as having a disability under IDEA regulations and received special education services.

Accessible population. The accessible population of this study was high school students applying to participate in the 2009 TXYLF summer training event. For the purpose of comparisons, additional youth who were not participants of the TXYLF training and who matched the profiles of TXYLF participants served as control group. The youth for the control group were identified by teachers or by parents from profiles. Selected TXYLF participants were profiled by the researcher on six characteristics: (a) age, (b) gender, (c) disability type, (d) ethnicity. (e) geographic region, and (f) reading level. Reading level for the experimental group was self-reported without specific

guidelines. These developed profiles were assigned a corresponding identification

number that was shared with school personnel in the identified geographic regions (see

Table 3.1 & 3.2).

Table 3.1

Experimental Recruitment Information

Selection Criteria	Source	Recruitment Method	Documents Used
1) Apply to attend the TXYLF summer training event 2) Be selected to attend the TXYLF summer training event	Youth with disabilities ages 16 to 22 throughout the state of Texas attending school in a secondary education setting.	- Application process (see Appendix A) - Selection process - Application information was inputted into a data file assigned an ID - Scored by Project Advisory Council using a scoring guide and rubric (see Appendix D). - Top scored applications for 35 applications were selected	- TXYLF application - TXYLF scoring guide and rubric - Parent consent - Student assent - Student consent

Recruitment Methodology

The experimental group. Thirty-four youth participants for the study were

applicants seeking involvement in the TXYLF program. To be considered, youth

completing the application were juniors or seniors in high school at the time of the

TXYLF training event. Applicants were required to submit an application form, an essay, and letters of recommendation. The selection committee members reviewed and scored the applications, and applicants were scored with an emphasis placed on the level of student's demonstration of leadership potential, participation in extra-curricular activities, school and/or community involvement, and ability to interact well with other students. Additionally, geographic location, ethnicity, and disability type demographic information were also considered to ensure that TXYLF represented a diverse group of students (see Appendix A).

The control group. Thirty-four youth with disabilities from the public school population in Texas were selected as a match to the 2009 TXYLF youth participants. The youth were identified on a profile that addressed the following six characteristics: (a) age, (b) gender, (c) disability type, (d) ethnicity, e) geographic region, and f) reading level. The recruitment method for the control group participants was as follows: (a) contacted school personnel to help identify students, and (b) distributed information about the study to parent groups across the state. School personnel provided contact information of identified youth interested in participating in the study, or interested parties contacted the researcher and volunteered to be in the study (see Table 3.2).

Table 3.2

Control Group Recruitment Information

Selection Criteria	Source	Recruitment Method	Documents Used
Youth with disabilities were:	Youth with disabilities ages 16 to 22 throughout the state of Texas attending school in a secondary education setting.	1) First method - Contacted school personnel - Provided a profile list - School personnel identified youth based on given profiles - Gained pre-consent for contact - Provided contact phone number	- Information sheet - Cover letter - Pre-consent form for contact - Parent consent - Student assent form - Student consent forms
1) Selected as a profile match to 2009 TXYLF youth participants			
2) Profile match addressed six characteristics:			
(a) age			
(b) gender		2) Second method	
(c) disability type		- Distributed information about the study to parent groups across the state	
(d) ethnicity			
(e) geographic region		- Parent groups disseminated the information to parents within the organization	
(f) reading level			
		- Researcher's contact information was given to parent/participant	

Sampling

Method and Procedure

The experimental and control groups for this study were selected through a purposive sampling procedure. The experimental group was selected using a three-step

procedure. First, TXYLF youth participant applications were scored based on a scoring rubric to ensure diversity of the sample. Second, selected participants were invited to attend the TXYLF training. Third, the youth participants were invited to join the study, and consent was obtained.

The control group was selected using a four-step procedure. First, this researcher provided school personnel and parent groups an information sheet on the proposed study and youth profiles required for this study. Second, control group participants were identified as matching a TXYLF participant profile by either an educator or their parent. Third, the researcher contacted identified possible participants and invited him/her to join the study. Fourth, if the participant decided to join the study, participant consent/assent and parental consent was obtained. Each participant's contact information was destroyed after the TXYLF post-questionnaire data was collected. If a participant chose not to join the study, this researcher expressed gratitude to the participant for their time and the participant contact information was destroyed.

<div align="center">Instrumentation</div>

Overview of Instruments

Three instruments were used in this study. These instruments were researcher-developed and included: (a) TXYLF participant application, (b) demographic information sheet, and (c) TXYLF pre/post questionnaire.

TXYLF application form. The application form for the TXYLF participants was a nine page document that included two reference forms. The interested applicant completed the application and either submitted it electronically or sent it by mail. The

application posed questions to collect personal information, such as name, address, contact information, disability type, reading ability, attending high school, Department of Assistive and Rehabilitative Services (DARS) counselor contact information, prior employment, and leadership experiences (see Appendix A).

Demographic information sheet. A demographic information sheet consisted of eight questions, of which seven were used to collect information from the control group participants to verify profile information. The demographic sheet obtained information regarding the youth's: (a) birth date, (b) gender, (c) ethnicity, (d) primary disability, (e) reading level, (f) geographic location, and (g) school district size. The remaining item was based on the student's identification code. The youth participant identification code and demographic region was designated from the profile and region tables provided to school personnel and parents as an attachment to the demographic sheet (see Appendix B). The same demographic information was collected through the application process for the experimental group.

TXYLF Pre/Post Questionnaire. The TXYLF pre/post questionnaire is a self-report designed for youth who participated in TXYLF. The questionnaire consisted of 39 questions and included multiple choice, open-ended, sequencing, and polar questions (see Appendix C). The assessment was constructed based on the Arc's Self-Determination Scale, the AIR Self-Determination Scale, the Self-Determination Knowledge Scale, and the National Youth Leadership Forum Leadership Scale. Each of the previous scales had subcomponents of self-determination and self-advocacy that

were included in Test's et al. (2005b) Self-Advocacy Framework and are addressed in the TXYLF training.

Each item in the TXYLF pre/post questionnaire is dichotomous in nature with two possible results: (a) a score of 1 for a correct answer and (b) a score of 0 for an incorrect answer. A scoring guide was established to score open-ended questions (see Appendix C). Two pilot studies were conducted using the TXYLF questionnaire to establish the reliability and validity of the instrument.

<div align="center">Tests of Reliability and Validity</div>

Validity and reliability affects the interpretation of scores from psychometric instruments (e.g., symptom scales, questionnaires, education tests, and observer ratings) used in clinical practice, research, education, and administration. Recently, the concepts of face, content, and criterion validities were replaced with the unitary concept *construct validity*, the degree to which a score can be interpreted as representing the intended underlying construct. Evidence to support this validity is collected from three sources: (a) content-instrument items completely represent the construct, (b) response process: the relationship between the intended construct and the thought processes of subjects or observers, and (c) internal structure: acceptable reliability and factor structure (Reynolds, Livingston, & Willson, 2006). Thus, pilot studies and the subsequent analytic procedures were used to determine the reliability and validity of the instrument.

Pilot Study 1

Participants. Participants were selected using a convenience sampling methodology. Participants were youth participating in a 2007–08 regional YLF training.

Twenty-three youth participants elected to participate in this study. Thirteen youth

participants declined to be in the study. Participant demographics were as follows: 23

students (9 boys and 14 girls); ages 16 to 22; 11 Caucasian, 9 Hispanic, and 3 African

Americans; 5 with intellectual disabilities (ID), 3 with other health impairments (OHI), 3

with emotional disturbances (ED), 7 with learning disabilities (LD), 2 with autism (AU),

1 with a visual impairment (VI), and 2 with multiple disabilities (MD). All participants

were affiliated with a regional YLF. Participants electing to join in the study provided a

signed assent and a parental consent form if he/she was under the age of 18, or a consent

form if over the age of 18 and was his/her own guardian.

   Procedures. The TXYLF pre/post test questionnaire was a group-administered

instrument. Participants were allowed to ask for a person to read the material or a person

to write their responses for them. The volunteers who provided the accommodation for

the participants were specifically trained for the purpose of assisting the participants and

accommodating their individual requirements. The volunteers were also advised that

they were only to provide these services and not to deviate from their instructions in any

way. The participants were instructed that while a volunteer could assist them with

reading the material, or writing the answers for them, they could not elaborate in any

way and that the answers had to be formulated by the participants. The participants

received the pre-test questionnaire on the first day of training and received the post-test

questionnaire on the last day of the training event.

   Reliability analysis. Several methods are used for assessing the reliability of an

instrument. These include the test-retest method, alternative-form method, split-halves

method, and the internal consistency method (Gall et al., 1999). This study employed the internal consistency method to establish the reliability of the TXYLF pre/post questionnaire. The pilot post-questionnaire data was utilized to determine the inter-item reliability of the items on the measurement instrument. Kehoe (1995) suggests that a Crohnbach's alpha value of at least 0.8 be achieved for sixteen items plus instruments. To achieve a better internally consistent alpha value, it is suggested that items exceeding the achieved Cronbach's alpha score be examined for deletion or modification. Derived Alpha coefficient scores for each item demonstrate how each item is correlated with the entire test and what the Alpha will be if that variable is deleted.

Items 28, 22, 21, 19, and 14 were identified as having elevated alpha levels (above .76) with item deletion (see Table 3.3). To examine these items further, an item response analysis was conducted. As a result, item 14 was deleted and items 28, 22, 21, and 16 were revised. Next, an examination of the responses to the questionnaire was conducted to determine if the questions posed in the TXYLF pre/post questionnaire elicited the desired response. As a result of this examination, questions 7 and 8 were amended to gain more specific information related to disability type and perceived affects of the disability. Additionally, it was concluded that questions 9 and 10 were longitudinal in nature and were unlikely to change over short periods of time; therefore, these questions were combined and revised (see Table 3.4).

Table 3.3

TXYLF Pre/Post Questionnaire Item Analysis for Pilot Study 1

Item	Coefficient Alpha
1	0.761
2	0.747
3	0.746
4	0.750
5	0.775
6	0.762
7	0.773
8	0.749
9	0.749
10	0.763
11	0.770
12	0.743
13	0.751
14*	0.964
15	0.767
16**	0.868
17	0.767
18	0.756
19	0.769
20	0.743
21**	0.854
22**	0.837
23	0.759
24	0.744
25	0.749

Table 3.3 Continued

Item	Coefficient Alpha
26	0.764
27	*0.744*
28**	*0.848*
29	*0.758*
30	*0.761*
31	*0.751*
32	*0.748*
33	*0.757*
34	*0.745*

Note. ** = Items Modified, * = Items Deleted, Cronbach's Alpha 0.761

Table 3.4

TXYLF Pre/Post Questionnaire Modifications

Original Form	Revised Form
7. My disability is _____. Please list your disability/disabilities.	7. Please list your disability/disabilities. (Be specific. In other words, if you have a learning disability state in what academic area. For example, "I have a learning disability in the area of reading.")
8. My disability/disabilities affect me. Please list how disability affects you.	8. Please list how your disability affects you. (Be specific. For example, in response to the above disability, you might put, "I have difficulty with reading comprehension.")
9. How often do you attend your IEP/ARD meetings? ☐ a. always ☐ b. sometimes ☐ c. never	9. How important is it for you to lead your IEP/ARD meeting? ☐ a. not important ☐ b. kind of important ☐ c. very important

Table 3.4 Continued

Original Form	Revised Form
10. How often do you lead your IEP/ARD meeting? ☐ a. always ☐ b. sometimes ☐ c. never	
16. I can make a difference in my school or community, and governance. List one way.	15. Please list one way that you can advocate to make a difference in your school or community**.**
21. I advocate in community/school to make my interests heard. Tell about one experience.	20. It is important for you to make your interests heard. Write about one experience when you did that.
22. It is _____that I am able to express my viewpoint even if it is different. ☐ a. not important ☐ b. kind of important ☐ c. very important	21. How important is it for you be able to express your viewpoint even if it is different from other people? ☐ a. not important ☐ b. kind of important ☐ c. very important
28. It is _____to check to see how I am doing toward meeting my goal. ☐ a. not important ☐ b. kind of important ☐ c. very important	27. How important is it for you to check your progress toward meeting your goal? ☐ a. not important ☐ b. kind of important ☐ c. very important

Pilot Study 2

  Participants. Participants for the second pilot study were selected youth

participants for the TXYLF 2008 summer training event. In 2008, based on the

application score, 30 participants were selected to attend the training. One selected

applicant did not attend the training. Participant demographics were as follows: 29

students, (14 boys and 15 girls); ages 16 to 22; 13 Caucasian, 11 Hispanic, and 4 African

Americans; 7 with intellectual disabilities (ID), 2 with other health impairments (OHI), 3

with emotional disturbances (ED), 5 with learning disabilities (LD), 3 with autism (AU),

1 hearing impairment (HI), and 8 with multiple disabilities (MD). Fifteen of the

participants were affiliated with regional YLF's which are located in Abilene, El Paso,

and Lufkin, TX. Other Texas geographic regions represented were Austin,

Bryan/College Station, Dallas, Houston, Longview, and San Angelo. Reading levels for

the participants ranged from pre-primer to 12th plus.

  Procedures. The pre/post test questionnaire was a group-administered

instrument. Participants were allowed to ask for a person to read the material or a person

to write their responses for them. The four volunteers who provided accommodations for

the participants were specifically trained for the purpose of assisting the participants in

the above manner. The volunteers were told that they were to provide only these services

and not to deviate in anyway. The participants were instructed that while a volunteer

could assist them with reading the material or writing the answers for them, they could

not elaborate in any way. The participants received the pre-test questionnaire on the first

day of the training event and received the post-test questionnaire on the last day of the training event.

  Reliability Analysis. The pilot post-questionnaire data was used to determine the inter-item reliability of the items on the measurement instrument. An item analysis was conducted. Items were analyzed to determine the extent of elevated alpha levels within the items themselves. All items fell within .05 points of the derived Cronbach's Alpha 0.834 score, so no item changes were made based on the item analysis (see Table 3.5).

Table 3.5

TXYLF Pre/Post Questionnaire Item Analysis for Pilot Study 2

Item	Coefficient Alpha
1	0.831
2	0.834
3	0.830
4	0.834
5	0.830
6	0.830
7	0.829
8	0.831
9	0.834
10	0.834
11	0.831
12	0.834

Table 3.5 Continued

Item	Coefficient Alpha
13	0.830
14	0.834
15	0.830
16	0.830
17	0.829
18	0.831
19	0.834
20	0.834
21	0.835
22	0.832
23	0.828
24	0.830
25	0.827
26	0.828
27	0.838
28	0.840
29	0.836
30	0.835
31	0.834
32	0.833
33	0.832
34	0.831

Note. ** = Items Modified, * = Items Deleted, Cronbach's Alpha 0.8341

Based on the results of the above analyses, it is determined that the instrument

has good reliability and good internal consistency. The reliability of the TXYLF

instrument is reported as a Cronbach's alpha score at 0.834. George and Mallery (2003)

provide the following rules of thumb for reliability of an instrument: (a) greater that 0.9

is excellent, (b) 0.8 to 0.9 range is good, (c) 0.7 to 0.8 range is acceptable, d) 0.6 to 0.7

range is questionable, (e) 0.5 to 0.6 range is poor, and (e) 0.5 and below is unacceptable"

(p. 231).

It should also be noted that although a high value for Cronbach's alpha indicates

good internal consistency of the items in the scale, it does not mean that the scale is

unidimensional. Factor analysis is a method to determine the dimensionality of a scale.

To determine the dimensionality of the TXYLF instrument, a factor analysis was

conducted using results from the second pilot study. Four factors were established based

on the Eigenvalues derived from the factor analysis (see Table 3.6).

Internal consistency of the constructs (as represented statistically by Eigenvalues

and factor loadings) identifies how well each variable is predicted by the remaining

items in the instrument. Exploratory factor analysis aids in the determination of the

factors (e.g., constructs or dimensions) underlying the relationships found among the

items in the instruments. Eigenvalues over 1.00 customarily suggest the number of

factors to analyze (Gorsuch, 1983).

An exploratory factor analysis was conducted with settings for factor rotation as

Varimax Rotation and number of factors as 4 (See Table 3.6). According to Leigh

(2006), the factor structure setting should correspond with the number of dimensions

intended by the questionnaire. Factor setting for this analysis was considered and based on the four factor component element of self-advocacy hypothesized in Test and colleagues' (2005b) self-advocacy framework: (a) knowledge of self, (b) knowledge of rights, (c) communication, and (d) leadership. The default minimum loading setting is 0.400. All variables fell on one of the four factors. The four factors combined to explain 80.1% of the variance. The TXYLF questionnaire and the factor structure summary were examined to guide the development of a blue print of the test items (see Table 3.7).

Table 3.6

Eigenvalues after Varimax Rotation

No.	Eigenvalue	Individual Percent	Cumulative Percent
1	1.695	48.01	48.01
2	1.595	45.19	93.20
3	1.159	27.19	120.39
4	1.069	16.12	136.50
5	0.388	11.01	147.51
6	0.141	4.00	151.51
7	0.033	0.94	152.45
8	-0.027	-0.78	151.68
9	-0.142213	-4.03	147.65
10	-0.236221	-6.69	140.96
11	-0.392966	-11.13	129.83
12	-0.466348	-13.21	116.62

Validity. Construct-related validity is the extent to which a test measures a theoretical construct. Construct validity relates to the interpretation of the instruments score and whether those scores are truly a measure of that construct. Construct validity techniques include convergent validity, discriminate validity, factor analysis, and reliability (Reynolds, Livingston, & Willson, 2006). For the purpose of this study, the construct validity of the TXYLF instrument was established through factor analysis and reliability. Additionally, an examination conducted of TXYLF pre/post item responses from the Pilot Study 2 in connection with the factor summary structure yielded a blue print with all items falling definitively under one of those factors (see Tables 3.7).

Table 3.7

Blueprint for the TXYLF Pre/Post Questionnaire

Component elements of self-advocacy	TXYLF Pre/Post Questionnaire Corresponding Item Numbers	Total Number of Items
Knowledge of self	5, 6, 7, 23, 24, 25, 26, 27, 28, 29, 31, 34, 35, 36, 37	15
Knowledge of rights	14, 18, 19, 30, 32, 33	6
Communication	20, 21, 22	3
Leadership	1, 2, 3, 4, 8, 9, 10, 11, 12, 13, 15, 16, 17	13

Administration and Scoring Guidelines

Scale Administration

The TXYLF pre/post questionnaire can be administered individually or in a group format, orally or written. Preparation for administration is minimal. The preparation steps were as follows: (a) familiarization of questions, (b) understanding appropriate use, and (c) obtaining primary knowledge of participant reading levels. To ensure adequate reliability and validity, individuals administering the assessment were provided a tip sheet in the procedural guidelines (See Appendix E).

Scoring Procedures

Scoring for the TXYLF pre/post questionnaire involved three steps. The first step was to score each of the 39 items. This is explicated in the explanation of the instrument. The second step involved obtaining raw scores for each of the sub-components. The third step was to obtain a total self-advocacy raw score. The highest possible composite self-advocacy score is 35. Highest possible scores for sub-components knowledge of self, knowledge of rights, communication, and leadership—listed respectively—are 15, 6, 3, and 13.

Score Interpretation

Interpretation of scores from the TXYLF pre/post questionnaire was completed using raw scores. An individual's score was compared to others in three ways: (a) horizontally compare a participant's raw score in relationship to other participants in the experimental group or the control group, (b) compare the participant's raw scores to examine individual progress, or (c) compare a participant's raw score in relationship to

their matched counterpart's score. An individual's score can also be interpreted to gain insight into individual self-advocacy levels. Each self-advocacy composite score can be examined to acquire a self-advocacy growth level per participant. Also, each sub-component composite score can be examined to determine individual areas of strength and weaknesses within the self-advocacy construct.

<div align="center">Procedures</div>

This section provides information regarding the research design, data collection procedures, and data analysis methods.

Independent Variables

Description of levels. The independent variable under investigation is the TXYLF summer training event. Two levels existed within this variable. The first level was the treatment group, in which the participants received instruction on the TXYLF training curriculum. The second level was the control group that did not receive this training. Based on results from prior research studies, disability type and gender were hypothesized to have an interactive effect with self-advocacy interventions (Field & Hoffman, 1996; Test et al., 2005b; Wehmeyer, 1996).

Training curriculum. Participants in the treatment group received training using the TXYLF training curriculum during the week of July 20–24, 2009. The training was conducted by the researcher and trained volunteers. Volunteers were trained prior to the training event over the curriculum components, objectives, guidelines for participant and group interaction, and data collection rules and guidelines.

Construct validity of treatment. To address the construct validity of the TXYLF curriculum, the researcher compared the purpose and contents of the curriculum with Test and colleagues' (2005b) theoretical framework of self-advocacy. As indicated in Chapter I, Test and colleagues' conceptualization of self-advocacy as a didactic outcome was used as the theoretical framework for this study. In their conceptualization, self-advocacy contains four essential subcomponents and each subcomponent includes a set of skills.

Knowledge of self skill sets and knowledge of rights skill sets are regarded as the foundational components with the additional subcomponents of communication skill sets and leadership skill sets being components that advance individuals' ability levels of self-advocacy. To further examine whether the TXYLF curriculum teaches components of leadership and self-advocacy, Table 3.8 was developed.

Table 3.8

Comparison of Test and Colleagues' (2005b) Component Elements of Self-Advocacy and the TXYLF Curricular Training Component

Test and colleagues' component elements of self-advocacy	TXYLF curricular training components
Knowledge of self (knowing one's own interests, preferences, strengths, needs, learning style, and attributes of one's disability)	The TXYLF training includes activities that teach the youth participants to: - recognize their strengths and weaknesses - know the basics of goal setting - recognize the responsibilities of adult living in the areas of postsecondary education and employment
Knowledge of rights (knowing one's rights as a citizen, as an	TXYLF training includes activities that teach the youth

Table 3.8 continued

Test and colleagues' component elements of self-advocacy	TXYLF curricular training components

individual with a disability, and as a student receiving services under the Individuals with Disabilities Education Act)	participants to:
	   - recognize their personal community rights
	   - be aware of educational and consumer rights
	   - know steps to advocate for change
	- have a knowledge of community resources

Communication (negotiation, persuasion, and compromise as well as body language and listening skills)	TXYLF training includes activities that teach the youth participant to:
	   - appropriately self-advocate
	   - negotiate and advocate for policy system change
	   - understand effective ways to address issues with
	   legislators
	   - utilize effective ways to address groups

Leadership (Learning the roles and dynamics of a group, as well as how to function in a group which incorporates the dynamics of team building and skills related to team building. Additionally, they believe that to lead one also has to "develop an understanding of one's role within the disability culture and standing up for the rights of the group")	TXYLF training includes these activities:
	   - team-building
	   - attributes of an effective leader and leadership styles
	   - information of how the disabilities rights movement fits
	   within the Civil Rights Movement
	   - training on how laws are made and how laws affect policy
	   and
	   -procedure, especially regarding disability issues
	   - encouragement of participants to experience advocacy
	   beyond a personal level when they are given the
	   opportunity to present testimonies at the capitol
	  -development of a leadership plan to carry out in their
	   communities

Note. The left column lists Test and colleagues' component elements and the right column lists the major contents that the TXYLF curriculum teaches.

Dependent Variable

The dependent variable for the study was a measure of leadership and advocacy skills using the TXYLF pre/post questionnaire. This measure consists of four domain scores (knowledge of self, knowledge of rights, communication, and leadership) and a composite self-advocacy score. Raw scores were collected by administering the TXYLF pre/post questionnaire to both the experimental and control groups twice: once before the training and once after the training. A total self-advocacy composite score for each individual was reported.

Relationship Between and Among Variables

It was hypothesized that the independent variable, the TXYLF training curriculum, directly affected the experimental participants' self-advocacy and leadership skills. It was also hypothesized that gender and disability type (i.e., LD-learning disabilities, DD-developmental disabilities, and PHY-physical disabilities) could have an effect on the dependent variable. The relationship between and among the variables is demonstrated in Figure 3.1.

Figure 3.1. Relationship between and among variables
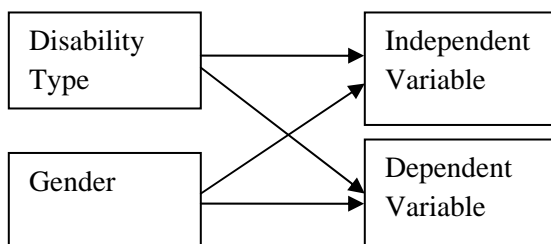
Research Design

A quasi-experimental Non-Equivalent Groups design was used in this study (see Figure 3.2). According to Tochim and Donnelly (2007) the quasi-experimental Non-Equivalent Groups Design (NEGD) is perhaps the most commonly used design in social research. The design is structured like a randomized pretest-posttest experiment; however, it does not utilize the key characteristic of the randomized designs, which is random assignment. In the NEGD, researchers endeavor to use groups they believe are similar as the treatment and control groups. Researchers try to select groups that are as similar as possible so they can fairly compare the treated one with the comparison one (Dawson, 1997; Shadish, Cook, & Campbell, 2002; Trochim & Donnelly, 2007). For this study, control group participants were selected matched to a TXYLF participant profile on six determining variables in an attempt to control for group differences. However, the researcher could not be sure the groups are comparable. It was unlikely that the two groups would be as similar as they would be if they were assigned through randomization to the groups. Therefore, the internal validity threats of selection and regression to the mean was considered in this design (Hoyle, Harris, & Judd, 2002).

Figure 3.2. Notational representation of the design

_____

N O_1 X O_2

N O_1 O_2

_____
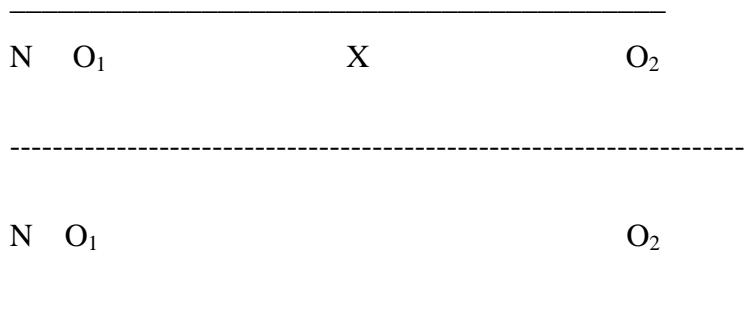
Note. N=group, 0_1=pre-questionnaire, X=treatment, O_2=post-questionnaire

Internal Validity Threats

      Quasi-experimental, non-equivalent groups design usually controls for all but

four internal validity threats (Cook & Campbell, 1979). The four potential threats to

validity not controlled for by this design are as follows: (a) instrumentation, (b)

statistical regression, (c) selection-history, and (d) selection-maturation.

      The instrumentation threat was not an issue because the TXYLF instrument was

the only measurement instrument used and the same instrument was used for both

pretesting and posttesting. Therefore, the potential threat of nonequivalent scales did not

exist in this study. Statistical regression was also not a threat for this study because

participants in the experimental group and the control group were not selected based on

their past performance on the TXYLF scale. Furthermore, it was very unlikely that a

significant local event would be a threat to this study as it was a very short time span

from pre- to post-testing. However, to ensure that this was not a threat, the researcher

collected and reported newsworthy events occurring across the state during the study

period. Finally, selection maturation was not a threat to this study as participants were

matched on age and the timeframe for the study was short in duration.

Data Collection

The TXYLF pre/post questionnaire was individually administered to each

participant in the experimental and control groups. It was administered in person to the

experimental group. To ensure reliability and validity of the administration, the

researcher provided a two hour training and an administration guide (see Appendix D) to

data collectors who assisted with administering the TXYLF pre/post questionnaire to the

experimental group. The researcher administered the TXYLF pre/post questionnaire by

phone to youth in the control group. Once the data was collected, the researcher ran

descriptive analyses to obtain overall performance levels on the four domains in the

TXYLF pre/post questionnaire, and ran a self-advocacy composite score for each

individual.

Data Analysis

Two types of data analyses were conducted. These analyses   included both

descriptive and inferential analyses. Descriptive analyses were conducted to obtain

overall performance on each of the four domains in the TXYLF pre/post questionnaire

and self-advocacy composite score; performance by the treatment group and by the

control group; and performance by gender and disability type. The purpose of these

descriptive analyses was to gain a basic understanding of the data. Inferential analyses

were conducted to answer the primary and exploratory research questions for this study.

The primary research question was whether the TXYLF summer training is effective for

teaching youth with disabilities self-advocacy and leadership skills. The two exploratory questions were: First, does disability type affect the youth participants' acquisition of self-advocacy skills as measured by the post-test? Second, does gender affect the youth participants' acquisition of self-advocacy skills? Distinctions between statistical significance and practical significance were made and effect size was calculated and reported. The alpha level for detecting statistical significance was set at 0.05.

Summary

Chapter III presented the methodology for the proposed study. Described within this chapter were the participants, instrumentation, and procedures for the study.

CHAPTER IV

RESULTS

The purpose of this study was to examine the effects of the TXYLF training

event on the self-advocacy abilities of high school students with disabilities.

Specifically, the study investigated whether the TXYLF training improved students'

self-advocacy skills. It also examined the effect of gender and disability on the self-

advocacy skills of high school students with disabilities. Chapter IV presents the results

of this study. The chapter has five sections: a description of the sample, descriptive

statistics of participant's performance, inferential analysis of the data, an examination of

the effects of gender and type of disability, and an examination of individual differences

in the treatment group's pre/post scores by disability type.

Sample

As indicated in Chapter III, a total of sixty-eight youth participated in the study.

All participants completed the study. Among the sixty-eight participants, 34 (50%) were

in the control group, and 34 (50%) were in the experimental group. The participants

were classified geographically by region designation established by the Texas

Department of Assistive and Rehabilitative Services. The participants represented eight

of the eleven districts in the state.

Demographic Data on Participants

Age, gender, type of disability, ethnicity, reading level, and geographic region of

the sixty-eight participants are summarized in Table 4.1. The sample is slightly

disproportionate on gender with females representing 54.5% of the participants. A little

over half of them are students with learning disabilities (53%), followed by students with

developmental disabilities (29.4%), and students with physical disabilities (17.6%). The

largest ethnic group represented was Hispanic (n=31, 45.6%), followed by Caucasian

(n=24, 35.3%) and African American (n=13, 19.1%). Nearly one-half of the participants

were from Regions 10 (n=22, 32.5%) and 2 (n=10, 14.7%). Regions 4 (n=8, 11.8%) and

9 (n=8, 11.8%) were represented by 23.6% of the sample. Regions 5 (n=6, 8.8%) and 6

(n=6, 8.8%) were represented by 17.6% of the sample. Regions 7 (n=4, 5.8%) and 8

(n=4, 5.8%) were represented by 11.6% of the sample.

Table 4.1

Summary Information of the Participants (n = 68)

Type of Information	Classification	Participants (n=68)
Age	Minimum	16
	Maximum	21
	Range	5
	Mean	17.63
	SD	1.18
Gender	Female	37 (54.4%)
	Male	31 (45.6%)
Primary Disability	Developmental Disability	20 (29.4%)
	Learning Disability	36 (53.0%)

Table 4.1 Continued

Type of Information	Classification	Participants (n=68)
	Physical Disability	12 (17.6%)
Ethnicity	African American	13 (19.1%)
	Caucasian	24 (35.3%)
	Hispanic	31 (45.6%)
Grade Level Reading	Minimum	1
	Maximum	12
	Range	11
	Mean	7.16
	SD	3.51
Geographic Region	Region II	10
	Region IV	8
	Region V	6
	Region VI	6
	Region VII	4
	Region VIII	4
	Region IX	8
	Region X	22

Note. Age is listed in years. The developmental disability category includes participants with Intellectual Disabilities and participants with Autism

The Treatment Group

There were a total of thirty-four participants in the treatment group. Information about the treatment group is summarized in Table 4.2. The mean age of the treatment group is 17.63 with a range of 5 and a standard deviation of 1.18. The mean grade level in reading is 7.26 with a range of 11 and a standard deviation of 3.71. Nineteen (55.9%) of the participants are females. Disability groups included participants with learning disabilities, developmental disabilities, and physical disabilities. Fifty-three percent of the participants had learning disabilities ($n = 18$, 53.0%), followed by participants with developmental disabilities ($n = 10$, 29.4%), and participants with physical disabilities ($n = 6$, 17.6%). Participants represented eight of the eleven established regions in the state of Texas as established by the Texas Assistive and Rehabilitative Services agency.

Table 4.2

Summary Information on Participants from the Treatment Group

Type of Information	Classification	Participants (n=34)
Age	Minimum	16
	Maximum	21
	Range	5
	Mean	17.63
	SD	1.18
Gender	Female	19 (55.9%)
	Male	15 (44.1%)

Table 4.2 Continued

Type of Information	Classification	Participants (*n*=34)
Primary Disability	Developmental Disability	10 (29.4%)
	Learning Disability	18 (53.0%)
	Physical Disability	6 (17.6%)
Ethnicity	African American	7 (20.6%)
	Caucasian	12 (35.3%)
	Hispanic	15 (44.1%)
Grade Level Reading	Minimum	1
	Maximum	12
	Range	11
	Mean	7.26
	SD	3.71
	Region II	9
Geographic Region	Region IV	4
	Region V	3
	Region VI	3
	Region VII	2
	Region VIII	2
	Region X	11

Note. Age is listed in years. The developmental disability category includes participants with intellectual disabilities

and participants with autism.

The Control Group

There were a total of thirty-four participants in the control group. Information about the control group is summarized in Table 4.3. The mean age of the control group is 17.62 with a range of 5 and a standard deviation of 1.18. The mean grade level in reading is 7.06 with a range of 11 and a standard deviation of 3.34. Fifty-three percent of the sample population is female   ($n = 18$, 52.9%). Fifty-three percent of the participants had learning disabilities ($n = 18$, 53.0%), followed by participants with developmental disabilities ($n = 10$, 29.4%), and participants with physical disabilities ($n = 6$, 17.6%). Thirty-two percent of the sample represents two geographic regions, geographic Region X ($n = 11$, 32.4%) and geographic Region 9 ($n = 7$, 20.5%), with sixty-eight percent of the sample population representing the other six regions.

Table 4.3

Summary Information on Participants from the Control Group

Type of Information	Classification	Participants (n= 34)
Age	Minimum	16
	Maximum	21
	Range	5
	Mean	17.62
	SD	1.18
Gender	Female	18 (52.9%)
	Male	16 (47.1%)

Table 4.3 Continued

Type of Information	Classification	Participants (*n*= 34)
Primary Disability	Developmental Disability	10 (29.4%)
	Learning Disability	18 (53.0%)
	Physical Disability	6 (17.6%)
Ethnicity	African American	6 (17.6%)
	Caucasian	12 (35.3%)
	Hispanic	16 (47.1%)
Grade Level Reading	Minimum	1
	Maximum	12
	Range	11
	Mean	7.06
	SD	3.34
Geographic Region	Region II	2
	Region IV	4
	Region V	3
	Region VI	3
	Region VII	2
	Region VIII	2
	Region IX	7
	Region X	11

Note. Age is listed in years. The developmental disability category includes participants with intellectual disabilities and autism.

Descriptive Statistics of Participant Performance

Descriptive statistics summarizing the participants' scores on the TXYLF

pre/post questionnaire are presented in Table 4.4. The average pretest score for the entire

group was 21.79). The treatment group's pretest score was .44 higher than the control

group (21.59 vs. 22.03). In the posttest, the average score for the entire samples was

25.40. The treatment group outperformed the control group by 5.56 points. Skewness

and kurtosis were well within a tolerable range for assuming a normal distribution.

Measures of skewness and kurtosis were used to characterize location and

distribution of the data. A distribution or data set is symmetric if it looks the same to the

left and right of the center point. The skewness for a normal distribution is zero, and any

symmetric data should have a skewness near zero. One way of determining if the degree

of skewness is "significantly skewed" is to compare the numerical value for skewness

with twice the standard error of skewness and include the range from minus twice the

standard error of skewness to plus twice the standard error of skewness. If the value for

skewness falls within this range, the skewness is considered not seriously violated

(Hopkins & Weeks, 1990). The skewness value for the data set was -.49. The standard

error of skewness for the data set was .29. Utilizing the above formula, two times the

standard error of skewness (2 x .29 = .58), indicates a normal distribution as -.49 falls

within the established range.

Kurtosis is a measure of whether the data are peaked or flat relative to a normal

distribution. The same numerical process can be used to check if the kurtosis is

significantly non- normal (Hopkins & Weeks, 1990). A normal distribution will have

kurtosis value of zero. To construct a range of "normality" for the data, the kurtosis measure was evaluated by determining a range of normality multiplying the standard error of kurtosis by two (2 x .57 = 1.14) and then using that range (-1.14 to 1.14) to determine if the kurtosis measure (-.284) fell within that established range. It was determined that the kurtosis statistic fell within the established range indicating a normal distribution of scores.

Table 4.4

Descriptive Statistics of Self-Advocacy Pretest and Posttest by the Treatment and Control Groups

Type	Statistics	Treatment Group (n = 34)	Control Group (n = 34)	Total (n = 68)
Pretest	Minimum	11.00	10.00	10.00
	Maximum	31.00	31.00	31.00
	Range	20.00	21.00	21.00
	Mean	22.02	21.56	21.79
	SD	5.83	5.52	5.64
Posttest	Minimum	16.00	10.00	10.00
	Maximum	36.00	31.00	36.00
	Range	20.00	21.00	26.00
	Mean	28.18	22.62	25.40
	SD	5.25	5.52	6.04

Note. The highest possible score on the TXYLF pre/post questionnaire is 36.

Outcome of the Treatment

This section presents findings of the comparison groups regarding the effectiveness of the treatment. A graphic overview of the outcomes, examination of group selection as a threat to the internal validity, and the results of the analysis of covariance (ANCOVA) are provided in Figure 4.1.

Figure 4.1. The control group vs. the treatment group. Changes in self-advocacy mean scores from pretest to posttest
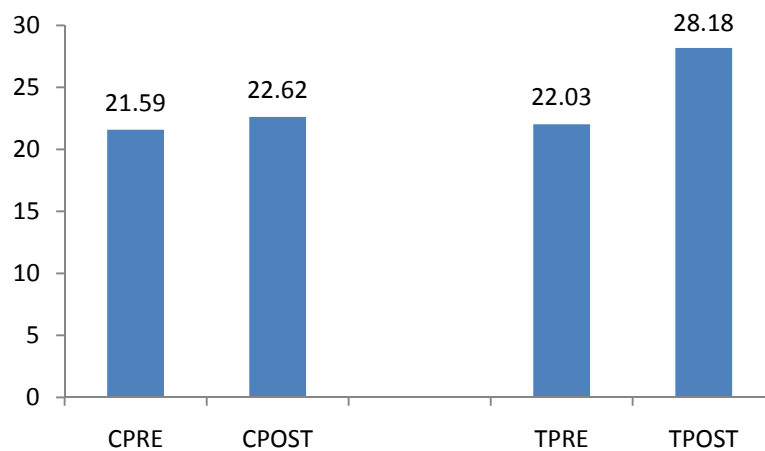
As shown in Figure 4.1, both the control group and the treatment group scored higher in the posttest than in the pretest. However, the treatment group gained an average of 5.56 points, which was 4.53 points higher than the control group's gain (1.03 points). The treatment group scored .44 points higher (22.03 vs. 21.59) than the control group in the pretest; however, outperformed the control group by 5.56 points on the post

test (28.18 vs. 22.62). To determine the statistical significance of the difference between the treatment and control groups, a mixed between-within subjects analysis of covariance (ANCOVA) was conducted.

Statistical Comparison of Treatment

The primary research question for this study was: Is the TXYLF summer training effective for teaching youth with disabilities self-advocacy and leadership skills? The related research hypothesis was that the adjusted mean self-advocacy TXYLF posttest score of the treatment group will be significantly higher than the control group. To test the hypothesis, an ANCOVA (George & Mallery, 2003; Shadish, Cook, & Campbell, 2002) was executed. The null hypothesis for the ANCOVA was: The adjusted mean self-advocacy posttest score of the treatment group was the same as the adjusted self-advocacy posttest score of the control group.

The Variables and the Summary Table

The dependent variable of the ANCOVA was the self-advocacy score as measured by the TXYLF Pre/Post Questionnaire. The independent variable was the TXYLF summer training event. There were two levels: receiving self-advocacy training (the treatment group) and not receiving self-advocacy training. The covariates were the participants' pretest score as measured by the TYYLF Pre/Post Questionnaire and the participant's reading level, which was self reported. The results of the ANCOVA are summarized in Table 4.5.

Table 4.5

Analysis of Covariance for the TXYLF Self-Advocacy Training Instruction

Source	TYPE III SS	df	F	*p*
Between Subjects				
Group (TOI)	302.32	1	6.04 *	.017
Between-group error	3053.56	61		
Within Subjects		1		
Group (TOI)	223.50	1	57.41	.000
Within-group error	237.44	61		
Covariate (pretest)	570.25	1	156.16*	.000
Covariate (Reading	.29	1	.08	.781
Level)				

Note: TOI = type of instruction, *p < .05.

As shown in Table 4.5, the *F* value for the adjusted between groups is 6.04,

which was significant at the .05 level and, according to Dimitrov and Rumrill, Jr. (2003),

is a very conservative measure of mean difference. Therefore, the null hypothesis that

the mean self-advocacy posttest score of the treatment group was the same as the

adjusted self-advocacy posttest score of the control group was rejected. The observed

power for the adjusted between was .75. Effect size derived from a partial eta squared

score was .09 (Bakeman, 2005; Barnette, 2006).

Test of Assumptions

Three assumptions critical to the mixed between-within subjects ANOVA model were tested. Analyses were conducted to test the assumptions of the homogeneity of variance, homogeneity of covariance and homogeneity of intercorrelations. Levene's test of equality of error variances yielded F values for pre and post measures, which were .841 and .529 respectively. Since these values are less than a critical value at the .05 level of significance, the null hypothesis of equal variances across groups was not rejected.

Mixed between-within subject designs have the assumption of sphericity. The analysis for the homogeneity of covariance for sphericity tests the null hypothesis that the variance of the population difference scores for any two conditions should be the same as the variance of the population difference scores for any other two conditions. Mauchly's Test of Sphericity yielded an approx. chi-square score of .000 which was less than the .05 alpha level selected; therefore, the sphericity assumption was violated. The sphericity assumption is commonly violated (Huynh & Mandeville, 1979). Three other statistical scores, Greenhouse-Geisser, Huynh-Feldt and Lower-Bound, are automatically given in an SPSS output correcting for the violation of this assumption (George& Mallery, 2003; Huynh & Mandeville, 1979). Since the sphericity assumption was not met, Huynh-Feldt corrected scores were reported.

The homogeneity of intercorrelations assumption tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups. Box's test of equality of covariance matrices yielded an F of 1.28. Since this value is

less than a critical value at the .05 level of significance, the null hypothesis that the

observed covariance matrices of the dependent variables are equal across groups was not

rejected (George& Mallery, 2003; Huynh & Mandeville, 1979).

Examination of Selection as a Threat to the External Validity

One method to reduce a selection bias in a quasi-experimental design is to match

cases to controls based on individual characteristics. A refinement to this method is to

create a propensity score (a predicted score) and then match cases to controls based on

this score, which controls for multiple confounding variables (Blackford, 2008;

Blackstone, 2001). The use of stratification or matching on the propensity score removes

the effect of covariate imbalance and allows for a fair and unbiased comparison of the

treatment group with the control group.

A logistical regression was conducted on the data set and propensity scores were

derived for each participant. Seventy-six percent of the original cases matched to a

control. Using the predicted scores to match individuals should reduce selection bias.

With the correction using predicted scores, the sample lost a total of eight pairs, or

sixteen individuals. Nine males, six in the treatment group and three in the control group

were removed. Five females were removed (3 from the treatment group and 2 from the

control group). Disability changes are as follows: removed twelve individuals with

learning disabilities (5 in the treatment group and 7 in the control group), three

individuals with developmental disabilities (3 in the treatment group), and one with

physical disabilities (the control group). Ethnicity changes are as follows: removed

seven individuals who were African Americans (4 in the treatment group and 3 in the

control group), three individuals who were Caucasians (2 in the treatment group and 1 in

the control group), and six individuals who were Hispanics (2 in the treatment group and

4 in the control group).

Table 4.6

Summary of Treatment and Control Group Demographics after Logistic Regression Correction

Group	Type of Information	Classification	Participants ($N = 52$)
Treatment	Age	Minimum	16
		Maximum	21
		Range	5
		Mean	17.69
		SD	1.16
	Gender	Female	16 (61.5%)
		Male	10 (38.5%)
	Primary Disability	Developmental Disability	7 (26.9%)
		Learning Disability	13 (50.0%)
		Physical Disability	6 (23.1%)
	Ethnicity	African American	3 (11.5%)
		Caucasian	10 (38.5%)
		Hispanic	13 (50.0%)

Table 4.6 Continued

Group	Type of Information	Classification	Participants ($N = 52$)
Control Group	Age	Minimum	16
		Maximum	21
		Range	5
		Mean	17.50
		SD	3.50
	Gender	Female	15 (57.7%)
		Male	11 (42.43%)
	Primary Disability	Developmental Disability	10 (38.5%)
		Learning Disability	11 (42.3%)
		Physical Disability	5 (19.2%)
	Ethnicity	African American	3 (11.5%)
		Caucasian	11 (42.3%)
		Hispanic	12 (46.2%)

Note. Age is listed in years. The developmental disability category includes participants with intellectual disabilities and autism.

To test the selection threat, an ANCOVA repeated measures model analysis was conducted again using the corrected sample. The F value for the adjusted between groups is 4.96 in comparison to the 6.04 reported in the original analysis. The F statistic

was again significant at the .05 level, indicating an increase from pretest to posttest for

the treatment group. Therefore, the null hypothesis that the mean self-advocacy posttest

score of the treatment group was the same as the adjusted self-advocacy posttest score of

the control group was rejected. The observed power for the adjusted between was .77.

Effect size derived from a partial eta squared score was .11(Bakeman, 2005; Barnette,

2006). Even with the removal and correction of variance between paired samples, the

findings still revealed a significance pre to posttest for the treatment group. The

observed power for the analysis was higher for the corrected sample (.75 vs. .77). See

Table 4.7 for a summary of the findings.

Table 4.7

Analysis of Covariance for TXYLF Self-Advocacy Training Instruction after Log

Regression Correction

Source	TYPE III SS	df	*F*	*p*
Between Subjects				
Group (TOI)	232.20	1	4.96*	.017
Between group error	1918.80	45		
Within Subjects				
Group (TOI)	160.20	1	43.27	.031
Within-group error	151.80	45		

Note. TOI = Type of Instruction, *p < .05

Effects of Type of Disability and Gender

In addition to the main research question, two exploratory research questions were proposed. These questions were: Does disability type affect the participants' acquisition of self-advocacy skills as measured by the post-test? Does gender affect the participants' acquisition of self-advocacy skills? Pretest scores were held as a covariate in testing each of the analyses as type of instruction (treatment = instruction vs. control = no instruction) was the main effect that was hypothesized to affect the participants' acquisition of self-advocacy skills. In addition, interaction effects between type of instruction and gender or disability were examined. Each factor was examined with a repeated measures analysis of variance (ANOVA), which was used to control for main and interaction effects. Results of the analyses are shown in the following sections.

The Effect of Disability Type

The effect of treatment, disability type, and the treatment by disability interaction were examined by a factorial ANOVA. The dependent variable of the ANOVA was the self-advocacy post score. The independent variables were disability type and type of instruction. Table 4.8 shows the mean self-advocacy score, standard deviation, and number of students by disability group and by treatment and control groups. Disability type had three levels: LD (Learning Disability), DD (Developmental Disability), and PHY (Physical Disabilities). An examination of data in Table 4.7 indicates relatively large differences by treatment group, with lower scores being obtained by individuals with developmental disabilities in both groups, and higher scores being obtained by

individuals with physical disabilities. However, variation is fairly consistent across

groups.

Table 4.8

M, SD, and N for Type of Disability by the Treatment Group and the Control Group

Group	Type of Disability	M	SD	N
Treatment Group	LD	28.39	4.74	18
	DD	26.40	5.72	10
	PHY	30.50	5.82	6
Control Group	LD	23.11	4.80	18
	DD	19.70	5.49	10
	PHY	26.00	6.13	6

Note. LD = Learning Disability, DD = Developmental Disability, PHY = Physical Disabilities

The results of the ANOVA are presented in Table 4.9. As shown in Table 4.9 the

F values for type of disability and interaction are 5.39 and .05 respectively. The *F* value

for type of disability is significant exceeding the critical *F* value at the .05 level of

significance. This indicates that there is a significant main effect by type of disability.

The *F* value for the interaction effect between treatment type and disability type is not

significant. This indicates that there is no significant interaction effect between type of

disability and type of instruction. Levene's test of equal variance yielded an *F* value of

.14 (p > .05), which indicates that the assumption of homogeneity of variance was met.

Table 4.9

ANOVA for Self-Advocacy Posttest by Type of Disability and Type of Instruction

Source	TYPE III SS	df	F	p
Type of Instruction	258.57	1	4.97*	.029
Type of Disability	560.53	2	5.39*	.007
Interaction	4.86	2	.05	.954
Error	3223.86	62		

*p < .05

The Effect of Gender

The effect of treatment, gender, and treatment by gender interaction was

examined by a factorial ANOVA. The dependent variable of the ANOVA was self-

advocacy post score. The independent variables were gender and type of instruction.

Gender had two levels: male or female. Type of instruction also had two levels:

treatment group or control group. Table 4.10 shows the mean self-advocacy score,

standard deviation, and number of participants in each gender group by treatment group

and control group. An examination of the data show relatively equal variances across

groups; however, males did outperform females in both the treatment and control

groups. Both males and females in the treatment group outperformed their counterpart in the control group.

Table 4.10

M, SD, and N for Each Gender Group by the Treatment Group and Control Group

Group	Gender	M	SD	N
Treatment Group	Male	29.20	5.27	15
	Female	27.36	5.27	19
Control Group	Male	22.50	5.16	16
	Female	22.72	5.98	18

The result of the ANOVA is shown in Table 4.11. As summarized in Table 4.11, the *F* value for the interaction effect is .39, which does not exceed the critical F value at the .05 level of significance. The *F* value of .10 for gender also does not exceed the critical *F* value at the .05 significance level. These values indicate that there was no significant interaction effect between type of instruction and gender, nor is there a significant main effect for gender. However, the type of instruction shows an *F* value of 5.51, which does exceed the critical *F* value at the .05 level of significance indicating a

significant main effect for type of instruction. The effect size of.08 was moderate

(Bakeman, 2005; Barnette, 2006).

Table 4.11

ANOVA for Self-Advocacy Posttest by Gender and Type of Instruction

Source	TYPE III SS	df	*F*	*p*
Type of Instruction	323.89	1	5.51*	.022
Gender	6.01	1	.10	.750
Interaction	22.95	1	.39	.534
Error	3760.42	64		

*p < .05

An Examination of Treatment Group by Disability Type

Summarized in Table 4.12 are the mean pretest self-advocacy scores and the mean

posttest self-advocacy scores, standard deviation, and number of participants in each

disability group type in the treatment group. The data reveal that participants with

developmental disabilities gained the most from pretest to posttest (7.4), followed by

those with learning disabilities (6.0) and with physical disabilities (4.5). Because a

statistically significant main effect of disability was found (F=5.39, p > .05), a pos hoc

test was conducted. A post hoc examination of the treatment group data was done by

conducting an ANOVA and re-identifying the alpha level at .10. Participants with

Developmental Disabilities (*n*=10) were compared to all other participants in the

treatment group (*n* = 24). The ANOVA results indicated a treatment by disability type

interaction (*F* = 3.37, p > .10) when comparing participants with Developmental

Disabilities against all other participants.

Table 4.12

M, SD, and n for TXYLF Pretest and Posttest scores by Disability Type

TXYLF Questionnaire	Type of Disability	M	SD	n
TXYLF Pretest	LD	22.39	5.55	18
	DD	19.00	5.24	10
	PHY	26.00	5.69	6
TXLF Posttest	LD	28.39	4.74	18
	DD	26.40	5.71	10
	PHY	30.50	5.82	6

Note. LD = Learning Disability, DD = Developmental Disability, PHY = Physical Disabilities

The graphic overview displayed in Figure 4.2 shows that while individuals with

developmental disabilities started the TXYLF summer training with lower pretest scores

than the other groups, they were much closer to the overall posttest mean score (28.18)

at the end of the training.

Figure 4.2. The treatment group by disability type. Changes in self-advocacy mean scores from pretest to posttest.
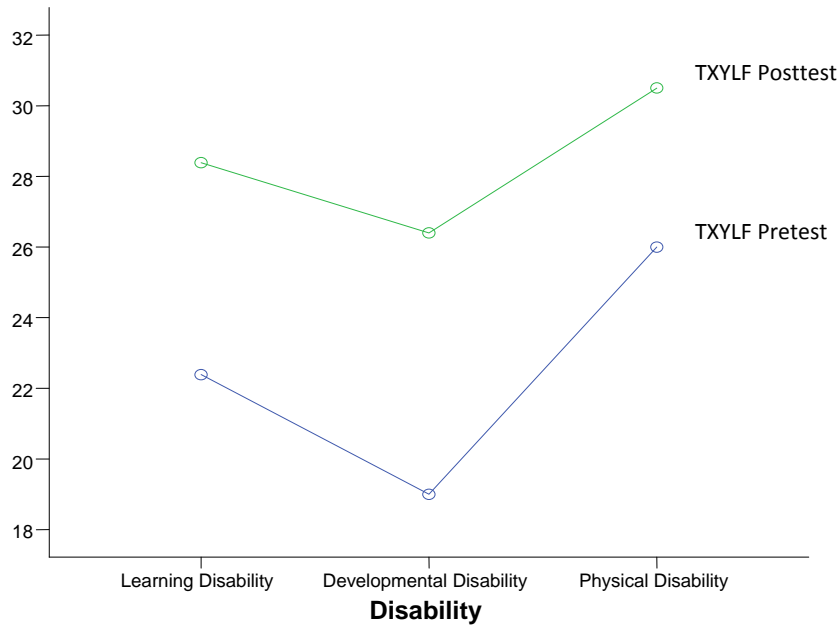
Summary

In Chapter IV, the results of this study were presented. Specifically, participant information was summarized and compared to the original sample, descriptive statistics were provided, selection as a threat to internal validity was examined, selection bias as a threat to external validity was addressed, and the repeated measures ANCOVA and ANOVAs were presented.

The results indicated that the TXYLF summer training event had a positive effect on the self-advocacy skills of high school students with disabilities. The results indicated

that the effect was significant; however, the effect size was moderate. The results of the ANOVAs indicated: (a) disability type had a significant main effect; (b) disability type did not significantly interact with the treatment to affect the self-advocacy scores of these youth; and (c) gender did not have a statistically significant main effect, nor did it interact significantly to affect the self-advocacy scores of these youth. An examination of pretest and posttest differences of the treatment group by disability type revealed a larger impact of the training for youth participants with developmental disabilities. These individuals as a group had the lowest pretest mean score (19.00 vs. 22.39 & 26.00) and gained the most pre to post (7.4).

CHAPTER V

CONCLUSIONS

Chapter V contains a summary and discussions of the major findings of this study. In addition, suggestions for implementation of the findings and recommendations for future research are proposed.

Summary of Major Findings

The primary research question for the present study was: "Is the TXYLF summer training effective for teaching youth with disabilities self-advocacy and leadership skills?" In addition to this primary research question, two exploratory research questions included: (1) Does disability type affect the participants' acquisition of self-advocacy skills as measured by the posttest? (2) Does gender affect the participants' acquisition of self-advocacy skills?

Primary Research Question

To answer the primary research question, two types of analyses were conducted. The first analysis was a visual examination of the graphic representation of the mean scores of pretest and posttest for the treatment group in comparison to the mean scores of pretest and posttest for the control group (Figure 4.1). Results indicate that both the treatment and the control groups scored higher in the posttest than in the pretest. While the treatment group scored slightly higher than the control group on pretest (22.03 vs. 21.59), the gain by the treatment group was significantly higher (28.18 vs. 22.62) than that by the control group at posttest.

The second analysis was a mixed between-within analysis of covariance (ANCOVA) that was conducted to test the research hypothesis, which was: the adjusted mean self-advocacy score of the treatment group is significantly higher than the adjusted mean self-advocacy score of the control group. The result of the ANCOVA indicates that the adjusted mean self-advocacy score of the treatment group was significantly higher than the adjusted mean score of the control group (6.04, p < .05).

Exploratory Research Questions

To answer the two exploratory research questions, two factorial analyses of variance (ANOVA) were conducted to test two corresponding null research hypotheses. These null hypotheses were (1) gender does not affect the acquisition of self-advocacy skills by high school students with disabilities as measured by the posttest; and (2) type of disability does not affect the acquisition of self -advocacy skills by high school students with disabilities as measured by the posttest. In both ANOVA procedures, the main effect of type of disability and gender was examined. Results of the analyses indicated that there was not a statistically significant interaction effect between type of disability and instruction ($F = .05$, p > .05), nor for gender and type of instruction ($F = .39$, p > .05). There was not a statistically significant main effect for gender ($F= .10$, p > .05). However, there was a significant main effect for disability type ($F = 5.39$, p < .05).

Interpretation of the Findings

In this section, results of the present study are interpreted. The interpretations include both the findings to the primary research question and the two exploratory questions. An additional examination was conducted on the pre/post results of the

treatment group to examine changes associated with disability type based on the

significant main effect ($F = 5.39$, p < .05) for disability type.

Interpretation of Results for the Primary Research Question

The interpretation of the results will be done in four steps. In the first step, an

examination will be conducted of the graphic representation of the results (Figure 4.1) to

assess the direction of the changes and the general effect of the treatment. The second

step will include an examination of mean pretest scores and posttest scores for both the

treatment group and the control group to compare and establish the magnitude of

changes. The third step will include a discussion of the results in relation to the

implications for the treatment conditions. The fourth step will examine the graphic

representation (Figure 4.2, Disability Type X Treatment) to examine pre/post differences

for the treatment group by disability type.

Examination of Figure 4.1

As indicated in Figure 4.1, both the control group and the treatment group gained

from pretest to posttest. While the mean pretest scores were similar between the control

group and the treatment group, the treatment group outperformed the control group by

5.56 points on the posttest (28.18 vs. 22.62). Visual analysis of the graphical data

appears to indicate an overall increase in mean self-advocacy scores for participants in

the treatment group.

Examination of the Mean Scores

With the application of a trend line, one can easily discern the upward increase of

the treatment group from pretest to posttest and the nearly flat trend line of the control

group from pretest to posttest. While both groups showed an increase, the treatment

group increased from 22.03 to 28.18, up 6.15 in comparison to the control group that

gained only 1.03 (21.59 to 22.62). According to Durak (2009), direct comparison of

group means can be as useful as an effect size (ES) when examining pre to post

measures, particularly if the sample size is small. To examine how much the treatment

group changed from pretest to posttest, a comparison of the change to the possible total

self-advocacy score (36) of the TXYLF Pre/Post Questionnaire was performed. This

comparison was conducted by dividing the change by the total possible score. For the

treatment group, this percentage is $6.15/36 = 17\%$, which indicates that the improvement

for the treatment group is a modest one-fifth (7.2 questions) of the total score. This

indicates that the improvement from pre to post was small to moderate.

Interpretation of the Results of the ANCOVA

The previous two steps indicate that the treatment group improved more than the

control group; however, the change was small to moderate. In the third step, the results

of the ANCOVA were used to determine whether the treatment group significantly

outperformed the control group according to posttest scores, while using the pretest

scores and reading levels as an adjustment. Since the *F* value (6.04) for type of

instruction was significant at the.05 level of significance, the null hypothesis was

rejected. This means that even if the treatment and the control group had started at the

same level in the pretest, the treatment group would have still outperformed the control

group. The quasi-experimental nonequivalent group design allows for causal inferences

(Shadish, Cook, & Campbell, 2002); therefore, the results of the ANCOVA can be

interpreted as: the TXYLF summer training event significantly improved the

participant's self-advocacy skills as measured by the TXYLF Pre/Post Questionnaire.

However, while the ANCOVA results were significant, the effect size reported as partial

eta squared was small to moderate at a .09 (Durak, 2009). This indicates that while

significant, the variance explained by the instruction type was small.

Interpretation of Findings to the Exploratory Research Questions

      The purpose of the two exploratory questions was to investigate whether type of

disability or gender was a main factor that affected the acquisition of self-advocacy skills

by high school students with disabilities. To answer these questions two analysis of

variances were conducted.

      The effect of type of disability and its interaction with type of instruction. As

shown in table 4.9, the *F* value (.05) for the interaction between type of disability and

type of instruction was not significant at the .05 level. This indicates that in both the

treatment group and the control group, the three disability subgroups (Learning

Disabilities, Developmental Disabilities, and Physical Disabilities) scored in the same

order. A review of the descriptive data in Table 4.8 indicates that in both the treatment

group and the control group, participants with physical disabilities scored the highest,

and participants with developmental disabilities scored the lowest. Participants with

learning disabilities' mean score fell in between the other two disability groups.

      The *F* value (5.39, p < .05) for type of disability in Table 4.9 indicates the

differences were statistically different. According to Shadish, Cook, and Campbell

(2002), this indicates that participants in one or more disability groups scored higher

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than another group in both the treatment group and the control group. The mean self-advocacy scores for participants were significantly different between pretest and posttest. This will be discussed further in the section labeled *"The Effect of Instruction by Disability Type for the Treatment Group"*.

The effect of gender and its interaction with type of instruction. As indicated in Table 4.11, the *F* value (.39, *p*> .05) for the interaction between gender and type of instruction was not significant. According to Shadish, Cook & Campbell (2002), this means that the effect of receiving or not receiving self-advocacy instruction was the same for males as it was for females. Descriptive data in Table 4.10 shows that males and females in the control group only differed .22 on the mean posttest score; however, males did outperformed their female counterparts in the treatment group by 1.84 points on the posttest. As shown in Table 4.11, the *F* value for main effect of gender (.10, *p*> .05) was also not significant. According to Shadish, Cook & Campbell (2002), this result means that the posttest was not significantly different between males and females.

The effect of instruction by disability type for the treatment group. As indicated in Figure 4.2, all disability groups (LD, DD, & PHY) in the treatment group gained from pretest to posttest. In examination of Table 4.12, mean score differences between the disability types, both on pretest and posttest, are noteworthy. However, as indicated by Table 4.12, the spread of mean scores between the groups was smaller at posttest (6.21) than at pretest (10.61). When examining mean scores from pretest to posttest for each group, the graphic overview displayed by figure 4.2 demonstrates that while individuals with developmental disabilities started the TXYLF summer training with lower pretest

scores (19.00 vs. 22.46) than the other groups, participants with developmental

disabilities were closer to the total posttest mean score (26.40 vs. 28.18) at the end of the

training. Further examination of pretest and posttest mean scores for the treatment group

reveal the fact that participants with developmental disabilities gained the most from

pretest to posttest (7.4), possibly indicating that the TXYLF summer training event was

more effective for participants with lower levels of self-advocacy prior to the training.

<div align="center">Discussion of Findings</div>

In this section, findings of the study are discussed. Specifically, this section

addresses (a) comparisons of findings to other research, (b) potential threats to the

internal and external validity of the study, (c) how the results of the study addresses the

hypotheses, and (d) limitations to the study.

Comparison to Findings of Other Studies

A growing body of literature has been published on the concept of self-advocacy

and self-advocacy interventions (Wood, Fowler, Uphold & Test; 2001). The premise

behind the research demonstrated by these studies is to provide professionals with

evidence-based strategies to support youth with disabilities in developing the vital self-

advocacy skills that are needed for successful adult outcomes (Brackin, 2005; Powers,

et. al, 2002; Test, et. al., 2009; Ward, & Kohler, 1996; Wehmeyer, 2004; Wood, Fowler,

Uphold & Test, 2001).Much of the literature on self-advocacy is centered on self-

advocacy skill development to instruct students on the attainment of self-awareness and

the development of self-determination all within educational settings. Specifically the

majority of those settings are special education classroom settings (Test, Fowler,

Brewer, & Wood, 2005a; Test et al; 2009; Thoma & Getzel, 2005; Thoma, Williams, &

Davis, 2005; Ward, 2006).

The focus and implementation of these curricula are not the same as the curricula

implemented through the Texas Statewide Youth Leadership Forum; therefore, findings

of the present study will not be compared to the findings of those studies. Instead, the

comparisons will focus on findings of programs seeking to improve youth with

disabilities' self-advocacy and leadership skills through *participation interventions*—

interventions that involve youths' direct engagement in activities in real-world settings

through multilevel interventions.

Comparisons to the Findings of Youth Leadership Forum Studies

To date, only four studies on the efficacy of Youth Leadership Forum (YLF)

programs have been published in the literature. These studies conducted various

evaluation activities to measure the impact of the YLF curriculum. Comparison of the

findings of the present study to findings of the YLF evaluations activities, however, is

very difficult because the designs and measures of the four studies are different. First,

three of the YLF evaluation activities were qualitative studies. The evaluation questions

were developed to assess specific themes related to the YLF training with responses used

to evaluate the impact of the curriculum. Furthermore, the questions were inquiry based

and were not trying to ascertain causal inferences (Bauer, 2003; Burrows, 2003;

Gragoudas, 2006). While one study was quantitative and utilized a quasi-experimental

two group pre/post design, the instruments utilized to determine effects of the training

were the ARC Self-Determination Scale and the Self-Advocacy Knowledge Scale,

which was developed by the researcher (Brown, 2000).

Because of these differences, it is not meaningful to compare findings of the

present study to findings of the YLF evaluation studies. Instead, the comparisons will

focus on the general trends of the findings. General themes across the three qualitative

studies include: (a) increased understanding and appreciation of disability culture, (b)

increased self-advocacy skills, (c) increased realization of common barriers, (d)

increased sense of purpose and pride, (e) increased self-confidence in ability to be a

leader, and (f) increased leadership skills. The quantitative study reported significant

growth from pretest to posttest for the treatment group on self-determination skills as

measured by the ARC Self-Determination scale and the Self-Advocacy Knowledge

Scale. Similarly, the present study indicates that participants in the treatment group

demonstrated significant increases in their level of self-advocacy as measured by the

TXYLF Pre/Post Questionnaire, while participants in the control group gained only

slightly on posttest measures. Measures from these quantitative studies, because of the

nature of their design, can infer causal relationships between the YLF training

curriculum and gains in self-determination or self-advocacy skills. Differences for

gender or type of disability were not reported in any of the YLF studies with the

exception of the present study.

Comparison of Self-Advocacy and Leadership Programs Utilizing Participation

Interventions

Three studies on self-advocacy interventions using multilevel strategies incorporating adult mentors, disability culture, and settings that incorporated college atmospheres yielded similar results to the current study. Rothman, Maldonado, and Rothman (2008) utilized a concurrent mixed method data collection strategy to examine a pre-college summer training program for youth with disabilities. The training program was implemented to assist participants to gain self-advocacy/self-determination skills. Participants in this study acknowledged their self-advocacy growth (4.65 on 5.0 likert scale) as the most important skill gained through the program. Similarly, the TXYLF summer training event is about developing youth with disabilities into self-advocates and examinations of pretest to posttest of the treatment group demonstrate significant gains in self-advocacy as measured by the TXYLF Pre/Post Questionnaire.

Project LEEDS was a large scale qualitative study involving fifty-seven universities nationwide with one-hundred and seventy-eight students participating in the leadership training project for youth with disabilities. The program incorporated the college setting atmosphere and utilized professionals with disabilities as mentors. The program also used disability culture and awareness as a springboard for self-advocacy and leadership. Outcomes reported for the participants included increased self-advocacy and leadership skills (Aune et al., 1996). Correspondingly, the present study established increased self-advocacy skills for the treatment group.

Powers, et Al. (2001) conducted a controlled field test for the *TAKE CHARGE for the Future* intervention strategy. A pre–post experimental two group evaluation of this multifaceted transition program for youth with disabilities involving direct experience strategies (i.e., utilization of coaching, creation of individualized opportunities, and provision of direct experiences) found statistically significant increases in the self-determination skills of youth in the treatment group as evaluated by the measurement instrument developed for this curriculum. Because the intervention utilizes multilevel strategies, it is not possible to attribute the effects to any one strategy per se. The fundamental focus of the program, however, was to support youths' participation in real-life situations—experiences providing opportunities for the development of self-determination skills through trial-and-error learning and coaching. Likewise, the TXYLF summer training event incorporates a multifaceted approach involving direct experience strategies, such as mentoring and the creation of individualized opportunities, to learn self-advocacy and leadership concepts and skills. Furthermore, like the pre-post two group evaluation of the *TAKE CHARGE for the Future* intervention, the TXYLF self-advocacy intervention technique yielded significant gains pre to post for the treatment group.

Comparison of Studies Reporting Type of Disability Effect

Shogren et al. (2007) and Wehmeyer and Lawrence (1995) examined disability-related differences of the total self-determination scores for three groups; students without cognitive disabilities, students with learning disabilities, and students with mental retardation. The statistical analyses of the study by Wehmeyer and Lawrence

(1995) indicated statistical differences between students with learning disabilities and students with mental retardation. The findings of this study appear to corroborate the findings of Wehmeyer and Lawrence's (1995) study, as the TXYLF study results demonstrated significant differences in self-advocacy ability between the type of disability groups, which were youth with physical disabilities, youth with learning disabilities, and youth with developmental disabilities. A deviation of this study's grouping categories may affect the interpretation as the developmental disability group in this study included youth with intellectual disabilities and youth with autism. Furthermore, measurement instruments were different as well as conceptual components. While the terms of self-determination and self-advocacy are often used interchangeably, The *ARC Self-Determination Scale* was developed to measure self-determination and the *TXYLF Pre/Post Questionnaire* was developed to measure self-advocacy.

This type of disability-related difference in self-determination ability was also examined in the study by Shogren and colleagues (2007). While the above findings were not supported by the statistical analyses as determined by the *AIR Self-Determination Scale*, type of disability differences in self-determination ability was supported by the statistical analysis using the *ARC Self-Determination Scale*. Differences across disability types included the areas of "capacity", "inclusion" and "self-determination", indicating that students with more significant disabilities had lower levels of self-determination. Furthermore, teacher perception rating scales indicated a lower level of self-determination achievement expectation for this group, thus probably unintentionally promoting a stereotype of poor "capacity" for this group.

While numerous studies have reported differences in students' abilities to develop self-advocacy/self-determination skills, and those differences have been associated with level of intelligence, studies prove that self-advocacy/self-determination training can assist all youth with disabilities to improve self-advocacy/self-determination (Powers et al., 2001; Shogren, et al., 2007; Test, Fowler, Brewer, & Wood, 2005a). Likewise, an examination of the results of the present study indicates that when given the opportunity, participants with developmental disabilities can achieve higher levels of self-advocacy in a relatively short amount of time.

Comparison of Studies Reporting Gender Effects

Numerous studies have reported gender differences in self-advocacy/self-determination levels (Fielder & Danneker, 2007; Hogansen et al., 2008; Kutza, 1985; Test, et al., 2005a; Wehmeyer & Lawrence, 1995). However, the results of this study did not support those findings. This study's findings indicate that gender did not significantly impact the participants' acquisition of self-advocacy skills. An explanation for the difference in findings could be related to the fact that the above studies were related to acquiring self-advocacy/self-determination skills through transition planning processes in school environments, while the TXYLF summer training event encouraged the acquisition of self-advocacy skills through real world experiences. The difference in focus and setting could account for the differences in the findings.

Discussion of Possible Threats to the Internal Validity

The major threat to the internal and external validity of the study was due to the sampling methodology. Quasi-experimental non-equivalent group designs incorporate

all of the validity controls of true experiments except the randomization of the participants in the study. It was not possible to randomly select participants for the treatment group, so as an added measure to ensure group equality, control group participants were selected based on matching the TXYLF participants' profiles on six demographic characteristics. According to Hoyle, Harris, and Judd (2002), this type of sampling methodology (matching), increases the control for pre-existing differences between groups on the dependent variable assisting with the argument against selection threat to internal validity.

Additionally, the quasi-experimental non-equivalent group design sampling methodology creates a possible external validity threat, selection bias. One method to reduce a selection bias in a quasi experimental design is to match cases to controls based on individual characteristics. A refinement to this method is to create a propensity score (a predicted score) and then match cases to controls based on this score, which controls for multiple confounding variables (Blackford, 2008; Blackstone, 2001). The use of stratification or matching on the propensity score removes the effect of covariate imbalance and allows for a fair and unbiased comparison of the treatment group with the control group. Propensity scores were derived for all participants. Participants were then matched on the propensity scores. Seventy-six percent of the original cases matched to a control case. While statistical significance was lower ($F = 4.96$, $p < .05$ vs. $F = 6.04$, $p < .05$), statistical significance for the treatment group was still obtained indicating that it was unlikely that a selection bias was the cause of the treatment groups' gain on pre to post measures.

The other possible internal validity threat was a *history* threat. While a small threat, as the time frame for the study's intervention and data collection period was short, it was possible that a historical event could be a threat to the interpretation of the results. This researcher examined news reports of events happening across the state in order to report any noteworthy events that occurred during the data collection time frame. No statewide catastrophic events took place during the week preceding the 2009 TXYLF training event, or in the two week period after the TXYLF training event, indicating that no such threat existed.

Limitations of the Study

Participants in the present study's treatment group were selected because they had applied to participate in the TXYLF summer training event. Participants in the control group were selected because they matched the profile of one of the youth selected to attend the TXYLF summer training event. Participating youth were, therefore, not randomly selected or assigned. Participants in the treatment group could be more or less capable in academic performance across the curriculum. Only a proxy measure of academic performance was gathered in the form of a self-reported reading level score. This score was used as a covariate in the analysis to control for group differences across treatment groups and type of disability groups.

In addition, the study's small sample size limits the amount of true sample representation and does not allow for generalization to the disability populations represented by membership in the study. Generalizability of the study results can be problematic for studies having small sample sizes. For generalization purposes, these

studies would have to be replicated systematically several times to completely rule out other alternative hypotheses (Wehmeyer et al., 2003).

Finally, additional variables such as environmental differences, instructor (mentor/facilitator) differences, socio-economic level, and ethnic composition were not controlled for in the present study. All these factors could affect the results of the study. Generalizations concerning settings, self-advocacy programs, youth development programs, and ethnic origins should be made with caution.

Implications of the Findings

In this section, implementation of the findings of the study is suggested. Specifically, the discussions focus on (a) statistical significance and practical significance, (b) relationship to developmental theories, (c) relevance to the field, and (c) recommendations for future research.

Statistical Significance and Practical Significance

The statistical significance of the findings of the study indicate that the adjusted mean self-advocacy of youth in the treatment group were significantly higher than the adjusted mean self-advocacy scores of youth in the control group. While the study results demonstrated a significant difference (F = 6.04, p < .05). The observed power for the study (.754), which was lower than the .80 recommended for reporting significance; however it was not included in the interpretation of the results. Hoenig and Heisey (2001) allude to the fallacy of using observed power scores and refer to the fact that observed power is determined completely by the *p* value; therefore, it adds nothing to the interpretation of the results. According to Bakeman's (2005) and Barnett's (2006) scales

of reported effect sizes, the reported effect size for treatment effect was moderate at .09. The interpretation of these results is that the TXYLF summer training event was demonstrated to have a significant positive impact on the participants' self-advocacy abilities.

The practical significance of the study is provided through the examination of differences associated with type of disability. When examining mean scores pre to post for each group, participants with developmental disabilities started the TXYLF summer training with lower pretest scores (19.00 vs. 22.46) and ended with the lowest posttest scores (26.40 vs. 30.50). However, further examination of pretest and posttest mean scores for the treatment group revealed that participants with developmental disabilities gained the most from pretest to posttest (7.4), possibly indicating that the TXYLF summer training event was more effective for participants with developmental disabilities. Many youth with more significant disabilities are sheltered from typical developmental activities such as risk taking, advocating for necessary accommodations, and the communication of strengths as well as weaknesses (Zhang, 2000, Zhang et al., in press). The format of the TXYLF summer training event may provide the necessary supports that allow these youth to experience and gain from these activities in participatory naturalistic ways.

Relationship to Youth Development Theories

As reviewed in Chapter II, several youth development theorists (Arnett, 2000; Gambone, Klem, & Connell, 2002; MacNeil & McClean, 2006; Rindfuss, 1991) identify adolescence as critical stage for the development of skills necessary to successfully

transition to adulthood. Additional studies (National Collaborative on Workforce and Disability, 2009; Wehmeyer & Schwartz, 1997; Zhang, 2000) identify the additive complexities of this transition for youth with disabilities. The National Collaborative on Workforce and Disability describes youth development as the" process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them to become socially, morally, emotionally, physically, and cognitively competent. Youth leadership is an important part of the youth development process" (National Collaborative on Workforce and Development for Youth, 2005, p. 1). To help these youth successfully transition to adulthood, effective youth development programs providing participatory activities need to be accessible to teach youth with disability self-advocacy and leadership skills (Test et al., 2005a).

The present study examined the effect of the Texas Statewide Youth Leadership Forum (TXYLF) summer training event on the self-advocacy abilities of high school students with disabilities. Results of the study indicate that the TXYLF had a significant influence on the self-advocacy skills of high school students with disabilities. However, the present study did not examine whether the improvement of the participant's self-advocacy skills will enhance their adolescent development, nor the impact to these youths' postsecondary outcomes.

Recommendations for the Field

Self-advocacy/self-determination is not just a trend, but a proven tool that enhances the possibility of positive post school outcomes for youth with disabilities

(Benz, Lindstrom, & Yovanoff, 2000; Fowler & Konrad; 2007; Izzo & Lamb, n.d.; Test, et al., 2009, Wehmeyer, Kelchner, & Richards, 1996; Wehmeyer et al., 2003; Zhang & Benz, 2006). Numerous studies have established youth with disabilities capacity to learn self-advocacy, self-determination, and leadership skills (Brown, 2000; Gragoudas, 2006; Jerman, Martin, Marshall, & Sale, 2000; Pierson, Carter, Lane, Glaeser, 2008; Powers et al., 2001; Test, Fowler, Brewer, & Wood, 2005a). Furthermore, these studies provide evidence to the positive effects of self-advocacy/self-determination training for youth with disabilities; however, it has also been well documented that youth with disabilities lack the opportunity to learn these concepts and skills (Benz, Lindstrom, & Yovanoff, 2000; Mason, Field, & Sawilowsky, 2004; Test et al., 2009; Test, & Neale, 2004; Wehmeyer & Lawrence, 1995 Wehmeyer & Schwartz, 1997; Zhang et. al, in press). These professionals, along with self-advocates and youth development professionals, testify that it is extremely important to create opportunities that expose youth with disabilities to situations in which they can make choices and develop their sense of independence, sense of control, and self-advocacy/self-determination skills (Catalano et al., 1998; Dowse, 2001; Edelman, Comerford, Larson, & Hare, 2004; Epstein, Eddy, Williamson, & Socha, 2006, Field & Hoffman, 2002; Gambone, Klem, & Connell, 2002; Rothman, Maldonado & Rothman, 2008; Thoma & Getzel, 2005; Wehmeyer & Schwartz, 1997). Additionally, professionals agree that it is important to promote expectations of personal competency and self-efficacy, and to ensure that youth with disabilities engage in activities that provide optimal challenges including opportunities for civic engagement (Dowse, 2001; Edelman et al, 2004; Epstein et al., 2006; Grigal,

Neubert, Moon, & Graham, 2003; National Collaborative on Workforce Development, 2001; Stroman, 2003). Moreover, professionals and self-advocates agree that the importance of self/advocacy/self-determination skills, along with the opportunities to learn and practice them cannot be over emphasized (Brown, 2000; Edelman et al., 2004; Epstein et al., 2006; Fiedler & Danneker, 2007; Hogansen et al., 2008; Rothman, Maldonado & Rothman, 2008; Shogren et al., 2007).

The majority of self-advocacy/self-determination instruction takes place in educational settings; yet, professionals in the field agree that no one program can be expected to provide all the necessary experiences and supports for youth with disabilities to gain the essential skills needed for successful transition to adulthood (Shogren et al., 2007; Test, Fowler, Brewer, & Wood, 2005a; Test et al., 2009). If youth with disabilities are to achieve full citizenship, their challenges must become the challenges of the communities in which they live. Collaboration of affiliates in the educational community and agencies must occur to provide these optimal challenges and experiences.

Typical adolescent development activities and experiences are often provided through community based programs; these types of programs can be a great source for youth with disabilities to learn team building and leadership skills, goal setting, identifying steps necessary to reach their goals, and problem-solving barriers along the way. Youth with disabilities must be provided the access to such programs and the opportunities to learn and practice self-advocacy in real world settings. Additionally, these youth must be provided the opportunities to experience the recompense of being a self-advocate and leader in their schools and their communities. Based on the findings of

the present study and the afore mentioned research, recommendations for the field include (a) collaborate at a community level to provide multilevel self-advocacy/self-determination participatory instructional programs to provide the training of these concepts and skills, (b) provide a variety of opportunities for youth to learn and practice their self-advocacy/self-determination skills in real world settings, (c) provide youth with disabilities opportunities that allow risk-taking and problem-solving, (d) provide instruction on disability history and culture allowing youth with disabilities opportunities to gain a positive self-identity and connection to the disability community; (e) provide youth with disabilities the opportunity to connect and learn from mentors with disabilities, (f) provide youth with disabilities opportunities to develop a range of leadership skills in a variety of real world settings; (g) develop sound research evaluation and reporting activities for all youth development and leadership programs, and (h) acknowledge the reality of self-advocacy/self-determination "capacity" biases toward youth with more significant disabilities, and the impact of those biases on this particular population to access to opportunities to gain self-advocacy/self-determination.

Recommendations for Future Research

Self-advocacy, through the implementation of self-determination, self-awareness, and leadership involvement, is essential for youth with disabilities (Argan, Wehmeyer, Cavin, & Palmer, 2008; Benz et al., 2000; Stroman, 2003; Wehmeyer, Garner, Yeager, Lawrence, & Davis, 2006; Zhang, 2000).The terminal goal for the Texas Statewide Youth Leadership forum in teaching self-advocacy is to enable youth with disabilities to have the opportunity for a smoother transition into post-secondary education, into the

work force, and into becoming active leaders of change in their communities. To examine the effect of the TXYLF training on youth participants' future lives, research studies are needed to examine the long-term effect self-advocacy training on the adult outcomes of these participants. This should be done by using a longitudinal group design that contains several phases, including a follow-up phase.

Odom and colleagues (2005) suggest that educational research occur in stages to establish evidence-based practices. As stated, "The first stage would involve observational, focused exploration, and flexible methodology, which qualitative and correlational methods allow. The second phase would involve controlled experiments involving single subject design or quasi-experimental design for causal inferences. The third phase needs to incorporate the knowledge from the previous research to design 'well documented' interventions, and 'prove' their effectiveness through well controlled randomized trials" (Odom et al., 2005, p. 145). The third stage toward evidence-based program status for YLF programs should be replication of the current study (Albert & Toutman, 2006) or randomized control studies (Odom et al., 2005). The fourth phase or follow-up phase would be to investigate the factors that could lead to adoption of the effective practices in typical school or community settings under naturally existing conditions. The present study, in conjunction with the other four studies on Youth Leadership Forum training events; satisfy the first two stages of providing evidence of program intervention effectiveness.

Future research studies should respond to the third phase through replication of this study. Linking with other states to examine the effects of the YLF training model

would expand the sample sizes for better predictive power in the study, thus allowing for the examination of additional variables. For fidelity purposes, a standard curriculum and daily training schedule would need to be implemented across the YLF sites, thus possibly increasing the likelihood of a standardized curriculum and measurement for Youth Leadership Forum programs. Additionally, according to Alberto and Troutman (2006), if these study results were paired with several replications showing significance, any threats caused by the non-randomized assignment component could be removed. Finally, the results of these replications could provide strong evidence that the program works, thus elevating the YLF training model to evidence-based program status.

Future research should respond to the fourth phase by using longitudinal group experimental designs to further investigate short-term effects and to establish long-term effects for post school adult outcomes in the areas of postsecondary education, employment, community involvement and civic engagement. Established positive long-term effects for this population could possibly be the determining factor that would lead to the adoption of the program at the community level and at the school system level.

<div align="center">Summary</div>

In summary, the present study examined the effects of the TXYLF summer training program on the self-advocacy abilities of high school students with disabilities. Additionally, the present study examined the interaction effects of gender and disability type on the improvement of the participants' self-advocacy skills. Results indicated that (a) the TXYLF training event had a significant positive effect on the self-advocacy of high school students with disabilities, (b) gender did not significantly interact with the

treatment to affect the self advocacy of the participants, and (c) disability type did not significantly interact with treatment to affect the self-advocacy abilities of participants. An examination of the mean scores by disability type in the treatment group demonstrated that participants with Developmental Disabilities gained the most pre to post. A post hoc examination of the treatment group by disability type yielded a significant treatment interaction affect when comparing participants with Developmental Disabilities against all other participants.

Although previously identified threats to the internal validity were controlled, there may still be other explanations why the effect of the TXYLF summer training event was significant. While selection biases were addressed and technically ruled out as a threat to this study, quasi-experimental non-equivalent groups design cannot ensure group equivalence as well as randomized assignment. Therefore, an alternative hypothesis for significant gain in self-advocacy is that the sample population in this study was different than the population it represented. Another rival hypothesis would be that the participants in the treatment group performed better strictly because they were selected to participate in the study and is otherwise known as the Hawthorn Effect. Future research should be focused on the firm establishment of program effectiveness and the long-term effects of the TXYLF training on participants' post school outcomes in the areas of postsecondary education, employment and community involvement while controlling for disability type.

REFERENCES

Abery, B., Rudrud, L., Arndt, K., Schauben, L., & Eggebeen, A. (1995). Evaluating a multicomponent program for enhancing the self-determination of youth with disabilities. *Intervention in School and Clinic,30*(3), 170–179.

Alberto, P. A. & Troutman, A. C. (2006). *Applied behavior analysis for teachers.* (7th ed.). New Jersey: Pearson Education Inc.

Algozzine, B., Browder, D., Karvonen, M., Test, D. W, & Wood, W. M. (2001). Effects of interventions to promote self-determination for individuals with disabilities. *Review of Educational Research, 71*(2), 219–277.

Argan, M., Wehmeyer, M. L., Cavin, M., & Palmer, S. (2008). Promoting student active classroom participation through instruction to promote self-regulated learning and self-determination. *Career Development for Exceptional Individuals, 31*(2), 106–114.

Arnett, J. J. (1994). Are college students adults? Their conceptions of the transition to adulthood. *Journal of Adult Development, 1,* 154–168.

Arnett, J. J. (2000). Emerging Adulthood: A theory of development from the late teens through the twenties. *American Psychologist. 55*, 469–480.

Arnett, J. J. (2004). *Emerging Adulthood*: *The winding road from the late teens through the twenties.* New York: Oxford University Press.

Arnett, J. J., & Brody, G. H. (2008). A fraught passage: The identity challenges of African American emerging adults. *Human Development, 51*(5), 291–293.

Arnett, J. J., & Galambos, N. L. (Eds.) (2003). *New directions for child and adolescent development: Exploring cultural conceptions of the transition to adulthood*. San Francisco, CA: Jossey–Bass.

Arnold E. & Czamanske, J. (1991). Can I make it? A transition program for college bound learning disabled students and their parents. Paper presented at the *Council for Exceptional Children 69th Annual Convention*, Atlanta, GA., April 1-5, 1991.

Aune, B., Chelberg, G., Stockdill, S., Robertson, B., Agresta, S. & Lorsung, T. (1996) *Project LEEDS: Leadership education to empower disabled student*s. Retrieved September 20, 2009, from http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/b5/dc.pdf

Bakeman, R. (2005). Recommended effect size statistics for repeated measures designs. *Behavioral Research Methods*, 37(3), 379-384.

Barnette, J. J. (2006). *Effect size and measures of association*. Presented at the *2006 Summer Evaluation Institute*, Atlanta, Georgia, June 12-14, 2006.

Bannerman, D. J., Sheldon, J. B., Sherman, J. A., & Harchik, A. E. (1990). Balancing the right to personal liberties: The rights of people with developmental disabilities to eat too many doughnuts and take a nap. *Journal of Applied Behavior Analysis,23*, 79–89.

Bauer, W. M. (2003). The impact of leadership training on high school students with disabilities. Ph.D. dissertation, Ohio State University, Columbus, OH.

Beirne–Smith, M., Ittenbach, R., & Patton, J. R. (2002). *Mental retardation* (6th ed.) Saddle River, NJ: Merrill (Prentice Hall).

Benson, P. L., & Saito, R. N. (1999). *The scientific foundations of youth development.* Minneapolis, MN: Search Institute.

Benz, M. R., & Halpern, A. S. (1993). Vocational and transition services needed and received by students with disabilities during their last year of high school. *Career Development for Exceptional Individuals, 16*, 197-211.

Benz, M. R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities: Predictive factors and student perspectives. *Exceptional Children, 66*, 509–529.

Blackford, J U. (2008). Propensity scores: Method for matching on multiple variables in Down Syndrome research. *Intellectual and Developmental Disabilities*, *47*(5), 348-357.

Blackstone, E. H. (2001). Breaking down barriers: Helpful breakthrough statistical methods you need to understand better. *Journal of Thoracic Cardiovasculary Surgery, 122,* 430-439.

Brackin, L. S. (2005). Self-Determination of students with disabilities in post-secondary education. An unpublished dissertation. Louisiana State University, Baton Rouge, LA.

Bronfenbrenner, U. F., & Morris, P. A. (1998). *The ecology of the developmental process.* In W. Damon (Series Ed.) & R. M. Lerner (Vol. Ed.), *Handbook of child psychology: Volume 1: Theoretical models of human development (5*[th] Edition, pp. 993–1028). Hoboken, NJ: Wiley & Sons.

Brown, H. (2000). *An assessment of a self-advocacy skills training program for secondary students with disabilities*. Ph.D dissertation. Auburn University, Auburn AL.

Brungardt, C. (1997). The making of leaders: A review of the research in leadership development and education. *Journal of Leadership & Organizational Studies, 3,* 81–95.

Burrows, B. (2003). *A Comparison of self-determination of high school students with disabilities pre- and post-youth leadership forum.* Master's thesis, Auburn University, Auburn, AL.

Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (1998). *Positive youth development in the United States: Research findings on evaluations of positive youth development programs*. Seattle, WA: University of Washington School of Social Work.

Catalano, R.F., and Hawkins, J.D. 1996. The social development model: A theory of antisocial behavior. In *Delinquency and Crime: Current Theories,* edited by J.D. Hawkins. New York, NY: Cambridge University Press, pp. 149–197.

Cobb, B., Lehmann, J., Newman-Gonchar, R. N., & Alwell, M. (2007). Self-determination for students with disabilities. A narrative metasynthesis. *Career Development for Exceptional Individuals, 32*(2), 108-114.

Coehlo, T. (1998). Leadership for a new generation. *WE Magazine, 2*(4), 98. Council for Exceptional Children: Division on Mental Retardation. *Education and training in mental retardation.* Retrieved August 23, 2009, from http://www.cec.sped.org//AM/Template.cfm?Section=Home.

Cook, T.D. and Campbell, D.T. (1979). *Quasi-Experimentation: Design and Analysis for Field Settings*. Chicago: Ill.: Rand McNally.

Cornell University. (2007) *Disability statistics: An online resource for U.S. disability statistics.* Retrieved August 19th from http://www.ilr.cornell.edu/edi/DisabilityStatistics/index.cfm#dsr.

Damon, W., & Lerner, R. (2006). *Handbook of child psychology: Child psychology in practice*. Hoboken, NJ: Wiley and Sons.

Darling, R. B. (2003). Toward a model of changing disability identities: A proposed typology and research agenda. *Disability and Society*, *18,* 881–895.

Dawson, T. E. (1997). A primer on experimental and quasi-experimental design. Paper presented at the Annual Southwest Educational Research Association, Austin, TX., January 23-25, 1997.

Day, P. A. (1987). Mind the gap: Normalization theory and practice. *Social Work in Action, 1*(2), 105–115.

Dimitrov, D. M. & Rumrill, Jr. P. D. (2003) Pretest-posttest designs and measurement of change. *Speaking of Research, 20*, 159-165.

Downing, J. A., Earles-Vollrath, T. & Schreiner, M. B. (2007). Effective self-advocacy: What students and special educators need to know. *Intervention in School and Clinic, 42*, 300-304.

Dowse, L. (2001). Contesting practices, challenging codes: self advocacy, disability politics and the social model. *Disability & Society, 16*(1), 123–141.

Dunn, C., & Shumaker, L. (1997). A follow-up study of former special education students from a rural and urban county school system. *Career Development for Exceptional Individuals, 20*, 43-54.

Durak, J. A. (2009). How to select, calculate, and interpret effect sizes. *Pediatric Psychology* , *34*(9), 917-928.

Durlak, C. M., Rose, E., & Bursuck, W. D. (1994). Preparing high school students with learning disabilities for the transition to postsecondary education: Teaching the skills of self-determination. *Journal of Learning Disabilities, 27*(1), 51–59.

Eccles, J., & Gootman, J. A. (2002). *Community programs to promote youth development*. Wahington, D.C.: The National Academies Press.

Edelman, A., Gill, P., Comerford, K., Larson, M., & Hare, R. (2004). *Youth development & youth leadership*. Retrieved August 14, 2009 from http://www.ncwd-youth.info/Elnick.

Elnick, A. B., Margrett, J. A., Fitzgerald, J. M., & Labouvie-Vief, G. (1999). Benchmark

   memories in adulthood: Central domains and predictors of their frequency.

   Journal of Adult Development, 6, 45-59.

Epstein, A., Eddy, B., Williams, M., & Socha, J. (2006). Youth leadership forums:

   Providing development opportunities for youth with disabilities. *NCSET*

   Information Brief, 5(3*)* 1-6*.* Retrieved*,* August 14, 2009,

   fromhttp://www.ncset.org/publications/viewdesc.asp?id=2845.

Ericsson, K. (1985). The origin and consequences of the normalization principle.

   European Journal of Social Work, 7(2), 239-260.

Erkulwater, J. (2006). *Disability rights and American social safety net.* NY: Cornell

   University Press.

Ferber, T. & Pittman, K., & Marshall, T. (2002). State youth policy: Helping all youth to

   grow up fully prepared and fully engaged. Takoma Park, MD: The Forum for

   Youth Investment.

Field, S., & Hoffman, A. (1996). *Steps to self-determination: A curriculum to help*

   adolescents learn to achieve their goals. Austin, TX: PRO-ED.

Field, S., & Hoffman, A. (2002). Preparing youth to exercise self-determination: Quality

   indicators of school environments that promote the acquisition of knowledge,

   skills, and beliefs related to self-determination. *Journal of Disability Policy*

   Studies, 13(2), 113–116.

Field, S., Martin, J., Miller, R., Ward, M., & Wehmeyer, M. (1998). *A practical guide for teaching self determination.* Reston, VA: The Council for Exceptional Children.

Fiedler, C. R., & Danneker, J. E. (2007). Self-advocacy instruction: Bridging the research-to-practice gap. *Focus on Exceptional Children, 39*(8), 1-20

Fleischer, D. Z., & James, F. (2001). *The disability rights movement: From charity to confrontation.* Philadelphia, PA: Temple University Press.

Fowler, C., & Konrad, M. (2007). Self determination interventions effects on the academic performance of students with developmental disabilities. *Education and Training in Developmental Disabilities, 42*(3), 270–285.

Gambone, M. A., Klem, A. M.& Connell, J. P. (2002) *Finding out what matters for youth: Testing key links in a community action framework for youth development.* Philadelphia, PA: Youth Development Strategies, Inc. and Institute for Research and Reform in Education.

George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference. 11.0 update* (4th ed.). Boston, MA: Allyn & Bacon.

Gorsuch, R. L. (1983). *Factor analysis.* (2nd Ed.). Hillsdale, N.J: Lawrence Erlbaum Associates, Inc.

Gould, S. J. (1981). Evolution as fact and theory. *Discover 2*, 34–37.

Gragoudas, S. (2006).Youth leadership forums: Empowering transition-aged students with disabilities. Ph.D. dissertation. University of Kansas, Lawrence, KS.

Grenwelge, C., Zhang, D., & Landmark, L. (2010) Comprehensive leadership training

for youth with disabilities: A new and improved youth leadership forum model.

Teaching Exceptional Children, 42(4), 62-68.

Griffin, D. E., (2007). *The transition outcomes of students with high incidence

disabilities in Alabama*. Ph.D. dissertation, Auburn University, Auburn, AL.

Grigal, M., Neubert, M., Moon, S., & Graham, S. (2003). Self determination for students

with disabilities: Views of parents and teachers. *Exceptional Children, 70,* 99-

112.

Guess, D., Benson, H. A., & Siegel-Causey, E. (1985). Concepts and issues related to

choicemaking and autonomy among persons with severe disabilities. *Journal of

the Association for Persons with Severe Handicaps, 10*, 79–86.

Halpern, A. S., Herr, C. M., Wolf, N. K., Lawson, J. E., Doren, B., & Johnson, M. C.

(1997). *Next S.T.E.P.: Student transition and educational planning.* Austin, TX:

Pro-Ed.

Hoenig, J. M. & Heisey, D. M. (2001). The abuse of power: The pervasive fallacy of

power calculations for data analysis. *The American Statistician, 55*(1), 1-6.

Hogansen, J. M., Powers, K., Geenan, S., Gil-Kashiwasara, E., & Powers, L. (2008).

Transition goals and experiences of females with disabilities: Perspectives of

youth, parents, and professionals. *Exceptional Children, 74*(2), 215-234.

Hopkins, K.D. & Weeks, D.L. (1990). Tests for normality and measures of skewness

and kurtosis: Their place in research reporting. *Educational and Psychological

Measurement*, *50*, 717-729.

Hoyle, R. H., Harris, M. J., & Judd, C. M. (2002). *Research Methods in Social Relations*. NY: Wadsworth.

Huynh, H. & Mandeville, G. K. (1979). Validity conditions in repeated measures designs. *Psychological Bulletin*, *86*, 964-973.

Izzo, M., & Lamb, P. (n.d.). *Self determination and career development: Skills for successful transitions to postsecondary education and e mployment*. Draft of Report on Paper Phase III retrieved on September 27, 2009 from http://www.ncset.hawaii.edu/Publications/pdf/self_determination.pdf.

Jerman, S. L., Martin, J. E., Marshall, L.H., & Sale, R. P. (2000). Promoting self-determination: Teaching goal attainment with the take action process. *Career Development for Exceptional Individuals, 23,* 27–38.

Johnson, J. R. (1999) Leadership and self-determination. *Focus on Autism and Other Developmental Disabilities, 14*(1), 4-16.

Kehoe, J. (1995). Basic item analysis for multiple-choice tests. *Practical Assessment, Research & Evaluation*, 4(10). November 13, 2009 from http://PAREonline.net/getvn.asp?v=4&n=10 .

King, G. A., Baldwin, P. J., Currie, M., & Evans, J. (2006). The effectiveness of transition strategies for youth with disabilities. *Children's Healthcare, 35*(2),155–178.

Kutza, E. A. (1985). Benefits for the disabled: How beneficial for women? In M. J. Deegan & N. A. Brooks (Eds.), *Women and disability: The double handicap*, 68-84. New Brunswick, NJ: Transaction Books.

Larson, W. (2000). Toward a psychology of positive youth development. *American Psychologists, 55*, 170-183.

Liachowitz, C. (1988). *Disability as a social construct: Legislative roots*. Philadelphia, PA: University of Pennsylvania Press.

Leigh, D. (2006). *Item and factor analyses in NCSS*. Developed by Doug Leigh, Pepperdine University, 1-15. Retrieved on November 12, 2009, from http://faculty.pepperdine.edu/dleigh/NCSS%20%20Item%20and%20Factor%20 Analyses.pdf.

MacNeil.C., & McClean, J. (2006). Moving from "Youth leadership development" to "Youth in governance: Learning leadership by doing leadership. *New Direction for Youth Development, 109*, 99–106. Wilmington, DE: Wiley Periodicals.

Mason, C., Field, S., & Sawilowsky, S., (2004). Implementation of self-determination activities and student participation in IEPs. *Exceptional Children, 70*, 441-451.

Marshall, T. H. (1950). Citizenship and social class, In T.H. Marshall and T. Bottomore, (Eds). *Citizenship and social class*, 27-43. London: Pluto Press.

Martin, J. E., Mithaug, D. E., Cox, P., Peterson, L. Y., Wan Dycke, J. L., & Cash, M. E. (2003). Increasing self-determination: Teaching students to plan, work, evaluate, and adjust. *Exceptional Children, 69*, 431–44.

Maryland Developmental Disabilities Council. (n.d.) Adolescent employment readiness center, children's hospital. Retrieved November 24, 2009 from http://www.md-council.org/Mason, C., Field, S., & Sawilowsky, S. (2004). Implementation of

self-determination activities and student participation in IEPs. *Exceptional Children, 70*, 441–451.

Matysiak, B. M. (1998). *The politics of intellectual disability*. Master's thesis. The University of British Columbia. Retrieved October 31, 2009, from https://circle.ubc.ca/bitstream/2429/8403/1/ubc_1998-0531.pdf.

Medical Dictionary.(2010). *The free dictionary*. Retrieved on October 26, 2009, from http://medical-dictionary.thefreedictionary.com/.

Montepare, J. M., & Lachman, M. E. (1989). You are only as old as you feel: Self perceptions of age, fears of aging, and life satisfaction from adolescence to old age. *Psychology and Aging, 4*, 73–78.

National Alliance for Secondary Education (2009) *National standard and quality indicators: transition toolkit for systems improvement*. Retrieved September 26, 2009 fromhttp://www.nasetalliance.org/.

National Collaborative on Workforce and Disability for Youth (2005). *Youth development and Leadership*. Retrieved September 4, 2009, from http://www.iel.org/pubs/ncwd.html.

National Youth Employment Coalition (1994). *Toward a national development system. How we can better serve youth at risk? A report to the secretary of labor based on findings of the national youth employment coalition.* National Youth Employment Coalition, Washington, D.C., 1-34.

Naughton, S. (2003). Afterschool: The natural platform for youth development. *Afterschool Alert Issue Brief*, *15*. Retrieved September 2009, from http://www.afterschoolalliance.org/issue_brief/issue_platform_15.pdf

Nirje, B. (1969). The normalization principle and its human management implications. In R. B. *Changing Patterns in Residential Services for the Mentally Retarded.* Kugel & W. Wolfensberger (Eds.), pp. 179–195. Washington DC: President's Committee on Mental Retardation.

Odom, S. L., Brantlinger, E., Gersten, R., Horner, R. H., Thompson, B., & Harris, K. R. (2005). Research in special education: Scientific methods and evidence-based practices. *Exceptional Children*, *71*, 137-148.

Oliver, M. (1990). *The politics of disablement: A sociological approach.* New York: St. Martin's Press.

Pelka, F. (1997). *The ABC–CLIO companion to the disability rights movement.* Oxford, UK: ABC–CLIO Publishers.

Pennell, R. L. (2001). Self-determination and self-advocacy: Shifting the power. *Journal of Disability Policy Studies, 11*(4), 223–227.

Pierson, M., Carter, E. W., Lane, K. L., & Glaeser, B. (2008). Factors influencing the self-determination of transition-age youth with high incidence disabilities. *Career Development for Exceptional Individuals, 31*(2), 115–125.

Powers, L. E., Garner, T., Valnes, B., Squire, P., Turner, A., Couture, T., & Detinger, R. (2007). Building a successful adult life: Findings from youth-directed research. *Exceptionality, 15*(1), 45–56.

Powers, K., Hogansen, J., Geenen, S., Powers, L. E., & Gil-Kashiwabara, E. (2008). Gender matters in transition to adulthood: A survey study of adolescents with disabilities and their families. *Psychology in the Schools*; *45*(4):349-64.

Powers, L. E., Turner, A., Westwood, D., Matuszewski, J., & Wilson, R. (2001). TAKE CHARGE for the future: A controlled field-test of a model to promote student involvement in transition planning. *Career Development for Exceptional Individuals, 24*, 89-104.

Powers, L., Ward, N., Ferris. L., Nelis, T., Ward, M., Wieck, C., & Heller, T. (2002). Leadership by people with disabilities in self-determination systems change. *Journal of Disability Policy Studies, 13*(2), 125–133.

Putnam, M. (2005). Developing a framework for political disability identity. *Journal of Disability Policy Studies*, *16*(3), 188–206.

Putnam, M. (2007). *Aging and disability: crossing network lines*. New York: Springer Publishing Company.

Rabren, K., Dunn, C., & Chambers, D. (2002). Predictors of post-high school employment among young adults with disabilities. *Career Development for Exceptional Individuals, 25*(1), 25-40.

Racino, J. A. (1999). *Policy, program evaluation and research in disability: Community support.* London, UK: Routledge Publishing Company.

Reynolds, C. R., Livingston, R. B., & Willson, V. (2006). *Measurement and assessment in education.* Boston, MA: Pearson Education, Inc.

Rindfuss, R. R. (1991). The young adult years: Diversity, structural change and fertility. *Demography, 28,* 411–438.

Rothman, T, Maldonado, J. M., & Rothman, H. Building self-confidence and future career success through a pre-college transition program for individuals with disabilities. *Journal of Vocational Rehabilitation, 28*(2), 73-83.

Schwartz, S. J., Cote, J. E., & Arnett, J. J. (2005). Identity and agency in emerging adulthood. *Youth & Society, 37*(2), 201–29.

Settersten, R. A., (2007) Passages to adulthood: Linking demographic change and human development. *European Journal of Population, 23*, 251–272.

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton Mifflin.

Shaw, R. (2009). *The normalization principle and its human management implications*. Retrieved September 27, 2009 from http://www.childrenwebmag.com/articles/key-child-care-texts/the-normalization-principles-and-its-human-management-implications.

Shogren, K. A., Wehmeyer, M. L., Palmer, S. B., Soukup, J. H., Little, T. D., Garner, N., & Lawrence, M. (2007). Examining individual and ecological predictors of the self-determination of students with disabilities. *Exceptional Children, Volume 73*(4)*,* 488–509.

Siegel Causey, E. & Guess, D. (1989). *Enhancing nonsymbolic communication interactions among learners with severe learning disabilities*. Baltimore, MD: Paul H. Brooks.

Stroman, D. F. (2003). *The disability rights movement: From deinstitutionalization to self- determination.* Lanham, MD: University Press of America.

Test, D. W., & Neale, M. (2004). Using the self-advocacy strategy to increase middle graders' IEP participation. *Journal of Behavioral Education, 13*(2)*,* 135–145.

Test, D. W., Fowler, C. H., Brewer, D. M., & Wood, W. M. (2005a). A content and methodological review of self-advocacy intervention studies. *Exceptional Children*, *72*, 101–125.

Test, D. W., Fowler, C. H., Wood, W. M., Brewer, D. M., & Eddy, S. (2005b). A conceptual framework of self-advocacy for students with disabilities. *Remedial and Special Education, 26*(1), 43-54.

Test, D. W., Fowler, C. H., Richter, S. M., White, J., Mazzotti, V., Walker, A. R., Kohler, P., & Kortering, L. (2009). Evidence-based practices in secondary transition. *Career Development for Exceptional Individuals, 32*(2), 115–128.

Thoma, C., & Getzel, E. E. (2005). Self determination is what it's all about: What post secondary students with disabilities tell us are important considerations for success. *Education and Training in Developmental Disabilities. 40*(3), 234–242.

Thoma, C. A., Williams, J. M., & Jolie Davies, N. (2005). Teaching self determination to students with disabilities: Will the literature help? *Career Development for Exceptional Individuals, 28* (2), 104–115.

Thorine, E., Browning, P., & Irvin, L. (1988). Measuring knowledge of citizenship rights and responsibilities. *Research in Developmental Disabilities 9*, 85–91.

Trochim, W. & Donnelly, J. P. (2007). *The research methods knowledge base*. (3rd ed.). Mason, OH: Atomic Dog Publishing.

U. S. Department of Labor Office of Disability Employment Policy. (n.d.). *Youth development and leadership*. Retrieved August 13, 2009, from http://www.dol.gov/odep/categories/youth/youth.htm.

Ward. M. (1988). The many facets of self-determination. *NICHCY Transition Summary: National Information Center for Children and Youth with Disabilities, 5,* 2-3.

Ward, M. (2006). An historical perspective of self-determination in special education: Accomplishments and challenges. *Research and Practice for Persons with Severe Disabilities, 30*, 108-112.

Ward, M.J. & Kohler, P.D. (1996). Promoting self-determination for individuals with disabilities: Content and process. In L.E. Powers, G.H.S. Singer, & J. Sowers (Eds.), *Making our way: Building self-competence among children with disabilities*, pp. 275-290. Baltimore, MD: Paul H. Brookes.

Wehman, P. (2006). *Life beyond the classroom: Transition strategies for young people with disabilities, (4th ed).* Baltimore, MD: Paul H. Brooks Publishing Company.

Wehmeyer, M. L. (1992) Self-determination: Critical skills for outcome-oriented transition services: Steps in transition that lead to self-determination. *The Journal for Vocational Special Needs Education, 15*, 3-7.

Wehmeyer, M. L. (1996). Self-determination as an educational outcome: How does it relate to the educational needs of our children and youth? In D.J. Sands & M.L. Wehmeyer (Eds.), *Self-determination across the life span: Independence and choice for people with disabilities* (pp. 17–36). Baltimore, MD: Brookes.

Wehmeyer, M. L. (2004). Self-determination and the empowerment of people with disabilities *The Free Library*. (2004). Retrieved August 14, 2009, from http://www.thefreelibrary.com/Self-determination and the empowerment of people with disabilities-a0126791478.

Wehmeyer, M. L., Agran, M., & Hughes, C. (1998) *Teaching self-determination skills to students with disabilities: Basic skills for transition.* Baltimore, MD: Paul H. Brookes.

Wehmeyer, M. L., Bersani, H., & Gagne, R. (2000). Riding the third wave: Self determination and self advocacy in the 21st century. *Focus on Autism and Other Disabilities, 15*, 106–115.

Wehmeyer, M. L., Garner, N., Yeager, D., Lawrence, M., & Davis, A. K. (2006). Infusing self-determination into 18 - 21 services for students with intellectual or developmental disabilities: A multi-stage, multiple component model. *Education and Training in Developmental Disabilities, 41*(1), 3–13.

Wehmeyer, M. L., Kelchner, K., & Richards, S. (1996). Essential characteristics of self determined behavior of individuals with mental retardation. *American Journal on Mental Retardation, 100*(6), 632–642.

Wehmeyer, M. L. & Lawrence, M. (1995). Whose future is it anyway? Promoting student involvement in transition planning. *Career Development for Exceptional Individucals, 18*(2), 69-83.

Wehmeyer, M. L., & Palmer, S. B. (2003). Adult outcomes for students with cognitive disabilities three years after high school: The impact of self-determination. *Education and Training in Developmental Disabilities, 38,* 131-144.

Wehmeyer, M. L. & Schwartz, M. (1997). Self-determination and positive adult outcomes: A follow-up study of youth with mental retardation or learning disabilities. *Exceptional Children, 63*, 245–256.

Wehmeyer, M. L., Yeager, D., Bolding, N., Agran, M., & Hughes, C. (2003). The effects of self-regulation strategies on goal attainment for students with developmental disabilities in general education classrooms. *Journal of Developmental & Physical Disabilities, 15*(1), 79-91.

West, B., Barcus, M., Brooke, V., & Rayfield, R. (1995). An exploratory analysis on self-determination of persons with disabilities. *Journal of Vocational Rehabilitation*, *5,* 357–364.

Whitehead, T. D., & Hughey, J. B. (2004) *Exploring self-advocacy from a social power perspective.* New York, NY: Nova Science.

Williams, R.R. (1991). Choices, communication, and control: A call for expanding them in the lives of people with severe disabilities. In L.H. Meyer, C.A. Peck, & L. Brown (Eds.), *Critical issues in the lives of people with severe disabilities* (pp. 543-544). Baltimore, MD: Paul H. Brookes.

Wood, W., Fowler, C., Uphold. N., & Test, D.W. (2001). A review of self-determination interventions with individuals with severe disabilities. *Research & Practice for Persons with Severe Disabilities, 30*, No.3, 121–146.

Zhang, D. (2000). The effect of self-determination instruction on high school students with mild disabilities. *Louisiana Education Research Journal, 25*(1), 29–54.

Zhang, D., & Benz, M. R. (2006). Enhancing self-determination of culturally-diverse students with disabilities: Current status and future directions. *Focus on Exceptional Children*, *38*(9), 1–12.

Zhang, D., Katsiyannis, A., & Zhang, J. (2002). Teacher and parent practice on fostering the self-determination of high school students with mild disabilities. *Career Development for Exceptional Individuals, 25,*(2), 157–169. Retrieved October 2009 from http://www.worksupport.co.

Zhang, D., Landmark, L. J., Grenwelge, C., Montoya, L., & Gu, X. (in press). Self-determination practices among culturally diverse families: Parental perspectives. *Research and Practice for Persons with Severe Disabilities.* Scheduled for print June 2010.

APPENDIX A

TEXAS STATEWIDE YOUTH LEADERSHIP FORUM APPLICATION

WE ARE INVITING FUTURE LEADERS TO ATTEND OUR ANNUAL

YOUTH LEADERSHIP FORUM

FOR STUDENTS WITH DISABILITIES

JULY 20th through the 24th, 2009

AT ST. EDWARDS UNIVERSITY CAMPUS

AUSTIN, TEXAS

- 30 Delegates, high school juniors and seniors, will be selected from qualified applicants across the state of Texas with priority given Texas Regional Level Youth Leadership and Advocacy Trainees.
- No charge to selected delegates (all expenses paid)
- Exciting educational four-day training program includes a tour of the State Capitol, a meeting with state level officials and the Governor and one day of mock legislative sessions.

****

APPLICATION FORM

DEADLINE FOR POSTMARK ON MAILED APPLICATION: March 16, 2007

Delegates must complete ALL information on pages 1 through 6 of this application.

Please type or print.

Mail the application to the address on page 6.

Please see Page 6 for additional application instructions.

1._____

   Applicant's Last Name   First   Middle

2._____

   Residence Address   City   State   County   Zip

3._____

   Mailing Address, if different than above   City   State   Zip

4. _____   5._____

   (Area code) Home Telephone Number   e-mail address

6._____   7._____

Name of High School attending   Expected Date of Graduation or

Graduation Date if applicable

8._____

School Mailing Address   City   State   ZIP

9. Birth date: _____

10. Please describe your disability. This information will assist in assuring that we

include delegates with a diversity of disabilities.

11. Onset of your disability (date) _____

Please check all that apply so that we may make any necessary accommodations: (feel free to add extended details to back of packet for any necessary accommodations not listed)

____**Deaf**   ____**Developmental Disability**

____**Hard of Hearing**   Describe_____

_____

___I use sign language

___I use real time captioning   ___Autism

___I use lip reading   ___Traumatic Brain Injury

                                                  ___Intellectual

                                                  ___Other

___**Blind**

___**Mental Health Disability**

___**Visual Disability**

___**Neuro/Muscular Disability**

___ I read with Braille

___ I read with large print   ___**Learning Disability** (describe)___

_____

_____

___**Orthopedic Disability**

___ I use a wheelchair   ____**Other** (describe)_____

___ I can not walk upstairs   _____

___I can not walk long distances

12. Are you currently working with Department of Assistive and Rehabilitative

   Services (DARS)?

If yes, what is your DARS counselor's name_____ and

contact information_____

13. Please list current Reading Grade Level_____

   _____

14. Please list name, address, phone number and email address of academic advisor or counselor_____

_____

15. Please provide your current cumulative grade point average: _____

16. Are you currently working with Texas Assistive and Rehabilitative Services?

    ____Yes ____No

17. Please respond to the following

  _____   _____

   State Senate Representative's Name   District Number

  _____   _____

   State House Representative's Name   District Number

18. _____

   Name of Local News Source (list at least one)

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after-school activities or work experiences. List the length of involvement, the grade level you were in at the time of participation, and the name of an adult you worked with. Feel free to attach additional sheets if necessary.

School Activities

Name of Activity	Adult Contact	Dates From/To	Grade Level

_____

_____

_____

Community/Volunteer Activities

Name of Activity	Adult Contact	Dates From/To	Grade Level

_____

_____

_____

Employment Experiences

Employer   Dates   Position   Grade Level

_____

_____

_____

_____

19. Letters of Recommendation:

Please attach two letters of recommendation which describe your demonstrated

leadership potential. One letter must be from an academic source and one letter

must come from a community representative. The community representative letter

must come from a Youth Leadership Forum representative if you are involved with

regional Youth Leadership Forum activities.

Please use enclosed reference forms.

20. Required Essay

Your answers to the following questions will be used to assess your readiness to

participate in this leadership forum. Please write/type your responses on a separate

paper and attach to your completed application packet. Your total response **cannot**

exceed 1-2 type-written, double space pages. For individuals who have difficulty

writing, a video or DVD may be substituted as long as the material includes the

information mentioned below.

(a) **Qualifications**- Explain why you feel you are qualified to be a delegate to this forum and what you hope to gain from the experience.

(b) **Positive Influence** –In terms of leadership, please tell us about two people who have had a positive influence in your life and why. These people could

include but are not limited to teachers, family members, counselors, friends, public officials or celebrities.

(c) **Future Plans –** Describe any of your plans for after high school graduation and any steps you have made towards meeting these goals.

21. The following **optional** information is requested to ensure diversity of delegates at

the forum.

(a)   ____Male   ____Female

(b)   Please specify your ethnicity: _____

☐ American Indian or Alaskan Native   ☐ African American, Black

☐ Asian or Pacific Islander   ☐ Hispanic or Latino

☐ White, Non-Hispanic

23. Please use the check list below to make certain your application packet is complete.

All questions must be answered and requested letters of recommendation and essay

must be provided.

Required Items	Enclosed
(1) Application Form (6) Pages	
(2) Two letters of reference	
(3) Essay (response to 3 topics)	

_____   _____

Signature of Student   Date

_____

Name of Affiliated Regional Youth Leadership and Advocacy Group

Thank you for completing this application. Please mail it to the address below.

Texas Youth Leadership Forum
Cheryl Grenwelge
Texas A&M University
Department of Educational Psychology
4225 Texas A&M University
College Station, Texas 77842-4225

If you have any questions please feel free to contact Cheryl Grenwelge at (979) 458-1593 or email: cgrenwelge@tamu.edu

APPENDIX B

TXYLF APPLICATION SCORING GUIDE

YLF Application Scoring Sheet	**Demographics/Personal Characteristics (derived from application)**		Evidence of Leadership Qualities (derived from application, essay and references)		Evidence of Advocacy (derived from application, essay and references)		Essay	
Application Number	**Minority Applicant (may apply to ethnicity or gender)**	**Under-represented geographic region and/or disability type**	Reference forms show evidence of leadership ability	Application and/or essay reveals leadership qualities (is a member of an organization such as ROTC, band, student council, skills USA, etc. and/or is a student representative)	Prior self-advocacy experience (examples would be leading own ARD meeting, being part of a advocacy group such as regional YLF)	Prior legislative advocacy experiences(examples would be contact with legislator in their area thru personal contact in person, by phone or by letter, part of a coalition to advocate for certain policies, participates in group that advocates for policy change)	Qualifications included willingness to learn leadership and advocacy qualities to utilize now and in the future	Future plans included goals and objectives for leadership and advocacy in adult life after graduation
	+ 5 points for this category	**+ 5 points for this category**	**Score this category on a 1-3 scale with 3 being the best**	**Score this category on a 1-3 scale with 3 being the best**	**Score this category on a 1-3 scale with 3 being the best**	**Score this category on a 1-3 scale with 3 being the best**	**Score this category on a 1-3 scale with 3 being the best**	**Score this category on a 1-3 scale with 3 being the best**

Committee Review of Applicant Material			**Excellent (3 points)**		**Average (2 points)**		**Minimal Evidence (1 point)**			
Evidence of Leadership Qualities derived from reference form			Majority of categories marked excellent		Majority of categories marked good and average		Majority of categories marked average or below			
Evidence of Leadership Qualities derived from application and/or essay 　**-is a member of an school organization** 　**-is a student representative in an** 　**organization** 　**-volunteers in their community** 　**-is involved with regional YLF**			3 or more examples of leadership ability		2 examples of leadership ability		Zero to 1 example of leadership ability			
Evidence of self-advocacy derived from reference form, application and/or essay 　**-has good communication skills (reference)** 　**-shows responsibility (reference and essay)**			3 or more examples of self advocacy experience		2 examples of self advocacy experience		Zero to 1 example of self advocacy experience			

-is able to recognize positive qualities in **others that they seek to copy (essay)** **-is aware of the need to be self determined (essay-** **qualifications)** **-is involved with regional YLF**			
Evidence of legislative advocacy derived from reference form, application and/or essay **-knows who their state representative is (application)** **-is aware of media sources in their area (application)** **-knows who their local representatives are (application)** **-knows who their state representatives are (application)** **-has advocated for policy change school or community** **-is involved with regional YLF**	3 or more examples of legislative advocacy experience	2 examples of legislative advocacy	Zero to 1 example of self advocacy experience
Qualifications included willingness to learn leadership and advocacy qualities to utilize now and in the future	3 or more examples	2 examples	Zero to 1 example

derived from essay				
Future plans included goals and objectives for leadership and advocacy in adult life after graduation derived from essay		3 or more examples	2 examples	Zero to 1 example

APPENDIX C

DEMOGRAPHIC INFORMATION FORM

Texas Statewide Youth Leadership Forum Pretest and Posttest Study

<u>Demographic Information Form</u>

Direction: This demographic information form should be completed by school personnel or parents who have access to the correct information.

1. Student Code (see attachment)_____

2. Student Birth Date_____

3. Student Gender (Bubble in ONE)
   o Male
   o Female

4. Student Ethnicity(Bubble in ONE)

   o American Indian or Alaskan Native
   o African American
   o Asian Hispanic
   o Caucasian
   o Hispanic

5. What is the youth's primary disability? (Bubble in ONE)

   o Specific Learning Disability
   o Mental Retardation
   o Other Health Impaired
   o Visual Impairment
   o Emotional Disturbance
   o Autism
   o Deafness
   o Deaf-blindness
   o Hearing Impairment
   o Multiple Disabilities
   o Orthopedic Impairments
   o Speech Impairment
   o Traumatic Brain Injury

6. What is the youth's reading grade level reported at their most recent ARD meeting?

_____

7. What geographic location does the youth live in? (See attached chart) (Bubble in ONE)

- o Region 1
- o Region 2
- o Region 3
- o Region 4
- o Region 5
- o Region 6
- o Region 7
- o Region 8
- o Region 9
- o Region 10
- o Region 11

8. What size school district does the youth attend? (Bubble in ONE)

- o Very small (Fewer than 1,000 students enrolled K-12)
- o Small (1,000 to 3,000 students enrolled K-12)
- o Mid-Sized (3,001 to 10,000 students enrolled K-12)
- o Large (10,001 to 25,000 students enrolled K-12)
- o Very large (More than 25,000 students enrolled K-12)

ATTACHMENT FOR DEMOGRAPHIC SHEET

1. Select student code based on profile information provided (see table 1).

2. Select region based on county located in (see table 2).

Table 1. Profiles for TXYLF Statewide Study

ID#	Gender	Age	Disability Type	Ethnicity	Reading Level	Geographic Region
C18	Male	16	LD	Hispanic	8th	Region 3
	Female	17	ADD	Asian	10th	Region 3

C19						
C20	Male	18	LD	Caucasian	5th	Region 9
C21	Male	17	Autism	African American	10th	Region 9
C22	Female	18	OHI	Caucasian	11th	Region 2
C23	Female	16	LD	Caucasian	8th	Region 2
C25	Female	18	MR	African American	Pre-Primer	Region 3
C7	Male	18	MR	American Indian	2nd	Region 10
C8	Male	16	Aspergers	Caucasian	12th	Region 10
C9	Female	18	CP	Hispanic	12th	Region 10
C10	Male	19	LD	Hispanic	2nd	Region 10
C11	Female	17	LD	Hispanic	9th	Region 10
C12	Female	17	ED	Hispanic	12th	Region 10
C13	Male	16	Aspergers	Hispanic	College	Region 10
C14	Male	18	MR	Hispanic	2nd	Region 10
C15	Male	19	OHI	Hispanic	12th	Region 10
C16	Female	18	MR	Hispanic	1st	Region 10
C17	Male	16	LD	Hispanic	3rd	Region 10
C26	Male	19	LD	African American	5th	Region 4
C27	Female	17	LD	African American	10th	Region 5
C28	Female	18	MR	African American	4th	Region 5
	Female	19	LD	Caucasian	6th	Region 6

C29

C4	Female	18	LD	Caucasian	10th	Region 2
C3	Female	17	LD	Hispanic	10th	Region 2
C1	Female	17	LD	Caucasian	8th	Region 2
C2	Male	18	LD	Caucasian	12th	Region 2
C30	Male	20	MR	African American	2nd	Region 6
C31	Female	21	Autism	Caucasian	2nd	Region 3
C32	Male	17	ED	Caucasian	11th	Region 6
C5	Female	17	Aspergers	Caucasian	5th	Region 2
C6	Male	17	LD	Hispanic	11th	Region 2
C33	Female	17	CP	Hispanic	4th	Region 8
C34	Male	11	Visually Impaired	Hispanic	11th	Region 6
C35	Female	12	Deaf	Caucasian	12th	Region 3

Table 2. Texas Department of Assistive and Rehabilitative Designated Regions

Region I (Counties Served)				
Carter, Cocke, Grainger	Greene, Hamblen, Hancock	Hawkins, Jefferson, Johnson	Sullivan, Unicoi, Washington	
Region II (Counties Served)				
Archer Baylor Brown Callahan Clay Coleman	Comanche Cottle Eastland Fisher Foard Hardeman	Haskell Jack Jones Kent Knox Mitchell	Montague Nolan Runnels Scurry Shackelford Stephens	Stonewall Taylor Throckmorton Wichita Wilbarger Young
Region III (Counties Served)				
Collin Cooke Dallas	Ellis Erath Fannin	Hood Hunt Johnson	Navarro Palo Pinto Parker	Somervell Tarrant Wise

Denton	Grayson	Kaufman	Rockwall	
Region IV (Counties Served)				
Anderson	Delta	Hopkins	Rains	Titus
Bowie	Franklin	Lamar	Red River	Upshur
Camp	Gregg	Marion	Rusk	Van Zandt
Cass	Harrison	Morris	Smith	Wood
Cherokee	Henderson	Panola		
Region V (Counties Served)				
Angelina	Jasper	Newton	Sabine	Shelby
Hardin	Jefferson	Orange	San Augustine	Trinity
Houston	Nacogdoches	Polk	San Jacinto	Tyler
Region VI (Counties Served)				
Austin	Colorado	Harris	Montgomery	Wharton
Brazoria	Fort Bend	Liberty	Walker	
Chambers	Galveston	Matagorda	Waller	
Region VII (Counties Served)				
Bastrop	Burnet	Grimes	Leon	Mills
Bell	Caldwell	Hamilton	Limestone	Robertson
Blanco	Coryell	Hays	Llano	San Saba
Bosque	Falls	Hill	McLennan	Travis
Brazos	Fayette	Lampasas	Madison	Washington
Burleson	Freestone	Lee	Milam	Williamson
Region VIII (Counties Served)				
Atascosa	Dimmit	Guadalupe	La Salle	Val Verde
Bandera	Edwards	Jackson	Lavaca	Victoria
Bexar	Frio	Karnes	Maverick	Wilson
Calhoun	Gillespie	Kendall	Medina	Zavala
Comal	Goliad	Kerr	Real	
DeWitt	Gonzales	Kinney	Uvalde	
Region IX (Counties Served)				
Andrews	Dawson	Kimble	Midland	Terrell
Borden	Ector	Loving	Pecos	Tom Green
Coke	Gaines	McCulloch	Reagan	Upton
Concho	Glasscock	Martin	Reeves	Ward
Crane	Howard	Mason	Schleicher	Winkler
Crockett	Irion	Menard	Sterling	
Region X (Counties Served)				
Brewster	El Paso	Hudspeth	Jeff Davis	Presidio
Culberson				
Region XI (Counties Served)				
Aransas	Cameron	Jim Wells	McMullen	Starr
Bee	Duval	Kennedy	Nueces	Webb
Brooks	Hildalgo	Kleberg	Refugio	Willacy
	Jim Hogg	Live oAK	San Patricio	Zapata

APPENDIX D

TXYLF PRE/POST QUESTIONNAIRE

TXYLF PRE/POST QUESTIONNAIRE

1. What is a team?

☐ a. Just a lot of people in a room who came for a meeting

☐ b. People working together to reach a common goal

☐ c. Just a lot of people who like each other

2. What is the *reason* for building a team?

☐ a. Connecting and making use of people's strengths to achieve a goal

☐ b. Putting a team together is just so friends can hang out and have fun

☐ c. Both a and b

3. What is the *reason* for a team to create a team logo and a team name?

☐ a. it helps to connect and unite team members

☐ b. team members must work together and agree on the symbols.

☐ c. both a and b

4. Which of the following is necessary for keeping a team effective?

☐ a. set goals for myself and make all the rules myself

☐ b. make the other members do all the work

☐ c. have a clear vision and work together

5. Please list *one* thing you do well.

6. Please list *one* thing that is difficult for you.

7. Please list your disability/disabilities. (Be specific. i. e. if you have a learning disability

state in what academic area for example I have a learning disability in the area of

reading.

8. Please list how your disability affects you. (Be specific. For example, in response to the

above disability, you might put, I have difficulty with reading comprehension.)

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9. How important is it for you to lead your IEP/ARD meeting?

☐ a. not important

☐ b. kind of important

☐ c. very important

10. How important is it for you to know about disability history?

☐ a. not important

☐ b. kind of important

☐ c. very important

11. People with disabilities played a big role in history

☐ a. by advocating for improved human rights

☐ b. because they were interesting and famous

☐ c. because people with disabilities were not talked about in history

12. As a citizen of the United States, you have the right to:

☐ a. not be discriminated against

☐ b. equal access to an public facilities

☐ c. both a and b

13. There are four basic steps considered in the making of a law. Number the steps in correct sequence using numbers 1-4.

___ State representatives meet to discuss and listen to testimony on the bill

___Bills are introduced

___The bill is sent to the Governor to sign

___State representative meet and vote on the bill

14. Please list one way you can ADVOCATE to make a difference in your

school or community.

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15. How often do you get information on current events in the news?

☐ a. Weekly

☐ b. Monthly

☐ c. Daily

16. Please name one of your local or state GOVERNMENT representatives?

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17. Which of the following can you do if you do not know who your state representatives

are?

☐ a. Call the Governor's office

☐ b. Look up the Texas Legislature's website address

☐ c. both a and b

18. When formally speaking to a group, it is important that you

☐ a. speak confidently and make eye contact

☐ b. be clear about your intentions and your points

☐ c. both a and b

19. It is important for you to make your interests heard. Write about one experience when you did that. (Be specific. An example might be that you let your teacher know what classes you want to take next year in high school)

┌───┐
│   │
└───┘

20. How important is it for you be able to express your viewpoint even if it is different from other people?

☐ a. not important

☐ b. kind of important

☐ c. very important

21. An example of a long term goal is:

☐ a. today I am going to eat a salad for lunch

☐ b. next year I want to graduate from high school

☐ c. today I want to make a good grade on my math test so I pass this semester

22. An example of a short term objective is:

☐ a. today I am going to eat a salad for lunch

☐ b. next year I want to graduate from high school

☐ c. I want to make a good grade on my math test today so I pass this semester

23. Goals are important because

☐ a. they help you accomplish your hopes and dreams

☐ b. they are easy to carry out and takes very little work

☐ c. both a and b

24. Please list one of YOUR goals. (Be specific. For example I want to graduate from high school and go to college or I want to run for student council president)

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25. A plan of action is:

☐ a. a poster that explains the rules in the principals's office

☐ b. a training on a college campus in Austin

☐ c. steps for measuring progress in meeting a goal

26. How important is it for you to check your progress toward meeting your goal?

☐ a. not important

☐ b. kind of important

☐ c. very important

27. If you run into a big problem when you are working on your goal, you can

☐ a. fine-tune or adjust your action plan and/or goal

☐ b. quit and forget the goal was ever important to you

☐ c. keep trying the same thing even though it has not worked in the past

28. Please list someone that you can talk to for information about college.

[blank box]

29. Which of the following lists steps that are necessary when preparing for college?

☐ a. Go to the prom, go to senior day, go to your high school graduation party

☐ b. Finish high school, apply to college admissions, and take entry exams

☐ c. Take all easy level courses in high school, go to the prom

30. If you were in college and needed an accommodation or support, what would you do?

☐ a. Ask your mom to contact your professor

☐ b. Go to the disability service department on campus

☐ c. Both a and b

31. Please list the name of an AGENCY that assists people with disabilities with their education/training goals after high school.

[blank box]

32. How important is it for you to work?

☐ a. not important

☐ b. kind of important

☐ c. very important

33. Which of the following are benefits of working?

☐ a. get a paycheck

☐ b. can be more independent

☐ c. both a and b

34. Please list your dream job.

35. To get this job, after high school you need to attend

☐ a. a technical/trade school

☐ b. a two or four year college

☐ c. other (Please specify)_____

36. Have you ever been to any other YLF training?

☐ Yes

☐ No

37. Have you ever toured a college campus?

☐ Yes

☐ No

38. Have you ever attended a training event without your parents?

☐ Yes

☐ No

39. Have you ever attended a training event where you stayed over night without your parents?

☐ Yes

☐ No

APPENDIX E

TXYLF PRE/POST QUESTIONNAIRE ADMINISTRATOR GUIDELINES

Test Administrator's

TXYLF Questionnaire Instructions

Below is a set of guidelines that need to be followed when administering the Texas Statewide Youth Leadership Forum Pre/Post Questionnaire. These guidelines need to be followed strictly. If the participant asks for further clarification other than what is given, just say "I can repeat the question if you need me to, but I cannot ……

Talking to the participant as they arrive/or as they answer the phone:

- First, Introduce yourself
- Next, ask if the participant if they mind answering/taking the questionnaire. If they say they do not mind, proceed. (IF THE PARTICIPANT DOES NOT WANT TO TAKE THE QUESTIONNAIRE, SMILE, THANK THEM FOR THEIR TIME!)
- Then, tell the participant that they do not have to answer a question if they do not want to, or it makes them uncomfortable. That it is perfectly acceptable for them to say "I do not want to answer that".

- Next, tell the participant "You are not expected to know all of the answers" and that "I do not know" or "I don't know" is an acceptable answer.
- Ask the participant if they would like to take the questionnaire by themselves or if they would like "you the administrator" to read the questions to them.
- Then, tell the participant that you can repeat/read the question and/or multiple choice responses if needed, so they just need to ask

Instructions for administration of the questionnaire by phone, or when reading the questionnaire to a participant in person.

- When reading the test over the phone or in person, as you go through the question sets, let the student know what type of questions they will be answering, i.e. multiple choice, short answer, sequencing, yes/no.
- Tell the participant good, okay, great, thank you to each question and in same order through-out so as not to give any indication of correct or wrong answers

- If the participant appears to be puzzled or unsure of the answer to the question, the administrator can ask the participant if they would like the question repeated and/or remind the participant that "I do not know" is an acceptable answer.

All multiple choice items/responses:

- Should be read with no change in voice inflection
- Read questions and choices at the same reading pace.

BELOW ARE ALLOWABLE RESPONSES TO THE QUESTIONS LISTED

Question #5

- Can substitute the word "Tell" instead of "list"
- Can restate as "It can be anything, tell me one thing that you are good at"

Question #6

- Can substitute the word "Tell" instead of "list"
- Can restate as "It can be anything, tell me one thing that is hard for you"

Question #13-Sequencing question for the making of a law:

If the participant ask what is sequencing?

- Use the example of the sequencing event that is listed below

Tell the student a sequence is steps in order such as:

"Making a peanut butter sandwich"

- o First, you would get the bread (this would be number 1)
- o Second, you would get the peanut butter (this would be number 2)
- o Third, you would get a knife (this would be number 3) and
- o Fourth, you would put the peanut butter on bread (this would be number 4)

Then repeat the question

- Ask which response listed/read would be first, second, third, fourth.
- If needed, read through all of the responses and ask the participant to select what happens 1st
- Then repeat the steps with the remaining responses and ask the participant to choose what happens 2nd

- Next repeat the steps and read the remaining responses to the participant and ask them to select which one is 3rd
- Finally read the last response and ask the participant if that is the 4th step

Question #14

- Put voice emphasis on the word "ADVOCATE"
- Can define the word "Advocate" with the response of " one that pleads the cause of another"

Question #16

- Put voice emphasis on the word "GOVERNMENT"

Question #19

- If reading the question, can change the word "Write" to "Tell me"…
- If answer is unclear, repeat…" Be specific, plus read the example posed in the question again.

WHEN TEST ADMINISTRATOR GETS TO QUESTION 34, TELL THE PARTICIPANT THAT THEY ARE NEARLY DONE, ONLY 5 QUESTIONS LEFT.

When the participant is through, smile and thank them for their time!!

PARTICIPANT THAT THEY ARE NEARLY DONE, ONLY 5 QUESTIONS LEFT.

When the participant is through, smile and thank them for their time!!

VITA

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Publications:

Grenwelge, C., Zhang, D., & Landmark, L. J. (2010). Comprehensive Leadership Training for Youth with Disabilities: A new and improved Youth Leadership Forum model. *Teaching Exceptional Children,42*(4), 62-68.

Resch, J. A., Mireles, G., Benz, M. R., Zhang, D., Peterson, R. L., **Grenwelge, C.** (2010). Giving parents a voice: A qualitative study of the challenges experience by parents of children with disabilities. *Journal of Rehabilitation Psychology*. (In Press) Scheduled for print May, 2010.

Zhang, D., Landmark, L. J., **Grenwelge**, **C.,** Montoya, L., & Gu, X. (2010). Self-determination practices among culturally diverse families: *Education and Training in Developmental Disabilities*, scheduled for print June 2010.

Grenwelge, C. (2009) Woodcock Johnson III Brief Battery C test review. *Journal of Psychoeducational Assessment, 27*(4), 345-350.