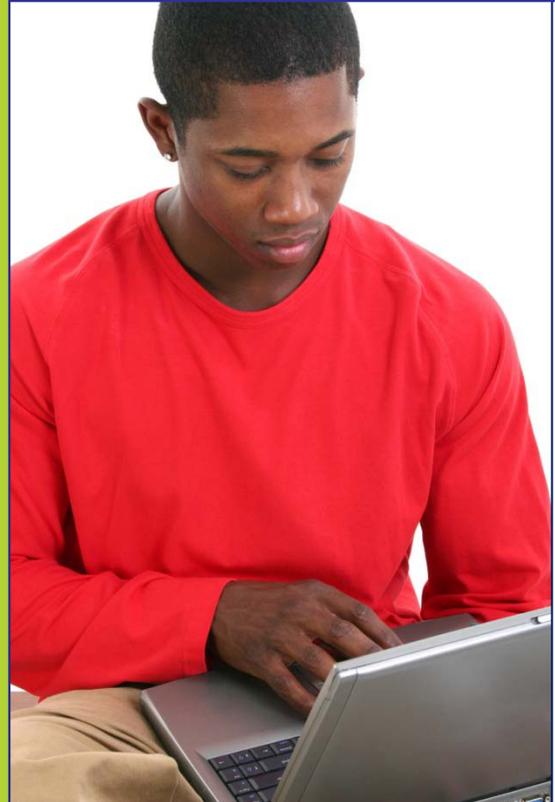


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**Enhancing Career  
Development Engagement  
and Self-Determination for  
Young Adults with Mental  
Health Diagnoses**



Produced By:



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**R**elatively few young adults with serious mental health disabilities seek out or obtain adult vocational rehabilitation services (Drake, McHugo, Becker, Anthony, & Clark, 1996), which they may perceive as stigmatizing and limiting their access to career paths and resources available to other young adults. Self-determination skills and behaviors have emerged as key to improved post-school employment outcomes for high school-aged youth with disabilities, including those with serious emotional and behavioral disorders (EBD) (Carter, in press). There also is a growing recognition of the importance of self-determination in vocational rehabilitation services, including for adults with serious mental health conditions (Paulson, Post, Herinckx, & Risser, 2004). The purpose of this report is to provide basic information about self-determination and career development engagement for young adults with mental health diagnoses.

**Growing emphasis on the importance of person-directed employment services.** The 1992 Amendments to the Rehabilitation Act included language stating that “disability is a natural part of the human experience and in no way diminishes the right of individuals to: a)

live independently; b) enjoy self-determination; c) make choices; d) contribute to society; e) pursue meaningful careers; and e) enjoy full inclusion and integration into the economic, political, social, cultural and educational mainstream of American society. The 1998 amendments to the State Vocational Rehabilitation Services Program Act emphasized the importance of self-determination by requiring informed choice in the rehabilitation process. There have also been increasing calls for the need to incorporate person-directed approaches into employment assistance programs for individuals with disabilities (Callahan, ShumPERT, & Mast, 2002; Kilsby & Beyer, 2002; Paulson et al., 2004; Sowers, McLean, & Owens, 2002; West, 1995).

Supported employment program models have shown promise for older adults who have experienced long-term unemployment and service involvement (Bond et al., 2001; Drake et al., 1994; Drake et al., 1996; Salyers, Becker, Drake, Torrey, & Wyzik, 2004). Key to the supported employment approach is rapid placement into entry-level jobs rather than facilitating individuals to aspire to career goals and learn self-determination skills that will enable them to pursue these goals. Perhaps a reflection of this focus, relatively few young adults in

their early 20s have received supported employment services, whereas the majority of research and demonstration study participants have been in their 30s and 40s (Drake, et al., 1996). Oregon Addiction and Mental Health data for 2008 shows that, of individuals who received Medicaid and state-funded supported employment services, only 7% were between the ages of 20 and 25 years, and that the average age was almost 40 years (W. Day, personal communication, July 31 2009).

**Interventions that emphasize self-determination show promise for enhancing employment outcomes.** Wehmeyer (1996) defined self-determination as “acting as the primary causal agent in one’s life free from undue external influence or interference” (Wehmeyer, 1996a, p. 24). Wehmeyer (1999) identified four key self-determined behavioral characteristics: “(a) the person acted autonomously; (b) the behavior(s) are self-regulated, (c) the person initiated and responded to the event(s) in a psychologically empowered manner, and (d) the person acted in a self-realizing manner” (Wehmeyer, 1999, p. 56). Further, Wehmeyer (1999) identified component elements of self-determined behaviors and skills derived from conceptual and theoretical frameworks across different fields of study. These conceptual and

theoretical frames and accompanying self-determined behaviors and skills are:

1. *Behavioral autonomy* from the field of development psychology (Damon, 1983; Sigafos, Feinstein, Damon, & Reiss, 1988: choice-making and decision-making).
2. *Self-regulated behavior* derived from Social Cognitive Theory (Bandura, 1997; Whitman, 1990: problem solving, goal-setting and attainment, self-observation, self-evaluation, self-reinforcement, and self-instruction).
3. *Psychological empowerment* from community psychology and Social Cognitive Theory (Bandura, 1997; Rotter, 1966; Zimmerman, 1990: problem solving, self-advocacy and leadership, internal locus of control (i.e., individuals believe that their behavior is guided by their personal decisions and efforts), and positive attributions efficacy and outcome expectancy (i.e., individuals are confident in their abilities to achieve goals).
4. *Self-realization* derived from theories of human motivation (Maslow, 1943), self-awareness, and self-knowledge.

A body of research has been compiled which suggests that self-determination may be a key contributor to employment outcomes for youth and adults with disabilities (Bruno, 2000; Sweeney, 1997; Wehmeyer, Lattimore, Jorgensen, Palmer, Thompson, & Schumaker, 2003; Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000). Post high school follow-up studies of students with intellectual and learning disabilities found those with higher self-determination had improved employment outcomes (Martorell, Gutierrez-Recacha, Pereda, & Ayuso-Mateos, 2008; Wehmeyer & Palmer 2003; Wehmeyer & Schwartz, 1997).

There is evidence that youth with emotional and behavioral disabilities, compared to youth with other disabilities, may be in particular need of interventions aimed at promoting self-determination skills (Carter, Lane, Pierson, & Glaeser, 2006; Carter, Trainor, Owens, Sweeney, & Sun, in press; Houchins, 2002; Van Gelder, Sitlington, & Pugh, 2008; Wagner & Davis, 2006). A number of self-determination models have been developed for youth with labels of emotional and behavior disorders, including Project RENEW (Cheney, Hagner, Malloy, Cormier, & Bernstein, 1998), the ARIES project (Bullis, Moran, Todis, Benz, & Johnson, 2002), and the Transition to Independence Project

(TIP) (Clark, Pschorr, Wells, Curtis, Tighe, 2004; Haber, Kapur, Deschenes, & Clark, 2008; Kapur, Clark, Caproni, & Sterner, 2005). Models that feature self-determination include three key elements:

- (1) *Youth-directed career planning, including goal setting, step identification, problem solving and progress monitoring;*
- (2) *Engagement of youth in career development activities, including goal internships and apprenticeship; and*
- (3) *Leveraging of multiple community and funding resources, both those targeted to individuals with disabilities (e.g., Vocational Rehabilitation) and typical resources and supports (e.g., Workforce Investment Act funded programs), including family members, friends, co-workers and other allies.*

Cheney and colleagues (1998) reported that 15 of the 16 youth in Project RENEW were employed after the first 18 months of the project, and in an update, reported that 85% were employed (Hagner, Cheney, & Malloy, 1999). Bullis et. al., (2002) reported that the employment participation of the 85 adolescents with EBD in their study increased from approximately 11%

to 55%. Haber et al., (2008) found improvements in employment rates for project participants involved in TIP programs during the course of their participation. Woolsey and Katz-Leavy (2008) described a number of service programs that incorporated many self-determination elements and showed promising employment outcomes for youth with mental health conditions.

A few studies have focused on the impact of career development programs that emphasize self-determination for adults with serious mental health conditions. Farley, Bolton, and Parker (1992) found that Vocational Rehabilitation (VR) consumers with mental health conditions who were actively involved in planning had improved vocational career development outcomes. Participants in a “Consumer Choice Demonstration Project” (Hartnett, Collins and Tremblay, 2002), some of whom experienced serious mental health conditions, were more likely to complete rehabilitation and had much higher incomes than those in the typical VR group.

**The Self-Determined Career Development Model (SDCDM).** The SDCDM is a modified version of the Self-Determined Learning Model of Instruction (SDLMI), which was developed for use by teachers to promote the self-directed

learning of students with intellectual disabilities, and has been implemented with elementary, middle, and high school students (Mithaug, Wehmeyer, Agran, Martin, & Palmer, 1998). The SDLMI was based on Wehmeyer’s conceptual framework of self-determination described previously (Wehmeyer, 1999). The use of SDLMI has been effective for teaching elementary-aged students to set and achieve goals (Palmer & Wehmeyer, 2003), increasing problem-solving and study skills linked to general education academic standards for middle school students (Palmer, Wehmeyer, Gipson, & Agran, 2004), and increasing transition-related goal-setting and progress in achieving goals for high school-aged students (Agran, Blanchard, & Wehmeyer, 2000). McGlashing-Johnson, Agran, Sitlington, Cavin, and Wehmeyer (2003) successfully used the SDLMI model to teach transition-aged youth to set work experience goals, develop action plans, implement the plans, and adjust the goals and plans as needed.

Wehmeyer and colleagues (2003) adapted the SDLMI to focus on career and employment goals for youth and adults with disabilities. The conceptual framework for the SDCDM is identical to that of the SDLMI, but with an emphasis on career and employment. The SDCDM has three phases as described by Wehmeyer,

Parent, Lattimore, Obremski, and Poston (in press). In each phase, participants are helped to address a problem question, and to solve it by answering four questions. In the first phase the question is “What are my career and job goals?” Facilitators, using delineated Employment Support strategies, assist participants to work through a series of questions to arrive at a vocational or career-related goal. The problem to solve in Phase 2 is “What is my plan?”, and again, participants are facilitated to work through a series of questions that will result in the creation of an action plan to achieve their career goal set in Phase 1, including a self-monitoring plan that they will use to conduct Phase 3 activities. The Phase 3 problem to solve is “What have I achieved?”, and participants work through questions that permit them to evaluate their goal achievement progress to modify their action plan or goal as needed. Wehmeyer and colleagues, along with staff of Region 7 Rehabilitation Continuing Education Program at the University of Missouri and Region 7 Community Rehabilitation Provider Regional program, developed a web-based tutorial of the SDCDM:

(<http://dps.missouri.edu/resources/MoreThanAJob/index.html>).

Wehmeyer et al. (2003) in a pilot test of the SDCDM with adults with disabilities in a state vocational rehabilitation system, found that the participants were able to use the process to choose a job goal. Benitez, Lattimore, and Wehmeyer (2005) used a multiple-baseline design to evaluate the efficacy of the SDCDM with six high school-aged students with emotional and behavioral disorder special education codes. Using the model the process, students were facilitated to select goals related to self-identified barriers to employment. Wehmeyer et al. (in press) evaluated the SDCDM with 36 adults with disabilities recruited by vocational rehabilitation counselors and found that participants set and achieved career related goals, and reported high levels of satisfaction with the process. These research findings highlight the feasibility and preliminary efficacy of SDCDM for advancing the career development of young people with serious mental health conditions. The model appears very promising and warrants a full-scale efficacy trial to more thoroughly evaluate its outcomes.

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