

Development and Evaluation of an Evidence-Based Advocacy Training Package for People with
Disabilities

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Disabilities

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Abstract

Self-advocacy skills are critical to people with disabilities because millions still face discrimination and barriers in their daily lives. Advocacy skills can help empower people with disabilities to speak up when they face discrimination.

A critical literature review on self-advocacy skills training was conducted and showed that most of the studies were conducted with students with learning disabilities in the educational setting. This review emphasized the need for more research to study self-advocacy training with individuals with disabilities other than learning disabilities in community settings.

The purpose of current study was to develop the Advocacy Training Package (ATP) for people with disabilities in the community and evaluate its effects with a mixed method research design. Study 1 was a focus group study. The results confirmed the importance of advocacy skills training and illustrated different advocacy methods and their application. The focus group data helped create the National Advocacy Survey, which was used in Study 2. Study 2 used the National Advocacy Survey to examine the preferred advocacy methods with different applications. Phone calls, emails, visits and letters were most often used advocacy methods by disability rights advocates. Results of Study 1 and 2 informed the development of the ATP, which was the intervention used in Study 3. Study 3 tested ATP's effects on improving self-advocacy skills in the form of letter and email writing, and phone calls for people with disabilities using a single subject research design. Self-advocacy skills were improved across participants.

Keywords: self-advocacy skill, disability, advocacy letter writing, advocacy email, advocacy phone call

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Introduction

People with disabilities have long been a marginalized minority group internationally across countries of the world, including in the United States of America. Many advances in disability rights have occurred because of the disability rights movement in the 1970s and 80s, which was modeled after civil and human rights movements starting in the 1950s and 1960s.

Disability rights legislation was enacted as the result of nationwide advocacy actions by people with disabilities. Key federal legislation such as Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA) of 1975, the Fair Housing Amendments Act of 1988, and the Americans with Disabilities Act (ADA) of 1990 are designed to prohibit discrimination based on disability. They were also created to protect the rights of people with disabilities and provide equal opportunities for full participation. Education, advocacy and enforcement based on these and other laws have helped to improve the quality of life of people with disabilities.

However, when one considers the sufficiency of these disability laws and regulations to improve the lives of over 57 million Americans with disabilities, the intended outcomes are disappointing. Many economic, social and physical barriers continue to pose serious challenges to the daily lives of people with disabilities. For example, some educators may consider students with disabilities as incapable of being successful. Employers may be unwilling to provide sufficient reasonable accommodations to consider hiring applicants with disabilities, or for those already in the workforce, to facilitate their ability to compete with non-disabled employees and retain or be promoted in their jobs. In terms of housing, these barriers include a lack of affordable and accessible housing. Consequences of these barriers might include adults with disabilities living with aging parents or remaining in institutional settings because housing to

meet their needs is unavailable. Given these barriers and challenges, people with disabilities need to be vigilant to defend their own interests, and fight discrimination and inequality. People with disabilities can learn to be empowered to self-advocate for their personal and professional life goals.

This introduction starts with a statement of the problem, followed by a general literature review of why self-advocacy skills training is needed for people with disabilities (pp. 8-20) and a critical literature review of self-advocacy skills training (pp. 20-37).

Statement of the Problem

Passage of legislation that prohibits discrimination based on disability does not remove all barriers and incidences of discrimination. Compared to people without disabilities, people with disabilities still frequently lack equal opportunity, and encounter barriers and discrimination in a variety of ways, such as inaccessibility (Rosenberg, Huang, Simonovich, & Belza, 2012), lack of access to equal education (McLeskey, Landers, Williamson, & Hoppey, 2012), lack of employment opportunity (Meade, Reed, & Krause, 2016), a dearth of accessible and affordable housing (Gibson et al., 2012; Greiman & Raveslout, 2015), and lack of equity in health care (Krahn & Campbell, 2011; Schur & Adya, 2013). While disability legislation is designed to protect citizens with disabilities, it is only effective when it is enforced.

Self-advocacy is an important tool to help empower people with disabilities to advocate and make positive changes in their lives, utilizing such laws as IDEA and ADA. Van Reusen, Bos, Schumaker, and Deshler (1987) define self-advocacy as an individual's ability to effectively communicate, convey, negotiate, or assert his or her own interests, desires, needs and rights. Unfortunately, few individuals possess the skills for advocacy without specifically being trained; therefore, materials and strategies must be developed to teach people with disabilities the skills

they need to self-advocate. Previous studies have shown that people with different types of disabilities benefit from direct training of self-advocacy skills in school (e.g., Ezell, Klein, & Ezell-Powell, 1999; Walker & Test, 2011; White & Vo, 2006) and community settings (e.g., White, Thomson, & Nary, 1997).

Many self-advocacy intervention studies were conducted in elementary and secondary educational settings with students with disabilities, to increase their participation in Individualized Education Program (IEP) meetings and the transition process. Teaching self-advocacy skills to children and youth with disabilities is important; however, this effort should not end when students graduate.

Individuals with disabilities graduating from high school or reaching age 21 are mostly on their own as they transition to post-secondary education and/or work and begin adult life and independent living. The public-school system is obligated to identify and accommodate students with disabilities covered by the IDEA. However, this is not so with the ADA. Under the ADA, people with disabilities attending higher education need to disclose their disability to the institution and request specific accommodations with supporting professional documentation. In a community setting, this process may be even more challenging and complicated if reasonable accommodation is requested from an employer, a landlord or other community entity.

Individuals with disabilities often experience barriers and discrimination in many other ways (e.g., inaccessible restrooms, lack of adjustable height exam tables in medical facilities, refusal to allow renters with mental illness to have an emotional support animal, refusal to provide a lease in simple language that's understandable by people with IDD, and difficulties obtaining sign language interpretation or real time captioning when needed in a doctor's office). Living with a disability requires constant and sustained self-advocacy efforts to address unequal opportunities

and discriminatory practices across the lifespan. Thus, it is recommended that self-advocacy skills training opportunities should extend beyond educational setting, beyond students with disabilities and beyond participation in IEP and transition process.

Among the relatively small number of self-advocacy studies conducted outside educational settings, self-advocacy letter writing skills training is an important but inadequately addressed area. This approach is important because it provides a self-advocacy tool that can be used across age groups, settings, and topic issues. Once a person with a disability knows how to write an effective self-advocacy letter, the skills can be used for different occasions (e.g., requesting a better academic accommodation at school, requesting accommodation at work, requesting a restaurant to make the restroom accessible, or requesting a city to make a bus stop barrier free). It is also important to request such accommodations in writing to establish a paper trail of documentation that can be used to systematically follow up until the desired outcome is achieved, or when filing a formal complaint with an enforcement agency in cases of non-compliance.

Although self-advocacy letter writing skills are important and useful, this area of skills training has received little attention in empirical studies. Only two studies have directly addressed self-advocacy letter writing skills. Seekins, Fawcett, and Mathews (1987) conducted two studies evaluating self-administered self-help guides on three self-advocacy skills: (a) preparing and presenting brief personal testimony, (b) writing letters to a newspaper editor, and (c) writing letters to a public official. Their first study was a pilot study evaluating the self-help guide with one consumer with physical disabilities. Six months before the study, researchers collected more than 60 newspaper articles discussing independent living and disability rights issues. The articles were evaluated to ensure that written and verbal (testimonials) advocacy

could be assessed. The research team developed self-help guides including three task analyses, one for each self-advocacy skill. During training, the researchers presented the consumer with a newspaper article. The consumer was asked to use the self-help guides to prepare her advocacy letters and testimonials. The researchers provided no additional prompts during the training to facilitate skill acquisition. Results suggested the self-help guides effectively improved the consumer's advocacy skills. Data showed that the consumer's percentage of target testimonial responses increased from an average of 38% during baseline to 93% during treatment. The percentage of letter-writing target responses to editors of articles increased from an average of 15% during baseline to 79% after treatment. The percentage of letter-writing target responses to public officials increased from an average of 26% during baseline to 89% after treatment.

In study 2, Seekins et al. (1987) conducted a randomized, post-test-only, control-group design to compare the performance of consumer advocates using the letter-writing guides to the performance of consumer advocates using only a model letter. Ten consumers with physical disabilities were randomly assigned to treatment and control groups. Before the evaluation, all participants reviewed the same newspaper articles the researchers used during the pilot evaluation. Next, five consumers in the treatment group received the task analyzed self-help guides, while the other five consumers in the control group only received a brief introduction to the self-help guide and a model letter. Consumers were prompted to use the materials to develop advocacy letters targeting the three areas of advocacy defined in study one. Results showed that treatment group engaged in higher percentages of target advocacy responses. The control group's performance averaged 31%, while the treatment group's performance averaged 80% when writing letters to public officials. For writing letters to newspapers, the control group averaged 33%, while the treatment group averaged 80%.

This was the first study that attempted to use self-help guides to help people with disabilities to learn self-advocacy letter writing skills to address disability concerns. As the authors stated, this way of learning cuts down on the time needed to learn a new skill, while still facilitating performance by prompting important responses. In addition, the self-help guides prompted style and organization rather than content, thus giving many consumer advocates more control over the substance of their advocacy while enhancing their effectiveness.

White et al. (1997) continued the efforts of Seekins et al. (1987), by developing the Action Letter Portfolio (ALP), a training manual to teach people with disabilities to write self-advocacy letters regarding disability-related concerns. They conducted a multiple baseline across participants design to determine the effects of an advocacy letter training manual. Four adults between 28 to 65 years old with physical and emotional disabilities participated in the study. The ALP training identified 11 different elements across four defined major areas of an effective advocacy letter and trained participants in effectively presenting these elements in their letters. The training was self-administered at each participant's own pace. The results indicated that participants increased the percentage of target advocacy letter elements. Participant 1 increased from an average of 59% during baseline conditions to 70% after the intervention. Participant 2 increased from a mean score of 45% during baseline conditions to 89% after the intervention. Participant 3 increased from an average score of 53% during baseline to 82% after the intervention. Participant 4 increased from a mean score of 25% to 57% after the intervention.

The authors conducted an error analysis and found that participants showed improvement more often in the mechanical elements of the letters (e.g., date and inside address, opening of letter, and closing of letter) whereas three of the four participants showed mild to moderate increases in the analytical components of the body of the letter. (i.e., explanation of problem,

rationale used and possible solutions offered). The authors also indicated that the generality of the findings should be interpreted with caution until further testing could be conducted with more participants in more settings.

To conclude, both studies indicated that self-advocacy letter writing skills are useful and can be taught through self-administered training. Meanwhile, to validate the effects of this promising self-advocacy training mode that may not be as time and resource consuming as other modes, more studies are needed. This need is exacerbated when considering that many changes in modes of communication, especially with the pervasive use of computers and the Internet, have occurred since the ALP was developed. People are currently more likely to type a letter using Microsoft Word on a computer instead of writing a letter with paper and pen. In addition, people may be more likely to use email or other social media to communicate for both personal and business purposes. While the value of formal letters should not be discounted, the expansion of advocacy letter writing into other forms of communication (e.g., email, phone call, social media) merits experimental analysis.

A potential augmentation of advocacy letter will be the use of the Microsoft Word. Research on teaching writing skills to students with disabilities has demonstrated that the use of technology support (e.g., word processing) can help improve both the quality and length of their writing (Graham & Perin, 2007; Mason & Graham, 2008; Rogers & Graham, 2008). Bangert-Drowns (1993) also suggested that the use of word processing might be more effective if used in combination with metacognitive prompts. This suggestion was corroborated by two studies that used web-based programs to support and scaffold the writing performance of students with disabilities (Englert, Wu, & Zhao, 2005; Englert, Zhao, Dunsmore, Collings, & Wolbers, 2007).

Providing cues and prompts for writing topics improved the writing organizational quality and structure of students' stories.

Another feature that can be added is PhotoVoice, where study participants use cameras to record, discuss, and communicate concerns about community barriers or discrimination from personal experience (Wang & Burris, 1997). It has been used in studies with people with disabilities (Jurkowski, 2008; Povee, Bishop, & Roberts, 2014). For example, Newman (2010) conducted a research study where people with disabilities used PhotoVoice to document the barriers they experienced and then used the evidence to advocate for change.

To summarize, self-advocacy skills are important to people with disabilities across different age groups and backgrounds. The literature shows few studies in self-advocacy skills training for people with disabilities who experience various concerns while living in the community. Studies on self-advocacy letter writing skills training may offer opportunities to fill this gap. Additionally, little data are available regarding how disability rights advocates address their concerns. Specifically, what modes of communication do disability advocates use to convey the facts and express their opinions? This information is not only important for the disability community, but may guide researchers to identify interventions that are best practices for personal and systems advocacy.

Review of the Literature

This section presents a review of the theoretical and empirical literature regarding self-advocacy and individuals with disabilities. It begins with the literature review method, then a general review of self-advocacy as a movement and a skill, its relation to the concept of self-determination, and the importance of self-advocacy and self-advocacy training. Finally, a critical literature review of self-advocacy skill training or interventions is presented.

Method

A literature review was conducted using the databases PubMed, ERIC, and Google Scholar. The time span of this review was from 1990 to 2016. The starting year of 1990 was selected because transition planning for youth with disabilities was first mandated by federal legislation in 1990 with the passing of PL 101-476, IDEA, and the ADA was also enacted that year. These two pieces of legislation address equal opportunities and protection for people with disabilities against discrimination and are important bases for disability advocacy in and beyond the educational setting.

The search terms included Self-Advocacy, Self-Advocacy Skills, Self-Advocacy Skills Training, Advocacy Skills Training, Disabilities, Physical Disabilities, Learning Disabilities, and Sensory Disabilities. The inclusion criteria for the review were (a) peer-reviewed journal articles in English; (b) studies conducted in the United States of America; (c) articles that were based on intervention data, both qualitative and quantitative; (d) the main targeted population were people with disabilities such as physical disabilities, sensory disabilities, and learning disabilities; and (e) self-advocacy training was the main intervention. In addition to the database search, a hand search was also conducted based on the reference lists on several self-advocacy review articles (Merchant & Gajar, 1997; Roberts, Ju, & Zhang, 2016; Test, Fowler, Brewer, & Wood, 2005). Forty articles on self-advocacy skills training were included in the final review. More than 100 non-intervention articles and articles that mainly focused on people with intellectual disabilities were also reviewed to collect more comprehensive background information of self-advocacy with people with disabilities and were reflected in this review.

Self-Advocacy Theoretical Framework

Self-advocacy as a movement. Self-advocacy is considered part of a civil rights

movement in the United States that emphasizes autonomy and independence of people with disabilities (Cone, 1999; Test, Fowler, Wood, Brewer, & Eddy, 2005; Wehmeyer, Bersani, & Gagne, 2000; Williams & Shoultz, 1982). People with disabilities used to be viewed as being incapable of making their own choices and decisions and advocating for their needs and rights. The self-advocacy movement was modeled after the civil rights movements of the 1950s and 1960s, including those for African Americans and women, and advocacy groups for parents of individuals with disabilities. Furthermore, Wehmeyer, Agran, and Hughes (1998) indicated that the emphasis on normalization and deinstitutionalization in the 1970s and the self-help movements of the 1980s promoted the emergence of the self-advocacy movement for adults with disabilities in the United States. As a social change movement, self-advocacy empowers people with disabilities to increase confidence, self-worth, self-efficacy, control over their lives, and to work collectively to become advocates not just for themselves but for all individuals with disabilities (Miller & Keys, 1996). With the self-advocacy movement, people with disabilities started being their own advocates instead of relying on people without disabilities including professions to speak for them (Wehmeyer et al., 2000). The self-advocacy movement influenced legislation, service delivery, and attitudinal change (Hicks-Coolick & Kurtz, 1997).

Self-advocacy as a skill. In addition to being part of the civil and disability rights movement on a macro level, self-advocacy is a skill on a micro level. Self-advocacy skills are critical to people with disabilities and are often associated with self-determination. The relationship of these two concepts will be discussed next.

Self-advocacy and self-determination. Self-advocacy and self-determination are different, even though the constructs of self-advocacy and self-determination have often been used synonymously. Some researchers proposed that self-advocacy is a broader concept that

contains self-determination (Field & Hoffman, 1994; Zubal, Shoultz, Walker, & Kennedy, 1997). However, the mainstream opinion has been that self-advocacy is one component or one subskill of self-determination (Algozzine, Browder, Karvonen, Test, & Wood, 2001; Hicks-Coolick & Kurtz, 1997; Roberts et al., 2016; Test, Fowler, Brewer, et al., 2005; Test, Fowler, Wood, et al., 2005). Wehmeyer and Berkobien (1991) proposed that self-advocacy is a component of self-determination that “can be viewed as a visible manifestation of self-regulation and to a lesser extent, autonomy” (p. 5).

The definitions of self-determination vary greatly among different researchers. Some exemplar definitions are as follows. Self-determination has been described as a basic human right, respect, dignity, choice (Malian & Nevin, 2002). Field and Hoffman (1994) described the essence of self-determination as “the ability to define and achieve goals based on a foundation of knowing and valuing oneself” (p. 164). In addition, some researchers indicated that self-determination includes five major components: know yourself; value yourself; plan; act and experience outcomes; and learn (Ankeny & Lehmann, 2010). Wehmeyer and Berkobien (1991) described self-determination as the attitudes and abilities required to act as the primary causal agent in one’s life and to make choices regarding one’s actions free from undue external influence or interference. Wehmeyer, Kelchner, and Richards (1996) proposed a functional theory of self-determination. Self-determination is perceived as a dispositional characteristic and enduring tendencies to describe differences between people. Self-determined behavior refers to “volitional actions that enable one to act as the primary causal agent in one’s life and to maintain or improve one’s quality of life” (Wehmeyer, 2005, p. 117). Self-determined actions included four essential characteristics: (1) the person acts autonomously; (2) the behavior is self-regulated; (3) the person initiates and responds to the event(s) in a psychologically empowered manner; and

(4) the person acts in a self-realizing manner (Wehmeyer & Schwartz, 1997). Wehmeyer, Abery, et al. (2011) emphasized that self-determination, as a psychological construct, applies to all human beings, no matter what their demographic characteristics are, including whether they have disability or not. This should also apply to self-advocacy, as it is a universal concept or skill for every human being. For this review, both self-advocacy and self-determination will be discussed in the realm of disability studies.

To summarize, self-determination is a broad psychological construct that encompasses a combination of skills, knowledge, and beliefs that allow a person to have control over his/her life. Self-advocacy is a major component of self-determination in addition to other components such as setting and attaining goals, decision and choice making, problem solving, internal locus of control, and self-regulation (Algozzine et al., 2001; Field, Sarver, & Shaw, 2003). In fact, self-advocacy and choice making were shown to be the most common self-determination components studied in the meta-analysis review conducted by Algozzine et al. (2001).

Definitions of self-advocacy as a skill. Self-advocacy as a skill has been defined by many researchers with different emphases. For example, Williams and Shoultz (1982) indicated that self-advocacy by people with disabilities included “pursuing their own interests, being aware of their rights and taking responsibility for tackling infringements of those rights, and joining with others to pursue the interests of the group and of mentally handicapped people in general” (p. 88). For another example, Phillips (1990) defined self-advocacy as the right of people with disabilities to speak for themselves. In addition, Balcazar, Fawcett, and Seekins (1991) defined self-advocacy as “the ability to communicate with others to acquire information and to recruit help in meeting personal needs and goals” (p. 31). Van Reusen et al. (1987) defined self-advocacy as an individual’s ability to effectively communicate, convey, negotiate, or assert his or

her own interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions. Wehmeyer et al. (1998) defined self-advocacy as skills individuals need to speak up or defend a cause. They further suggested that self-advocacy instruction should focus on how to advocate and what to advocate for. Stodden (2000) defines self-advocacy as the ability to articulate one's needs and make informed decisions about the supports necessary to meet those needs.

Conceptual framework of self-advocacy. To synthesize different views of self-advocacy, several researchers have attempted to develop a conceptual framework for it. One example is the self-advocacy model that emerged from Hicks-Coolick and Kurtz (1997) study on self-advocacy with students with learning disabilities. This self-advocacy model is composed of six dimensions, including understanding/knowledge of the disability, acceptance of the disability, knowledge of civil rights and available disability services, communication skills, effective problem-solving skills, and a positive sense of self-identity. Hicks-Coolick further identified that what an effective self-advocate should look like: a person should have a comprehensive knowledge of his/her disability including its academic, social and emotional effects, and a person should accept his or her disability, perceiving it as manageable to meet his/her needs.

Another example is the three areas of self-advocacy identified by Layton and Lock (2003) with their study of students with disabilities. These areas include communication skills, self-awareness, and goal identification. They further described that students with disabilities who can effectively self-advocate should demonstrate the ability to listen and express ideas, ask questions and seek clarification regarding academic performance, think and talk about their strengths and weaknesses, and set and pursue their goals.

The most recent conceptual framework of self-advocacy was developed by Test, Fowler, Wood, et al. (2005), based on a literature review of data-based self-advocacy intervention studies and input from stakeholders. They reviewed 20 data-based self-advocacy intervention studies between the years 1972 to 2003, and collected input from a wide range of stakeholders, representing researchers, teachers, parents, adults with disabilities, and curriculum developers in the areas of self-determination and self-advocacy. Self-advocacy is identified as having four components or subskills: (a) knowledge of self—the ability to recognize strengths, preferences, goals, interests, learning styles, supports and accommodations, responsibilities, and characteristics of one’s disability; (b) knowledge of rights—an understanding of personal rights, community rights, human service rights, consumer rights, educational rights, steps to remedy violations, steps to advocate for change, and knowledge of resources; (c) communication—the ability to be assertive, negotiate, persuade, listen, articulate, and compromise; and (d) leadership—knowledge of group’s rights, advocating for others or for causes, political action, knowledge of resources, recognizing roles of team members, and organizational participation. They indicated that “knowledge of self and knowledge of rights are viewed as the foundations of self-advocacy, because it is necessary for individuals to understand and know themselves before they can tell others what they want” (p. 45). Once the foundation components of self-advocacy are learned, people need to communicate their needs and rights effectively with others through negotiation, assertiveness, and problem solving. Finally, leadership involves learning the roles and dynamics of a group and the skill to function in a group, which will enable individuals to not only self-advocate, but also advocate for and with others as a group of individuals with common concerns and interests (Martin, Marshall, & Maxson, 1993).

The self-advocacy conceptual framework of Test, Fowler, Wood, et al. (2005) is by far the most comprehensive and widely accepted. It offers flexibility to researchers and practitioners when conducting self-advocacy training with individuals with various disabilities. First, as Test et al., indicated, though it is a conceptual framework developed for students with disabilities, it can apply to non-disabled individuals as well. In addition, self-advocacy can occur at different levels, and an individual does not need to demonstrate all the components, including leadership, to be an effective self-advocate. Specifically, among all the 20 intervention studies Test, Fowler, Brewer, et al. (2005) reviewed, only four studies addressed leadership with self-advocacy (Mason, Mcgahee-Kovac, Johnson, & Stillerman, 2002; Powers et al., 2001; Snyder & Shapiro, 1997; Wehmeyer & Lawrence, 1995).

The Importance of Self-Advocacy and Self-Advocacy Training

This section presents information about why self-advocacy and self-advocacy training are important to people with disabilities.

Disability rights and laws. Many laws are created to protect people with disabilities against discrimination, and to increase equal opportunities for people with disabilities. For example, the Americans with Disabilities Act of 1990 was designed to protect the civil rights of citizens with disabilities. The Olmstead v. L.C. Supreme Court decision (1999) allowed people to live in least restrictive environments. These legislative efforts over the years have had a huge impact on creating a more accessible physical and social environment for people with disabilities. However, people with disabilities remain one of the most marginalized and disadvantaged populations in the United States (Brucker, Mitra, Chaitoo, & Mauro, 2015).

People with disabilities and their status. Approximately 56.7 million people living in the United States have some kind of disability that interferes with daily living in 2010 (Brault, 2012). While people with disabilities have benefited from the passage of disability legislation, the civil rights movement and the disability rights movement, they still face many challenges and much discrimination in their daily lives. These challenges and discrimination occur in many areas, but especially in the areas of education, employment, health, and housing, and can threaten the well-being of people with disabilities, preventing them from fully participating in the community. Each of these areas will be explored in more detail below.

People with disabilities have poorer educational outcomes. Students with disabilities have the right to receive equal educational opportunities as their peers without disabilities under laws such as Section 504 of the Rehabilitation Act of 1973, IDEA of 2004, and Title II of the ADA of 1990 (Cheatham, Smith, Elliott, & Friedline, 2013; McLaughlin, 2010). While considerable progress has been made, students with disabilities graduate from high school at lower rates than the nondisabled population. In the school year 2014–2015, the adjusted cohort graduation rate for public high schools students rose to an all-time high of 83.2 percent, however, this number was almost 20% lower (64.6%) for students with disabilities (National Center for Education Statistics, 2016b). Data from the US Census Bureau's American Community Survey indicated that only 13.7 percent of non-institutionalized working-age people (ages 21 to 64) with disabilities had a Bachelor's degree or more compared to 32.5 percent of people without disabilities in 2014 (Erickson, Lee, & Von Schrader, 2016).

People with disabilities have lower employment rates. In 2015, 17.5 percent of persons with a disability were employed (Bureau of Labor Statistics, 2016a). In contrast, the employment-population rate for those without a disability was 65.0 percent. Although

postsecondary education improves the likelihood that a person gains employment, 26.1 percent of people with a disability who had completed at least a bachelor's degree were employed in 2014 compared to 75.9 percent for college graduates with no disability (Bureau of Labor Statistics, 2016b). Unemployment rates were higher for persons with a disability than for those with no disability among all educational attainment groups (Bureau of Labor Statistics, 2016b).

People with disabilities experience significant health disparities. People with disabilities across the lifespan experience health disparities (Krahn, Walker, & Correa-De-Araujo, 2015). People with disabilities have much higher risk of developing secondary health conditions such as obesity, pain, depression and fatigue that may compound problems related to their disability (Armour, Courtney-Long, Campbell, & Wethington, 2013; Loprinzi, Sheffield, Tyo, & Fittipaldi-Wert, 2014). For example, people with physical disabilities experience more secondary health conditions than the general population (Raveslout et al., 2016; Reichard, Stolzle, & Fox, 2011), such as fatigue (Cook, Molton, & Jensen, 2011), chronic pain (Jensen, Hoffman, & Cardenas, 2005; Molton et al., 2014), depression (Ullrich, Smith, Blow, Valenstein, & Weaver, 2014), pressure ulcers (Stroupe et al., 2011), UTI (Kinne & Patrick, 2004), and obesity (Reichard et al., 2015).

People with disabilities lack access to accessible and affordable housing. A home of one's own, either rented or owned, is one of the basic needs of human beings. However, people with disabilities face severe housing challenges. People with mobility impairments often live in homes that have steps at the entrance or do not have interior features that would make daily living tasks like cooking, dressing and bathing easier (Greiman & Raveslout, 2015). Nishita, Liebig, Pynoos, Perelman, and Spegal (2007) reported that only 38% of U.S. households having at least one member with a permanent physical activity limitation had any type of home

modification. Cooper, Knott, Schaak, Sloane, and Andrew (2015) indicated that approximately 4.9 million non-institutionalized Americans with disabilities who rely on federal monthly Supplemental Security Income (SSI), averaging \$8,995 per year, are priced out of the rental housing market.

Summary. The above summary of barriers people with disabilities face is not exhaustive. It serves as evidence of the many barriers people with disabilities still must overcome despite the existing laws. These barriers underscore the importance of self-advocacy for people with disabilities.

The benefits of self-advocacy skills. Knowing one's rights and being able to speak up are important skills for all people. These skills are especially important for people with disabilities. They are disadvantaged compared to people without disabilities and are more likely to experience the need to advocate for themselves.

Educational research has demonstrated that self-advocacy skills are associated with positive outcomes for students with disabilities both as an independent skill and as a component skill of self-determination (e.g., Cobb, Lehmann, Newman-Gonchar, & Alwell, 2009; Newman, Wagner, Cameto, & Knokey, 2009; Test, Fowler, Brewer, et al., 2005; Zhang, Landmark, Grenwelge, & Montoya, 2010). Specifically, studies have indicated that students with disabilities who demonstrated self-advocacy skills are more likely to graduate from high school (Katsiyannis, Zhang, Landmark, & Reber, 2009; Wehman, 2006; Wehmeyer, Garner, Yeager, Lawrence, & Davis, 2006). In addition, self-advocacy skills can help students with disabilities transition into adult life more successfully (Aune, 1991; Izzo & Lamb, 2002; Wehmeyer, 1992) and adapt to post-secondary education settings better (Dalke, 1993; Eckes & Ochoa, 2005; Getzel & Thoma, 2008).

The literature shows that self-advocacy skills can help adults with disabilities achieve better employment results (Callahan, Griffin, & Hammis, 2011; Farley, Bolton, & Parkerson, 1992; Lindstrom, Doren, & Miesch, 2011). Individuals with disabilities who are unable to explain their disability, fail to anticipate problems, or do not develop compensatory strategies may have trouble in their jobs (Hitchings, Luzzo, Retish, Horvath, & Ristow, 1998). Self-advocacy skills also facilitate independent living for people with disabilities (Caldwell, 2010; Eisenman, 2007).

The needs of self-advocacy training. As with any skill, there is a learning process involved in learning how to advocate. People with disabilities do not naturally possess self-advocacy skills. In fact, as a minority group, people with disabilities tend not to speak up for their own rights and interests. For example, Izzo and Lamb (2002) found that many students with disabilities are not prepared to understand their strengths, needs and rights to request accommodation beyond the relatively supportive school environment. Additionally, Friehe, Aune, and Leuenberger (1996) surveyed college students with disabilities' behavior regarding disability disclosure and accommodations, and their knowledge of ADA employment-related guidelines. Results indicated that students with disabilities had difficulty in deciding whether, when and/or how to disclose their disabilities to employers. Furthermore, they were less likely to request accommodation on the job. The authors suggested that the student's limited knowledge of their employment rights under the ADA could partially explain why they were not requesting work accommodation. People with disabilities who are less aware of their ADA rights are less likely to disclose their disability (Goldberg, Killeen, & O'Day, 2005; Madaus, 2006, 2008). In addition, individuals with disabilities may fear both explicit and implicit discriminatory attitudes, which may prevent decisions to request accommodations (Gioia &

Brekke, 2003; Goldberg et al., 2005; Price, Gerber, & Mulligan, 2003). On the other hand, research has shown that employers still lack knowledge of the ADA, which makes self-advocacy of individuals with disabilities necessary and important (Blanck, 1996; Gerber, Batalo, & Achola, 2011). Researchers have indicated that self-advocacy skills should be deliberately taught to and trained for people with disabilities (Test, Fowler, Brewer, et al., 2005). However, research has also indicated that people with disabilities lack the opportunities for self-advocacy training, starting from educational settings with students with disabilities (Arnold & Czamanske, 1991; Izzo & Lamb, 2002).

Summary. While many disability laws have been enacted to ensure rights and equal opportunities for people with disabilities, as a minority group, they are still marginalized and experience discrimination in many life areas. Laws are not effective unless they are enforced. Individuals with disabilities need to advocate for themselves to help enforce and benefit from the laws. In addition, self-advocacy skills are shown to contribute to positive outcomes of people with disabilities, in areas of education, employment, and independent living. However, people with disabilities often lack self-advocacy skills such as understanding and communicating their strengths and needs and requesting accommodations. Therefore, they could benefit from self-advocacy skills training. This training should take a diverse approach, and be conducted with people with various disabilities, at different age groups on a wide range of disability concerns beyond school-related accommodations.

Critical Literature Review: Self-Advocacy Skills Training

The following section provides an overview and summary of the 40 self-advocacy intervention articles that were critically reviewed. First, these articles will be clustered into three categories based on the target populations with disabilities: self-advocacy skills training with

primary and secondary school students (28 articles, 70%), with postsecondary school students (eight articles, 20%) and with adults beyond the school setting (four articles, 10%).

Furthermore, the self-advocacy skill trainings were clustered into two sub categories: program-and-curriculum based self-advocacy skills training and behavioral-based skills training. Self-advocacy programs and curricula are usually delivered in the format of workshops or classes with varying numbers of lesson topics. Behavioral based self-advocacy skills trainings are interventions that use operationally defined specific behaviors of self-advocacy skills, modeling the behaviors, providing opportunities for practicing the behaviors and corrective feedback on the performance of the behaviors.

Key elements of all the articles are summarized in Appendix A1-3, which correspond to the above categories respectively. The columns of the tables include the following headings: (a) study purpose and design, (b) participants and setting, (c) independent variable(s), (d) component of self-advocacy, (e) dependent variable (s), (f) key findings related to advocacy, and (g) key strengths and weaknesses. The studies are discussed in chronological sequence in each table; however, some studies are grouped together because they used the same interventions.

Self-advocacy training with primary and secondary school students with disabilities.

Twenty-eight studies teaching self-advocacy skills to primary and secondary school students with disabilities, with most of them focusing on middle school and high school students. The main goals of these interventions were to equip students with the skills needed to better participate in IEP meetings and the transition process. Sixteen of these studies used self-advocacy programs and curricula as their intervention, and 12 studies used behavioral based skills training. Below are summaries and discussion of the key elements of the 28 studies. See detailed information for each study in Appendix A1.

Purpose of study. Two main purposes were stated across the 28 articles. One of the purposes were to determine the effects of a *developed or published training or practice*, including adaptation of existing training to new populations. Sixteen studies had this purpose (Arndt, Konrad, & Test, 2006; Balcazar, Keys, & Garate-Serafini, 1995; Grenwelge & Zhang, 2012; Hammer, 2004; Lancaster, Schumaker, & Deshler, 2002; Lee et al., 2011; Levin & Rotheram-Fuller, 2011; Martin et al., 2006; Neale & Test, 2010; Powers et al., 2001; Snyder & Shapiro, 1997; Test & Neale, 2004; Van Reusen & Bos, 1994; Wehmeyer & Lawrence, 1995; Wehmeyer, Palmer, Lee, Williams-Diehm, & Shogren, 2011; Woods, Sylvester, & Martin, 2010). The other purpose was to *develop trainings and evaluate their effects*. There are 12 articles with this purpose (Aune, 1991; Bobroff & Sax, 2010; Campbell-Whatley, 2008; Cuenca-Sanchez, Mastropieri, Scruggs, & Kidd, 2012; Danneker & Bottge, 2009; Durlak, Rose, & Bursuck, 1994; Eisenman & Tascione, 2002; Krajewski, Wiencek, Brady, Trapp, & Rice Jr, 2010; Mason et al., 2002; Phillips, 1990; Rothman, Maldonado, & Rothman, 2008; Wood, Kelley, Test, & Fowler, 2010).

Participants and setting. The participants of the 28 studies were students with disabilities in elementary, middle or high school. Most ($n = 17$; 60%) were conducted with high school students. Five studies included a mix of students from elementary school and middle school or middle school and high school. Four studies included middle school students as participants, and two studies were with elementary school students. The number of participants of the studies varied greatly, ranging between 3 participants in a single subject design (Snyder & Shapiro, 1997) and a randomized group design of 493 participants (Wehmeyer, Palmer, et al., 2011). The total number of participants of the 28 articles is 1,332. Twenty-four articles reported the gender of their participants, and four articles omitted gender information (Campbell-Whatley, 2008;

Rothman et al., 2008; Snyder & Shapiro, 1997; Wood et al., 2010). There were 836 male participants, almost twice the number of female participants ($n = 453$) based on available data. Twenty-six articles reported the age range/average age of their participants, revealing that participants' age ranged from 9 to 22 years. Two articles did not report the age of participants. (Campbell-Whatley, 2008; Mason et al., 2002).

Participants included students with various disabilities. Learning disability was the most common disability type ($n = 586$); followed by mental retardation ($n = 192$); unspecified disabilities ($n = 107$); emotional behavioral disorder ($n = 100$); other health impairment ($n = 57$); ADD/ADHD ($n = 52$); visual Impairment/blind ($n = 41$); autism ($n = 37$); multiple disabilities ($n = 32$); developmental disability ($n = 20$); speech disorder ($n = 15$); and physical disability ($n = 12$). Other disability types with less than 10 participants include primary health impairment, Asperger syndrome, Traumatic brain injury, Landau–Kleffner syndrome, bipolar disorder, Tourette syndrome, arthritis, cerebral palsy, pervasive development disorder, hearing impairment, and disability type unknown. The numbers reported for disability types do not add up to the total number of participants because (a) two studies did not specify participant disability types (Krajewski et al., 2010; Wood et al., 2010), and several studies reported overlapping disability types (e.g., Balcazar et al. (1995); Durlak et al. (1994); Hammer (2004)). The top three ethnicity groups of the participants for whom such data were reported were Caucasian, African American, and Hispanic/Latino based on two published literature reviews (Roberts et al., 2016; Test, Fowler, Brewer, et al., 2005). The other ethnicities included Asian/Pacific Islander, Native American and multiracial.

The studies occurred most frequently in regular public elementary and secondary schools. However, one vocational technical high school (Eisenman & Tascione, 2002), two schools

serving youth with emotional and behavioral disorders (Balcazar et al., 1995; Snyder & Shapiro, 1997), three schools serving students with visual impairment/blindness (Woods et al., 2010), and one special education school (Bobroff & Sax, 2010) were also included. One study indicated that the school was in a rural area (Danneker & Bottge, 2009), while four studies indicated that the schools were urban (Bobroff & Sax, 2010; Durlak et al., 1994; Mason et al., 2002; Wood et al., 2010). One study indicated that they included both rural and urban schools (Woods et al., 2010). The majority ($n = 22$) of the studies did not indicate rural or urban location. Twenty-six studies conducted their intervention or training in their participants' schools. Two studies occurred on college campuses (Grenwelge & Zhang, 2012; Krajewski et al., 2010). Among those that occurred in participants' schools, students received training in a special education classroom (e.g., Eisenman & Tascione, 2002), resource room (e.g., Phillips, 1990), cross categorical classroom (Arndt et al., 2006; Hammer, 2004), library (Lancaster et al., 2002) or unspecified places (e.g., Aune, 1991; Powers et al., 2001).

Design of study. Five (17.86%) studies used qualitative design, 21 (75%) studies used quantitative design, and two (7.14%) studies used a mixed design of both quantitative and qualitative methods. The five qualitative studies explored intervention experiences and effects of students (sample size ranging between 4 to 35) (Danneker & Bottge, 2009; Eisenman & Tascione, 2002; Krajewski et al., 2010; Mason et al., 2002; Phillips, 1990). Of the 21 quantitative design studies, 10 used some type of single subject design including multiple baseline across behaviors (e.g., Durlak et al., 1994), multiple baseline across participants (e.g., Hammer, 2004), AB design (Bobroff & Sax, 2010), and simultaneous treatment design (Wood et al., 2010). The remaining 11 studies used some type of group design, including four quasi-experimental design studies and seven group experimental design studies. The quasi-

experimental design included two single group pre-and post-test design (Aune, 1991; Wehmeyer & Lawrence, 1995) and two nonequivalent control group design (Grenwelge & Zhang, 2012; Levin & Rotheram-Fuller, 2011). Seven group experimental design studies applied randomized sampling procedures at the school level (Lee et al., 2011; Wehmeyer, Palmer, et al., 2011) , classroom level (Cuenca-Sanchez et al., 2012), or student level (Martin et al., 2006; Powers et al., 2001; Van Reusen & Bos, 1994; Woods et al., 2010).

Independent variable and self-advocacy component. As described earlier, the we summarized self-advocacy training into two categories: self-advocacy programs and curricula, and behavioral based self-advocacy skills training. Sixteen studies used some type of self-advocacy program or curriculum, and 12 studies used behavioral based self-advocacy skills training. The self-advocacy programs and curricula include existing programs such as Self-Advocacy Plan (Phillips, 1990), TAKE CHARGE for the FUTURE program (Powers et al., 2001), the Student-Directed Transition Planning (Woods et al., 2010), Empowered Curriculum (Levin & Rotheram-Fuller, 2011) and Whose Future Is It Anyway? (Lee et al., 2011; Wehmeyer & Lawrence, 1995; Wehmeyer, Palmer, et al., 2011). They also include programs and curricula developed by their authors such as a transition model for students with learning disabilities (Aune, 1991), an English curriculum embedded with self-realization (Eisenman & Tascione, 2002), and a pre-college transition program (Rothman et al., 2008). The behavioral based self-advocacy skills training category also includes existing training practices and ones developed by the authors. Examples are help-recruiting skills training (Balcazar et al., 1995), Self-Directed IEP (Snyder & Shapiro, 1997) and Self-Advocacy Strategy (e.g., Van Reusen & Bos, 1994) . Examples of programs developed by their authors are seven skills of self-determination training (Durlak et al., 1994) and knowledge of rights and responsibilities training (Wood et al., 2010).

These trainings focus on different areas of students' development with the goal of promoting self-advocacy skills. Ten studies targeted transition planning (e.g., Powers et al., 2001; Woods et al., 2010), some for postsecondary education (e.g., Aune, 1991; Rothman et al., 2008), and some for postsecondary employment (e.g., Bobroff & Sax, 2010; Krajewski et al., 2010). Eleven studies targeted students' participation and leadership in IEP meetings (e.g., Danneker & Bottge, 2009; Mason et al., 2002; Wehmeyer & Lawrence, 1995). The remaining seven studies focused on general self-advocacy skills including self-realization (Eisenman & Tascione, 2002), self-awareness and self-concept (Campbell-Whatley, 2008), self-determination (e.g., Cuenca-Sanchez, 2011; Levin & Rotheram-Fuller, 2011; Wehmeyer & Lawrence, 1995), and self-advocacy abilities (e.g., Grenwelge & Zhang, 2012).

All 28 studies focused on one or multiple components of self-advocacy skills: knowledge of self, knowledge of rights, communication and/or leadership. Four studies covered all four of the components (Grenwelge & Zhang, 2012; Mason et al., 2002; Powers et al., 2001; Rothman et al., 2008). Two studies covered only one component: knowledge of self (Eisenman & Tascione, 2002) and knowledge of rights (Wood et al., 2010). The remaining 22 studies covered two or three components. Communication was the most frequent intervention component ($n = 25$), followed by knowledge of self ($n = 16$), leadership ($n = 12$) and knowledge of rights ($n = 8$). To note, leadership was usually in the form of participation in IEP and/or transition meetings.

Dependent variables. The dependent variables assessed corresponded with the self-advocacy components involved and the independent variables for each study. Transition planning related interventions included key dependent variables such as transition knowledge (e.g., Woods et al., 2010), postsecondary educational and career interests (e.g., Aune, 1991), level of involvement in transition planning (e.g., Powers et al., 2001), interview skills (Bobroff & Sax,

2010), help-recruiting skills (Balcazar et al., 1995), and college and employment status (e.g., Rothman et al., 2008). IEP participation-related interventions included such key dependent variables as participation in IEP meetings (e.g., Mason et al., 2002) or mock IEP meetings (e.g., Arndt et al., 2006). Participation levels were measured in various ways, such as quality of student participation (e.g., Test & Neale, 2004), number of relevant responses in IEP meetings (e.g., Hammer, 2004), quantity and quality of student verbal contributions (e.g., Van Reusen & Bos, 1994), and percentage of intervals in which IEP team members spoke (Martin et al., 2006). General self-advocacy skills related interventions measured key dependent variables such as self-awareness (e.g., Eisenman & Tascione, 2002), self-concept (e.g., Campbell-Whately, 2008), knowledge of disability (e.g., Eisenman & Tascione, 2002), knowledge of services (e.g., Durlak et al., 1994), self-determination (e.g., Levin & Rotheram-Fuller, 2011), self-advocacy abilities (Grenwelge & Zhang, 2012), and locus of control (e.g., Wehmeyer & Lawrence, 1995). Some of the transition planning and IEP participation studies also included measures of general self-advocacy skills (e.g., Danneker & Bottge, 2009; Krajewski et al., 2010).

Findings about self-advocacy. Twenty-six of the 28 studies reported positive results for participants. Two group quantitative studies did not find statistically significant results regarding self-determination measurements (Levin & Rotheram-Fuller, 2011; Wehmeyer & Lawrence, 1995); however, qualitative data showed positive effects for Levin and Rotheram-Fuller (2011) and anecdotal evidence showed positive effects for Wehmeyer and Lawrence (1995). In general, the remaining nine group design studies reported positive findings with some or all of their measures. One of them reported maintenance and generalization data (Cuenca-Sanchez et al., 2012). The 10 single subject design studies all showed positive effects on increasing self-advocacy skills across either participants or behaviors. Two of the 10 single subject design

studies reported maintenance effects one to two weeks after intervention, and six of them reported generalization of skills to other settings. The five qualitative studies reported intervention effects such as increased knowledge of self, knowledge of rights, communication skills, membership and leadership skills, empowerment, IEP participation, and suggestions for accommodation. Four of the five qualitative studies reported that skills generalized to natural settings. Two mixed method studies also reported positive findings, but neither of them reported maintenance or generalization data.

Strengths and weaknesses. The strengths of the qualitative studies are that they all used some methods to ensure their credibility of data analysis. Three studies used multiple strategies such as triangulation, member checks and debriefing, and two studies used only triangulation, or multiple data sources. In terms of data collection, all studies used interviews and two studies included observation data. Four studies sorted and coded results in a meaningful way, and one study (Krajewski et al., 2010) omitted detailed information about data analysis. These suggest that more emphasis and consistency of credibility procedures are needed with qualitative studies in this area. Specifically, researchers should use multiple procedures such as triangulation, peer debriefing, and members checking to ensure the trustworthiness of the qualitative findings. The major strengths of the single subject design studies are that dependent variable (s) were operationally defined, and most studies ($n = 9$) included inter-observer reliability data. In addition, seven studies collected social validity data. One concern is that only four out of ten single subject design studies collected fidelity data for the intervention. The major strengths of the group design studies are that they all used multiple measures (e.g., survey, writing products, and observation data), and that most of the studies (7 out of 9) included control or contrast groups. The weaknesses of some studies included lack of the following: long-term impact or

outcome data (e.g., Cuenca-Sanchez et al., 2012); description of attrition (e.g., Van Reusen & Bos, 1994); intervention fidelity measures (e.g., Powers et al., 2001); and reliability data (e.g., Aune, 1991). See Appendix A1.

Discussion. Results from the 28 self-advocacy intervention studies with elementary and secondary school students with disabilities indicated that students with various disabilities could benefit from self-advocacy skills training, though students with learning disabilities made up almost half of the total number of participants. This is consistent with the fact that learning disability is the number one reason for children and youth ages 3-21 to receive special education services (National Center for Education Statistics, 2016a). Nevertheless, further research is needed with students with other disabilities. Because most studies were conducted with high school students, and self-advocacy interventions potentially can benefit younger children, more research is also needed with students in elementary school and middle school. All interventions, based on both published curricula and researcher-developed training, had a positive impact on students' self-advocacy skill components. As communication and knowledge of self are the first and second most common intervention components, future research should focus more on knowledge of rights and leadership components of self-advocacy skills. In addition, little research has been conducted to examine the self-advocacy interventions' long-term impact on students' self-advocacy skills, and other outcome variables (e.g., graduation rate, employment). This calls for more longitudinal research in this area. Many of the interventions used multiple and mixed formats (e.g., lecture, group discussion, individual meeting) and strategies (e.g., role-play, modeling, prompting, corrective feedback, rehearsal) to teach self-advocacy skills. Consequently, further research needs to identify the most effective and essential teaching formats and strategies.

Self-advocacy training with postsecondary school students with disabilities. Eight studies focused on teaching self-advocacy skills to postsecondary school students with disabilities. The main goal of these trainings was to help college students with disabilities to advocate for their rights under the ADA so that they could achieve academic and employment success. Two studies used self-advocacy programs and curricula as their intervention, and six studies used behaviorally based skills training. Below are summaries and discussion of the key elements of the eight studies. See detailed information of each study in Appendix A-2.

Purpose of study. One purpose was to determine the effects of a developed or published training or practice, including adaption of existing training to a new population. Four studies had this purpose (Balcazar et al., 1991; Palmer & Roessler, 2000; Roessler, Brown, & Rumrill, 1998; Walker & Test, 2011). The other type ($n = 4$) developed trainings and evaluated their effects (Lamb, 2014; Roffman, Herzog, & Wershba-Gershon, 1994; White & Vo, 2006; White, Summers, Zhang, & Renault, 2014).

Participants and setting. The number of study participants ranged from 3 and 52. The combined number of participants of the eight studies was 171. One study did not report gender information (Lamb, 2014). Based on reported data, there were 67 female participants and 84 male participants. Three studies omitted age information (Lamb, 2014; Roessler et al., 1998; White et al., 2014), and the participants in the remaining studies were between 17-50 years old. Learning disability was still the most common disability type ($n = 87$); followed by disability type “unknown” ($n = 22$); mental health issues ($n = 13$); orthopedic disability ($n = 12$); sensory disability ($n = 7$); physical disability ($n = 6$); ADD/ADHD ($n = 1$); traumatic brain injury ($n = 1$); and arthritis ($n = 1$). Participants of the eight studies were in postsecondary educational settings, including four community colleges, nine four-year colleges or universities, one historically black

college and university, and one university for Native Americans. All eight studies conducted interventions in participants' schools, either in a classroom or campus office.

Design of study. One study used a qualitative design, and seven studies used quantitative designs. The one qualitative study explored intervention experiences and effects of a group of 20 students (Lamb, 2014). Of the seven quantitative design studies, four used some type of single subject design including multiple baseline across behaviors (Roessler et al., 1998), multiple baseline across participants (Walker & Test, 2011), multiple baseline across behaviors and participants (White & Vo, 2006), and AB design (Balcazar et al., 1991). The other three studies used group designs, including two quasi-experimental design studies (Roffman et al., 1994; White et al., 2014) and one group experimental design study (Palmer & Roessler, 2000).

Independent variables and self-advocacy components. Two studies used some type of self-advocacy program or curriculum, and six studies used behavioral based self-advocacy skills training. The self-advocacy program and curriculum are Understanding Learning Disabilities course (Roffman et al., 1994) and Bridges (a pilot college success class) (Lamb, 2014). The behavioral based self-advocacy skills training included help-recruiting skills training (Balcazar et al., 1991), and accommodation request skills (e.g., Roessler et al., 1998).

All eight studies focused on one or multiple components of self-advocacy skills: knowledge of self, knowledge of rights, communication and/or leadership. One study covered all the four components (Lamb, 2014). Two studies covered only one component: communication (Balcazar et al., 1991; Roessler et al., 1998). The remaining five studies covered two or three components, including knowledge of self and communication ($n = 2$), knowledge of rights and communication ($n = 1$), and knowledge of self, knowledge of rights, and communication ($n = 2$). To summarize, all eight studies included communication, followed by knowledge of self ($n = 5$),

knowledge of rights ($n = 4$) and leadership ($n = 1$). Specifically, communication is in the form of requesting accommodation or help.

Dependent variables. The dependent variables assessed corresponded with the self-advocacy components involved and the independent variables for each study. The major dependent variables included understanding of disability, understanding of strengths and needs, knowledge of rights, accommodation requesting behaviors, self-determination, self-efficacy, and social competency. Researchers measured these dependent variables by survey, observation, and interview.

Findings about self-advocacy. All eight studies reported positive results for participants. The one qualitative study found increased self-determination skills including understanding of disability and advocating with college instructors for their accommodations. The four single subject design studies demonstrated increased self-advocacy skills across either participants or behaviors or both, and skills were maintained over time and generalized to natural setting or simulated natural settings. The remaining three group design studies reported positive findings with some or all of their measures, and one of them reported maintenance and generalization data (Roffman et al., 1994).

Strengths and weaknesses. The one qualitative study used inter-rater reliability and multiple data sources (i.e., interview data, survey data) to increase the credibility of the study. However, the study weaknesses included data collected from students only, the instructor also serving as evaluator, and lack of detail regarding the data analysis. The major strengths of the single subject design studies were operationally defined dependent variables, and maintenance and generalization data collected. Only one study included reliability, treatment fidelity, and social validity data (Walker & Test, 2011), while one study did not include data on any of those

three measures (Roessler et al., 1998), and two studies did not include intervention fidelity data (Balcazar et al., 1991; White & Vo, 2006). The major strengths of the group design studies were that they all used multiple measures (i.e., survey, and observation data), and that two out of three studies included a control group. Only one study (Roffman et al., 1994) conducted a one-year follow up, and none of the group design studies included fidelity or reliability measures. See Appendix A-2.

Discussion. All of the interventions had a positive impact on students' self-advocacy skill components, suggesting that students with various disabilities could still benefit from self-advocacy skills training when they were in postsecondary education settings. Learning disability was still the most common reported disability (51%) in these studies. Students in postsecondary education settings are responsible for requesting accommodations under the ADA. This calls for more self-advocacy research with college students, especially students with different disabilities to expand the generality of the interventions. These eight studies confirmed that communication and knowledge of self are the first and second most common intervention components, and that future research should focus more on knowledge of rights and leadership. In addition, future research should explore whether self-advocacy skills in college (e.g., knowledge and skills of requesting accommodations) can generalize to other areas such as employment, and result in better postsecondary education outcomes (e.g., graduation rates, employment rates).

Self-advocacy training beyond students with disabilities. The review found only four self-advocacy intervention studies conducted in community settings (non-educational setting) between the years 1990 to 2016. Three of them are behavioral-based self-advocacy skills training and one is a self-advocacy program. Below are summaries and discussion of the key elements of the four studies. See detailed information of each study in Appendix A-3.

Purpose of study. One study (Pickett et al., 2012) was designed to determine the effects of a developed training course—Building Recovery of Individual Dreams and Goals (BRIDGES). This training program was designed to empower adults with mental illness and to improve their self-advocacy skills. The purpose of the other three studies was to develop self-advocacy trainings and evaluate their effects on participants' ability to identify disability issues (Balcazar, Seekins, Fawcett, & Hopkins, 1990), to write advocacy letters (White et al., 1997), and to request work related ADA accommodation (Rumrill Jr, 1999).

Participants and settings. The number of participants in these four studies ranged from 4 to 428. The total number of participants of the eight articles was 492. There were 279 female participants and 213 male participants. The participants' age ranged from 19 to 69 years. Mental health issues ($n = 429$) such as bipolar, schizophrenia, and depression made up the largest portion of the total number of participants. Other disability types included visual impairment or blind ($n = 47$); physical disability ($n = 10$); ADD/ADHD ($n = 1$); Multiple sclerosis ($n = 4$); cerebral palsy ($n = 2$). Two studies occurred at two local Independent Living Centers, one study occurred at various community sites (e.g., library, church, mental health center), and one study did not specify the training setting (Rumrill Jr, 1999).

Design of study. All four studies had quantitative design. These include a multiple baseline across participants design study (White et al., 1997); a multiple baseline across participants plus pre-and-posttest with control design (Balcazar et al., 1990); a randomized group experimental design (Pickett et al., 2012); and a matched randomly assigned group design (Rumrill Jr, 1999).

Independent variables and self-advocacy components. One study used a self-advocacy education course, and three studies used behavioral based self-advocacy skills training. The

behavioral based self-advocacy skills training included identifying disability related issues, self-advocacy letter writing skills, and accommodation requesting-related knowledge and skills. All four studies focused on multiple components of self-advocacy skills. None covered all four components. All four studies included communication, followed by knowledge of rights ($n = 3$), knowledge of self ($n = 2$), and leadership ($n = 1$).

Dependent variables. The dependent variables assessed corresponded with the self-advocacy components involved and the independent variables for each study. The major dependent variables included empowerment and self-advocacy (Pickett et al., 2012), number of reported disability related-issues (Balcazar et al., 1990), self-advocacy letter writing skills (White et al., 1997), and work accommodation knowledge and activity (Rumrill Jr, 1999). They were measured by survey, observation, and permanent products (i.e., self-advocacy letters).

Findings about self-advocacy. All four studies reported positive results. The two single subject design studies demonstrated increased self-advocacy skills across participants. One study also showed differences between trained participants and untrained participants (Balcazar et al., 1990). Skills were maintained and generalized for both studies, while 6-month follow up showed no use of learned skills by the participants (White et al., 1997). The remaining two group design studies reported positive findings with some or all their measures, and participants' skills were maintained and generalized.

Strengths and weaknesses. The major strengths of the single subject design studies are that dependent variables were operationally defined, and all studies included maintenance and generalization data. In general, they lacked social validity, and fidelity measures. Both group design studies included a control group. The major weakness of these studies is that both relied on self-reported survey data. See Appendix A-3.

Discussion. Results from these four self-advocacy intervention studies demonstrated that people with various disabilities in the community could learn and benefit from self-advocacy skills training. There have only been four studies conducted in the community. More self-advocacy training research in the community is needed considering the complexity of disability advocacy needs in the community. All the interventions positively impacted participants' self-advocacy skill components. Interestingly, communication and knowledge of rights are the first and second most commonly studied components, compared to communication and knowledge of self with students with disabilities. This might reflect the impact of demographic characteristics: students tend to be younger and self-exploration is considered important. However, this finding should be explained with caution due to the small number of studies ($n = 4$), and small difference ($n = 1$) between knowledge of rights and knowledge of self.

Summary and research recommendations. Here are the major findings of the literature review. First, most self-advocacy intervention studies occurred in the school settings. The emphasis has been with students with disabilities in primary and secondary school, with a recent emergence of studies in postsecondary education setting. Second, students with learning disabilities are the major population of participants, followed by students with intellectual disability, and students with emotional behavioral disorders. Third, there are two major types of training/interventions: self-advocacy program and curricula, and behavioral based self-advocacy training. Fourth, all self-advocacy trainings focused on one or multiple components of self-advocacy skills (i.e., knowledge of self, knowledge of rights, communication, leadership), with most common components being communication and knowledge of self. Fifth, there are some weaknesses and inconsistencies with the quality of the studies. Qualitative studies need to use more strategies to ensure credibility of the data analysis. Single subject design studies need to

address key methodological issues such as reliability, procedure fidelity, social validity, maintenance and generalization. Group design studies need to include control or contrast group and use more longitudinal designs. An overarching research recommendation is that more community-based research is needed with individuals with other types of disabilities to supplement the research involving students with learning disabilities in educational settings.

Research Purpose and Questions

Purpose

The purposes of the current studies were to investigate the current disability advocacy modes/methods and to extend previous studies on self-advocacy letter writing skills training for people with disabilities (White et al., 1997). The researchers used a mixed method design. First, the researchers conducted a focus group study to gather information from disability rights advocates to learn about their experiences with advocacy modes and factors involved in deciding which modes work best. Then the researchers designed a national survey to gather information about advocacy practices that advocates from Centers for Independent Living (CILs) used. Finally, researchers used the information gathered from Study 1 and Study 2 to update the Action Letter Portfolio (ALP), renamed it the Advocacy Training Package (ATP), and tested its effects on self-advocacy skills.

Research Questions

Focus group and survey:

1. What are the self-advocacy modalities/methods that disability advocates use?
2. What factors are considered when disability rights advocates decide which self-advocacy method to use?
3. What are some of the advocacy strategies that the advocates find useful?

Advocacy training:

4. Can the Advocacy Training Package (ATP) increase the self-advocacy letter writing skills of people with disabilities?
5. Are participants able to maintain gains in self-advocacy letter writing skills and generalize the skills to their personal advocacy concerns?

6. Can the self-advocacy letter writing skills generalize to writing advocacy emails and making advocacy phone calls?
7. Can the Advocacy Training Package increase advocacy skills in the form of emails and phone calls?
8. How do participants with disabilities perceive the usefulness of the Advocacy Training Package?

Study One Focus Group

Method

Participants and setting. The eligibility criterion for participating in the focus group was that the person should be experienced in disability rights advocacy. The participants could be people with or without disabilities. Participants were invited using a recruitment flyer distributed through Independence, Inc., a local center for independent living, and through the contacts the researchers had from previous studies in nearby communities in Kansas and Missouri. Interested participants contacted the researchers. Each participant was reimbursed with a \$50 ClinCard as compensation for their time and effort following the focus group discussion. The focus group was convened in the conference room of Independence, Inc., which was accessible to people with disabilities.

Materials. The researchers developed focus group discussion questions, a Demographic Questionnaire and a social validity survey.

Focus group questions. The questions helped to initiate discussion on the following topics. First, what were the experiences the participants had with different advocacy modalities or methods? Second, what advocacy methods did the participants most often use? Third, what experiences and thoughts did the participants have about advocacy methods such as formal letters and emails? Fourth, what experiences and thoughts did the participants have regarding the advancement of technology, such as the internet, social media and digital tools, for use with advocacy? Fifth, were there considerations or strategies when deciding which advocacy methods to use for different disability rights concerns or audiences? Finally, were there any strategies or recommendations to help compose effective advocacy letters, including formal letters and emails? See Appendix B.

Demographic questionnaire. The Demographic Questionnaire included questions about age, gender, disability types, years with a disability, and experiences as a disability rights advocate. See Appendix C for the demographic questionnaire.

Social validity assessment. The social validity assessment consisted of the Focus Group Evaluation Survey, with which focus group participants rated their satisfaction with the focus group discussion. First, the participants rated their satisfaction with their experiences participating in the focus group, such as the focus group topics and the extent to which they expressed themselves, on a Likert-type scale from 1 to 5 (strongly disagree to strongly agree). Secondly, the participants rated their overall satisfaction with the focus group and the facilitator on a Likert-type scale from 1 to 4 (poor to great). Finally, two open-ended questions allowed the participants to comment on the discussion. See Appendix D for the Focus Group Evaluation Survey.

Procedures. The focus group lasted for two hours. A facilitator guided the discussion using the focus group questions. A recorder took notes of the discussion and wrote them on tear sheets while a note taker took detailed meeting notes using a computer. The facilitator distributed the consent forms to the participants and read the consent form aloud at the beginning of the focus group. The facilitator also gave a full explanation of the purpose and ground rules regarding confidentiality to the participants. Participants were fully informed about their rights, particularly in terms of freely declining or withdrawing their participation during or after the focus group. In addition, the researcher obtained consent to audiotape the discussion with the understanding that data would be anonymous and would be stored in a locked cabinet and destroyed after the study was completed. Participants completed the Demographic Questionnaire before the focus group discussion and the Focus Group Evaluation Survey following the

discussion. Researchers transcribed the focus group audio recordings for further review and analysis. The structural coding method, which “is appropriate for virtually all qualitative studies, but particularly for those involving multiple participants, standardized or semi-structured data-gathering protocols, hypothesis testing, or exploratory investigations to gather topic lists or indexes of major categories or themes” (Saldaña, 2012, p. 84), was used. After thoroughly reading the transcript, the researcher summarized and coded the transcribed data into categories.

Results

Demographic information. Ten people participated in the focus group. Five were females and five were males. Their average age was 60.8 years old ($SD = 9.92$), with a range of 43 to 73 years old. Nine of them were people with disabilities. One person did not have a disability but was a family member and had advocated on behalf of two family members.

For the nine participants with disabilities, five had physical disabilities such as a SCI and polio, two were blind, one had TBI and one had mental health issues. The duration of the participants’ disabilities ranged from 14 to 64.5 years, with an average of 46.38 years ($SD = 15.34$).

All participants had a long history of advocating for themselves, for others or for systems change. Most of them had been working or volunteering for disability rights organizations such as centers for independent living, the National Federation of the Blind, and the Great Plains ADA Center, a federally funded information center.

Focus group analysis. These results are presented following each of the discussion questions posed. First, what are the self-advocacy modalities that disability rights advocates often use? The often-used advocacy modalities mentioned were letter writing, phone call, visit, email, the use of social media, and public demonstration. Regarding the use of social media, two participants mentioned Twitter, Facebook and Instagram. They discussed the use of social media and emphasized that using social media for advocacy can potentially create more pressure for changes.

What factors are considered before disability rights advocates decide which self-advocacy method to use? Participants mentioned several different factors. First, they considered the timeline and how many people needed to be reached. Several participants mentioned that they used social media when they wanted the advocacy message to be received by a wide population and when they had a short timeline. Secondly, they considered whether the advocacy was a more personal or a systems issue. The advocates suggested that it was better to use more direct and one-on-one communication methods, such as a letter or a phone call, when the concern was more personal, rather than to bring it to social media platforms initially.

What are some of the advocacy strategies that the advocates find useful? Participants mentioned the importance of being assertive, but not aggressive. In addition, they stressed that it is important to “do your homework and do not over-speak your knowledge level,” otherwise, “you will lose your credibility.” They recommended employing empathy by asking questions such as “If you were me, how would you feel if this happened to you?” Participants also recommended making sure to talk to the right person, as one participant indicated, “if your argument is not affecting the person you are talking with; chances are you are not talking with the actual decision maker.”

The advocates had suggestions for writing letters and emails. First, letters and emails should be short and to the point. They recommended that letters be no longer than one page. Second, they emphasized that telling a personal story is helpful. They suggested that it is important to let the recipients of the letters or emails know, the change being advocated for is personally important. Third, participants recommended identifying exactly what the change is being advocated for, and even trying to offer some options. Finally, participants recommended educating the recipients of the letter or email by citing laws and facts.

Focus group evaluation. In general, the participants gave positive evaluations of the focus group. Specifically, the participants found that the focus group topics interesting ($M = 4.4$) and the questions easy to understand ($M = 4.2$). They felt that they were given enough time to discuss ($M = 4.6$) and were listened to during the discussion ($M = 4.7$). See Table 1.

Study Two National Advocacy Survey

Method

Survey sample and recruitment. The survey respondents were people who worked as professional or volunteer disability rights advocates. To reach this population, the researcher purposively sampled people who worked in the Independent Living (IL) field, mainly Centers for Independent Living (CILs). CILs are consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agencies that are operated within local communities by individuals with disabilities. CILs provide five core independent living services: (a) individual and systems advocacy; (b) information and referral services; (c) independent living skills training; (d) peer counseling; (e) transition services. Researchers contacted three national IL organizations and requested assistance in distributing the survey through their email lists. Independent Living Research Utilization (ILRU) is a national center for information, training, research, and technical assistance in independent living. National Council on Independent Living (NCIL) and Association of Programs for Rural Independent Living (APRIL) are both national cross-disability, grassroots organizations ran by and for people with disabilities and represent organizations and individuals. APRIL's members include CILs from rural areas of the country.

Survey instrument. Researchers composed the survey items based on the research questions and the focus group discussions. Upon completion of the draft survey, the researcher invited the focus group participants and other disability rights advocates to review it and provide feedback regarding the content and the format. The survey was created and distributed through Qualtrics. The survey passed the accessibility requirement of Qualtrics for people with visual impairment. Additionally, an advocate who is blind tested the survey using screen reader software and confirmed its accessibility.

The survey included 17 questions. Three were demographic questions, such as job title and number of years working in disability rights advocacy. Six questions asked the respondents to rank how often they used each listed advocacy method (e.g., formal letter, email, Facebook, phone call) in general, and when dealing with different types of disability concerns. The respondents ranked the method by assigning a number to each method, 1 = most often. An “other” choice was available so that the respondents could write in their own advocacy methods if they were not listed in the choices. The survey also included questions rating the importance and satisfaction level with each method listed. Next, the survey asked questions about whether each of the key elements of advocacy letters was relevant and important to writing an effective advocacy letter or email. Finally, the survey asked about the respondents’ use of technology in their current advocacy practice.

To obtain sample advocacy letters for the development of the ATP, researchers requested that respondents share letters and emails they had written with assurance that identifiable information would be kept confidential. Finally, the respondents were invited to provide their contact information if they wanted to receive the ATP upon study completion. Otherwise, the survey data was anonymous. See Appendix E for the survey.

Procedure and data analysis. We emailed ILRU, NCIL, and APRIL, describing the study and requesting distribution of the survey request through their networks. The emails were sent to the three organizations in a sequential manner. This could reduce the possibility of potential respondents receiving multiple emails from different organizations at the same time because email lists of these three organizations likely overlap to some degree.

The emails to the potential respondents contained a link to the online survey. The respondents were asked to complete the survey, and also to forward the email with the survey

link to their co-workers. The survey was open for responding between March and June of 2016.

Results

Respondents. Two hundred and twelve responses were received from respondents across 30 states; 103 of the surveys were completed. The respondents were staff members from Centers for Independent Living with a variety of job titles. A small number of people identified themselves as volunteers and self-advocates. Their average duration of experience in disability rights advocacy ranged from 0.5 year to 50 years, with an average of 15.41 years.

Advocacy methods analysis. The survey results provided a comprehensive view of the current advocacy practices of disability rights advocates. For example, when asked to rank the use of each advocacy method listed, the respondents indicated that the advocacy methods they or their consumers used from most often to least often were as follows: phone call, email, visit, formal letter, public testimony, Facebook, others, postcard, public demonstration (e.g., ADAPT), online petition, and Twitter. Participants also wrote in a variety of other advocacy methods including writing columns in newspapers or blogs, sending newsletters, giving presentations, and speaking at public meetings. See Figure 1.

For another example, the respondents indicated that the top five advocacy methods they or their consumers used for initial contact from most often to least often were email, phone calls, formal letters, visits, and postcards. See Figure 2

When asked about the top five methods they used to advocate for environmental changes to increase accessibility, the respondents indicated that these methods were phone calls, formal letters, visits, emails, and postcards. See Figure 3.

When asked about the top five methods that they or their consumers used to advocate for policy and service changes at the community level, the respondents indicated that these methods were phone calls, formal letters, visits, emails, and public testimony. See Figure 4

When asked about what types of evidence they or their consumers included in letters and emails, the respondents indicated the use of supporting documents or data were used most frequently (45.56%), followed by pictures (33.73%), other (8.88%), video (8.28%) and audio (3.55%). The “other” responses included no attachments or enclosures or only using personal meetings, which indicated that the other choices for this question were not applicable.

Figure 5 illustrated the satisfaction level with using each advocacy method, with 1 = very satisfied and 4 = very dissatisfied. The mean satisfaction level ranged between 1.59 and 3.98. The top five methods that the respondents expressed satisfaction were visits, phone calls, emails, public testimony and formal letters. The methods that the respondents were not satisfied with were public demonstrations, online petitions, Facebook postings, Twitter postings and postcards.

The respondents also provided input on important elements of an effective advocacy letter. Their answers fall into three categories: letter content, letter format and strategies for writing an effective letter. See the summary in Table 2.

Study Three Advocacy Skills Training

Method

Participants. Participants for this study were adults with disabilities. The main eligibility criteria were (1) self-identification as a person with at least one disability, 2) interest in advocacy, but inexperienced with self-advocacy skills including self-advocacy letter writing, 3) ability to read and write in English, and 4) ability to use a computer to write.

Seven participants participated in the screening assessment and five participants were determined to be eligible for the study. Pseudonyms are used to protect their privacy. Participant one, Jane, was a 45-year-old female with multiple sclerosis and PTSD. She has a college degree. She was unemployed and receiving disability benefits. She had no prior advocacy training or advocacy experiences. Participant two, Rob, was a 71-year-old male with a spinal injury. He has a master's degree and is retired. He had some advocacy training and experiences with a local advocacy group. Participant three, Rick, was a 52-year-old male with PTSD and traumatic brain injury. He graduated from high school, and is a retired veteran. He had no advocacy training or experience. Participant four, Amy, was a 47-year-old female with schizophrenia. She has a bachelor's degree and was volunteering and working part time. Amy had no advocacy training and limited advocacy experience. Participant five, Tracy, was a 47-year-old female with bipolar disorder, traumatic brain injury, fibromyalgia, osteoarthritis, and degenerative discs. Tracy graduated from high school and had some college experience. She worked part-time and was receiving disability benefits. She had no advocacy training or experiences.

Recruitment. The participants were recruited through flyers distributed through local CILs in Kansas and Missouri both online (email list server, CIL Facebook page, CIL website, CIL newsletter) and offline (posting flyer in the CILs and word of mouth) methods. The

recruitment flyer contained the study purpose, eligibility criteria, screening process, and researcher contact information. Interested participants were asked to contact the researcher.

Screening assessment. As potential participants contacted the researcher, she explained the study purpose and eligibility criteria further. Participants then met with the researcher and received a screening assessment. During the screening assessment session, the researcher collected a consent form from each participant. These participants also completed the Demographic Questionnaire as described in Study 1. See Appendix C.

Upon completion of the Demographic Questionnaire, the participants received the screening test regarding their advocacy letter writing skills, which consisted of having time write an advocacy letter in response to a test scenario on a computer using Microsoft Office Word 2010. Participants were instructed to take as much time as they need to write the letter.

We used an updated Advocacy Letter Scoring Form to evaluate participants' advocacy letter writing skills. See Appendix F. This scoring form was originally developed with the Action Letter Portfolio (ALP) training manual (White & Thomson, 1994). We updated the scoring form along with the ALP training manual. See more details in procedure section below. The updated scoring form included 28 possible points, and the research criterion specified that scoring 23 or more points ($\geq 82.14\%$) indicated that a participant was already proficient in writing advocacy letters, and would therefore were ineligible for study participation. Each participant was reimbursed with a \$20 ClinCard as compensation for their time and effort following the screening assessment session.

Setting. The screening assessment and most of the testing and training sessions took place at Independence Inc., a local CIL in Lawrence, KS. We chose this setting because it provided ample and convenient accessible parking for participants. Most of the sessions were

conducted in two locations at Independence Inc., an office room and a computer lab. The office included a computer, a desk, and a chair. The computer lab contains computers and chairs, and some of the computers also have JAWS, a screen reader software program that facilitates computer use by people with visual impairment. During all sessions, the researcher was present to answer questions and to ensure that the participants remained on task. Three sessions with one participant were conducted at the researcher's office at the Research and Training Center on Independent living due to limited office availability at Independence Inc. The researcher's office contains a computer, a desk and a chair. Three sessions on advocacy email and phone call skills with one participant (Rob) occurred remotely due to the participant's health condition and inability to travel. The sessions were conducted using video conference (Google Hangouts) and phone calls. A HD webcam was available for both the experimenter in the office and the participant at home. An audio recorder was used to record the phone call role plays for transcription.

Materials. The material used for the current study was titled the "Advocacy Training Package" (ATP). Researchers revised the Action Letter Portfolio (ALP) and created the ATP based on information collected from Study 1 and Study 2.

Action Letter Portfolio. The ALP training manual was designed to help people with disabilities improve their advocacy letter-writing skills. See Appendix G for sample from ALP. The manual contains five key sections. Section 1 gives systematic instructions about how to write an effective advocacy letter by conducting a task analysis of the disability concern, analyzing the key elements of an advocacy letter, and illustrating the process with examples. Section 2 provides users with an opportunity to write their own advocacy letter about a disability concern. It covers strategies for analyzing problems and breaking them down into "smaller

problems" that could produce "small wins." Section 3 identifies follow-up strategies that users can use if they do not receive an immediate response to a letter, or if the response to the letter is unacceptable. Sections 4 and 5 are reference sections that letter writers can refer to in developing the content of their letter. Specifically, Section 4 contains numerous example letters that consumer advocates wrote in several areas of disability concerns, such as education, health care, transportation, housing, discrimination, and public accommodations. Section 5 contains legal and disability-related information that users can cite in their letters. It includes summaries of disability policy such as the ADA, the Fair Housing Amendments Act of 1988, the Rehabilitation Act Amendments of 1992, the Air Carrier Access Act, and Medicaid waivers.

An intervention study conducted by White et al. (1997) showed that training using the ALP could enhance the self-advocacy letter writing skills of people with disabilities. The ALP has also been adopted by many disability rights advocates and CIL as a tool to teach people with disabilities to learn self-advocacy letter writing skills after it was tested (White et al., 1999).

Advocacy Training Package. The goal of updating the ALP and creating the ATP is to ensure that the ATP can reflect the changes that have occurred since the creation of the ALP, and the current practice of disability rights advocates. See Appendix H for sample content of the ATP.

Updating procedures. First, data from the focus group and the national advocacy survey were analyzed to determine whether the key elements of an advocacy letter were complete and whether any additional elements should be added. Second, data from the focus group and the national advocacy survey were analyzed to identify additional advocacy methods that should be included in the ATP. Based on the focus group and survey results, researchers learned that advocacy methods using technology have been widely adopted by disability rights advocates.

Email, social media and phone calls were rated as commonly used methods in addition to letters sent through the postal service. Responding to this change, we expanded the training content on advocacy letter writing and added training content related to advocacy by email, phone calls and social media.

Third, exemplar letters collected from the national advocacy survey were incorporated to enrich the existing exemplar letters. Among 103 completed survey responses, 10 letters were uploaded by 10 survey respondents. Only one letter was incorporated into the updated training manual as an exemplar letter.

Fourth, the delivery format of the training package changed from paper and pencil to word document and computer. The ALP was presented in hard copy format and participants completed the training and test sessions using paper and pencil. Considering the common use of computers and word processing software (e.g., Microsoft Word), we decided to deliver the training on the computer electronically.

Finally, expert review was conducted to ensure the quality of the training package. Four experienced disability rights advocates reviewed the ATP using a 6-item Expert Review Form (See Appendix I). They held various positions in disability-related organizations, such as Co-Director of a CIL, Director of Training and Technical Assistance for APRIL, Director of a State Association of CIL, and Coordinator of a self-advocacy organization for people with intellectual disabilities. The expert reviewers rated each ATP chapter on a 5-point Likert type scale (1 = not at all, 2 = somewhat, 3 = half-half, 4 = mostly, 5 = totally) regarding the accuracy, relevance, utility, comprehensiveness, and readability. Additionally, the reviewers could comment on the content of the training package and suggest changes.

Updating Results. The ATP contains 11 chapters. The Introduction discusses why and how we should advocate in general. Chapter 1 discusses the first step of advocating on a certain disability rights concern, which is to conduct a task analysis of the concern. The researchers developed a Task Analysis Form that can help an advocate to analyze a disability rights concern by answering seven questions. See Appendix H. Chapter 2 gives systematic instructions about writing an effective advocacy letter by analyzing the key elements of an advocacy letter, and illustrates the process with examples. In addition, the researcher developed a fillable electronic Advocacy Letter Template (ALT). See Appendix H. Using this template, an advocate can fill in each component of the letter following the instructions and have a complete advocacy letter. Chapter 3 provides practice opportunities for writing two advocacy letters, one for a provided disability rights concern and the other for a personal disability concern. Chapter 4 provides exemplar letters addressing 14 different topics such as accessibility, education, housing, health care, transportation, employment and policy. Chapter 5 discusses advocating using emails, including the elements of sending emails with a letter as attachment or embedding the letter in the emails. Chapter 6 provides an analysis of the elements of making effective advocacy phone calls. Chapter 7 discusses conducting advocacy through social media, including an introduction of common social media platforms, and the strategies involved in using social media for advocacy. Chapter 8 identifies follow-up strategies that advocates can use if they do not receive an immediate response to a letter, a phone call or an email or if the response is unacceptable. Chapter 9 includes summaries of eight significant disability rights law or policies, including the Americans with Disabilities Act, the Fair Housing Act, and the Individuals with Disabilities Education Act. Chapter 10 contains disability rights resources, including contact information for major disability rights enforcement and or advocacy agencies. Chapter 9 and 10 are reference

sections that self-advocacy learners can refer to in developing the content of their letters, emails, or phone calls.

In general, the four expert reviewers gave positive evaluations for the ATP chapters. Specifically, the expert reviewers thought that all chapters were mostly or totally accurate and consistent with disability rights laws such as the ADA (mean ranges between 4.5 and 5). They considered the information in each chapter as mostly or totally relevant to the related topics (mean ranges between 4 and 5) and comprehensive (mean ranges between 4 and 5). They rated the information in each chapter as mostly or totally useful and applicable to disability rights advocacy (mean ranges between 4.25 and 5). They responded that the chapters mostly or totally reflected the philosophy of independent living (mean ranges between 3.75 and 5). However, the reviewers relayed that the relative weak area of the ATP is the ease of understanding for consumers with disabilities (mean ranges between 2.75 and 4.5). The expert reviewers commented that the reading level could be too high for consumers with limited education background or with cognitive disabilities. See Table 3 for more details.

The researcher reviewed comments provided by the expert reviewers and incorporated the feedback into each chapter of ATP. She also reduced the reading level by using simpler words and shorter sentences when possible. She then assessed the readability of the manual using Microsoft Word readability statistics. These include the Flesch Reading Ease Score and the Flesch-Kincaid Grade Level. Flesch Reading Ease Score rates text on a 100-point scale; the higher the score, the easier it is to understand the document. Flesch-Kincaid Grade Level rates text on a U.S. school grade level. For example, a score of 8.0 of a document means that an eighth grader should be able to understand it. The goal was to make sure that the training materials would be appropriate for high school graduates. The Flesch Reading Ease Score of the ATP was

assessed at 45.7 and the Flesch-Kincaid Grade Level was assessed at 11.3. The researcher also ran these two Microsoft Word readability index and score with the ATP excluding Chapters 9 and 10 because these chapters contain legal information with more complicated words. The Flesch Reading Ease Score of the ATP was 52.1 and the Flesch-Kincaid Grade Level was 10.2. These scores indicated that the ATP should be appropriate for readers with a high school education.

Testing scenarios. Twenty-nine real life scenarios were created for testing. Each scenario describes a disability rights concern for participants to address through writing letters, or emails or making phone calls. The scenarios involve disability rights that are protected by legislation. Specifically, the scenarios cover reasonable employment accommodation, employment discrimination, housing modification for accessibility, housing application, public accommodation, transportation, air transportation and special education. To ensure that the scenarios cover relevant and common concerns, the researcher developed the scenarios based on online stories shared by people with disabilities in the news or from the court cases. One expert reviewer, who has more than 30 years of experiences in disability rights advocacy, reviewed each scenario to ensure the scenarios were relevant and important. See Appendix J.

Experimental design. The main purpose of the intervention study was to test the effects of the ATP on participants' advocacy skills in the form of letter and email writing and making phone calls. A multiple baseline across three groups of participants (five participants in total) design was used to evaluate the intervention effects on advocacy letter writing. Specifically, Jane and Rob were in group one, Rick and Amy were in group two and Tracy was in group three. A multiple baseline across two participants (Jane and Rob) design was used to evaluate the intervention effects on advocacy email writing and phone call. The advocacy letter experimental

conditions were baseline, training, post training test, feedback, post feedback test and follow up. The advocacy email and phone call training conditions were baseline, training, and post training test.

Independent variables. The independent variables for the advocacy letter skills training consisted of two components. The first component was the participants self-administered learning sessions using the ATP. All participants read eight of the eleven chapters, which covered the introduction, task analysis, writing self-advocacy letters, follow up, legal facts and resources. The second component was the feedback sessions provided by the researcher. The researcher offered feedback sessions to participants who did not meet the mastery criteria (82.14%) during the post training test.

The independent variables for the advocacy email and phone call skills training were the participants self-administered learning sessions on the ATP. Specifically, two participants read one chapter on advocacy email and one chapter on advocacy phone calls.

Dependent variables. The dependent variables were three modes of advocacy skills, advocacy letter writing, email writing and phone call. For advocacy letter writing skills, there were four major components, including date and inside address, opening of letter, body of letter and closing of letter. These four major components consisted of fourteen elements, including dating the letter, the inside address, the salutation, introducing yourself, introducing the problem, presenting evidence, explaining the problem, citing laws that apply, offering probable solutions, offering yourself as a potential resource, wrapping up, the closing salutation, adding the signature and typing name and contact information, and making notes of enclosures and cc. See Table 4 for the operational definition of each element.

The self-advocacy email skill included two different formats: sending an email with a letter as an attachment and sending an email with the information in the body of the message. The self-advocacy email alone format was tested in the study, and it included fifteen elements. Most of the elements were the same as writing letters; several unique elements with email included adding an email address for the primary contact, copying the secondary contacts, composing a subject line, and mentioning the attachment. See Table 5.

Self-advocacy phone call skill included two different formats for closing the phone call depending on whether the request was denied or not. Most of the components were the same as writing letters or emails; however, several unique elements were included with the phone call. See Table 6.

Procedures for letter training. Each session was two hours long. The participants were reimbursed \$60 per session. During the testing sessions, the participants addressed the disability concern scenarios through letter and email writing, and making role play phone calls. There was no time limit for each participant to complete each task considering different levels of reading and writing skills. Participants could use the internet to look up information such as legal facts but were prohibited from looking up information related to advocacy letter writing, emailing, and making phone calls. The researcher provided a notepad for each participant to take notes. Participants could choose to use the computer to write notes as well. The researcher created a study Gmail account for participants to write emails.

Baseline condition. During baseline testing, participants used a computer to write letters responding to written scenarios provided to them portraying various disability concerns (e.g., inaccessible bathroom, employment accommodation). As generalization probes, each participant also wrote a letter responding to a personal disability concern (PDC) that the participant had

experienced. The participants also wrote an email and made a phone call regarding a disability concern scenario. Each participant conducted the role-play phone call with the researcher, in which the participant acted as the person with a disability rights concern as described in a written scenario.

Training condition. Participants independently completed the self-paced training using the ATP on a computer. The researcher explained to each participant procedures of the training, and the assistance the researcher could provide. The researcher could answer questions to clarify material in the manual. However, the researcher did not inform the participants whether they had written the letters correctly during the ATP training. No time limits were set for the completion of the training and participants could take breaks as needed. The researcher recorded the amount of time each participant used to complete the required chapters of the ATP. When participants studied advocacy letter skills training chapters, the researcher blackened the chapters about advocacy email and phone calls, so participants had no access to them.

The participants sat at a desk with a computer, and the researcher sat in the corner of the room. The researcher remained silent unless the participant asked questions to reduce potential disruption to participants' learning process. Questions asked by the participants were recorded. The training time were 6.40 hours for Jane, 4.25 hours for Rob, 7.35 hours for Rick, 2.72 hours for Amy, and 12.28 hours for Tracy.

Post-training testing condition. After participants completed the ATP training, they wrote letters responding to provided scenarios. The participants completed the Task Analysis Form (TAF) for each scenario before they wrote the letters. In addition, the participants wrote the letters using the Advocacy Letter Template (ALT) provided by the researcher. The ALT contained short instructions for the key elements of an advocacy letter. The participants could

replace the instructions with corresponding content about a specific disability concern. The plan was for the participants to complete an advocacy letter once they replaced all the instructions with appropriate content on the ALT. Participants who achieved mastery criterion on two advocacy letters were considered proficient in advocacy letter writing and would move on to follow-up testing. Otherwise, the participants received feedback on their letters from the researcher. For generalization probes, participants who achieved mastery criterion also wrote a letter responding to a PDC that the participant had experienced, and then wrote an email and role-played an advocacy phone call responding to a disability concern. Participants mailed the letters they wrote about their PDC and shared any responses received with the researchers. As another generalization probe, the participants wrote a letter using a blank Microsoft Word document without the ALT.

Feedback condition. The researcher used behavioral skills training techniques to provide feedback to the participants whose advocacy letter skills did not meet the mastery criterion. The researcher developed the Feedback Session Protocol to guide the feedback process. The feedback session consisted of reviewing the task analysis and the operational definitions of the target skills or behaviors; discussing the strengths and weaknesses of the participants' letter writing by reviewing the scoring forms of the letters the participants had written; using two post-training testing scenarios and letters as examples to provide corrective feedback; training on searching internet resources if necessary; and having participants practice previously addressed scenarios with lower scores until two consecutive letters scored $\geq 82.14\%$. Once two consecutive letters had reached the mastery criterion, the participants received post-feedback testing.

Post-feedback testing condition. Participants who received feedback sessions completed another testing condition, in which researchers asked them to write letters responding to different

scenarios with the TAF and ALT. For generalization probe purposes, each participant in this condition also wrote a letter responding to a PDC, wrote an email, and made a role-play phone call. The letter addressing the PDC was mailed. As another generalization probe, the participants wrote a letter using Microsoft Word without the ALT.

Follow-up condition. Participants wrote one letter to address a disability rights-related concern during the follow-up condition (4-5 weeks after the training) as a probe for maintenance. The TAF and the ALT were used.

Procedures for email training. The advocacy email training and testing was similar to the letter training and testing. It only occurred with Jane and Rob after they completed all the conditions of advocacy letter training and testing, including the follow-up testing.

Baseline condition. During baseline testing, participants wrote emails responding to provided scenarios portraying various disability concerns.

Training condition. Participants independently completed the self-paced training using the ATP chapter on advocacy email on a computer. The researcher explained to each participant procedures of the training, and the assistance the researcher could provide. The training setting was the same as the advocacy letter training.

Post training test condition. After the participants completed the ATP email training, the researcher asked them to write emails responding to different scenarios. Each participant completed the TAF for each scenario before they wrote the email.

Procedures for phone call training. The advocacy phone call training and testing was similar to the letter and email training and testing. It occurred with Jane and Rob after they completed all the conditions of advocacy email training and testing.

Baseline condition. During baseline testing, participants made role play phone calls

with the researcher, responding to provided disability rights concern scenarios.

Training condition. Participants independently completed the self-paced training using the ATP chapter on advocacy phone calls on a computer. The researcher explained to each participant procedures of the training, and the assistance the researcher could provide. The training setting was the same as the advocacy letter and email training.

Post-training test condition. After the participants completed the ATP phone call training, researchers asked them to make role-play phone calls to address different scenarios. Each participant completed the TAF for each scenario before they made the phone call.

Data collection. Data was collected based on permanent product, consisting of completed letters and emails written, and the transcription derived from the audio recordings of role-play phone calls made by the participants.

The Advocacy Letter Scoring Form was used to score the letters. See Appendix F. The ATP identified 14 different elements across four major components of the advocacy letter. These major components are date and inside address, opening of letter, body of letter, and closing of letter. The Advocacy Letter Scoring Form included the 14 elements within these components that comprised an effective advocacy letter. Researchers scored the letters based on form and content, with more emphasis on the content. A Likert-type scoring scale (0 = not occurred, 1 = partially occurred, 2 = occurred) was used to score each element of the letter. Data were summarized as the percentage of scores earned (earned score/total score). To clarify, the researchers scored letters on their content only, rather than correct grammar and spelling. Correct grammar and spelling are obviously important; however, training these skills were not the objective of the study.

The Advocacy Email Scoring Form. See Appendix K. The ATP identified 15 different

elements across four major areas of the advocacy email. These major areas were contacts and subject line, opening of email, body of email, and closing of email. Researchers scored the emails based on form and content, with more emphasis on the content. A Likert-type scoring scale (0 = not occurred, 1 = partially occurred, 2 = occurred) was used for each element of the email. Data were summarized as the percentage of earned scores (earned score/total score).

The Advocacy Phone Call Scoring Form. See Appendix L. The ATP identified 12 different elements across three major areas of the advocacy phone call. These major areas were opening of the call, body of the call, and closing of the call (with a positive response or the person needs time to investigate; negative response). A Likert-type scoring scale (0 = not occurred, 1 = partially occurred, 2 = occurred) was used for each element of the email. Data were summarized as the percentage of earned scores (earned score/total score).

Reliability. Inter-observer reliability was collected by having another researcher independently score the letters, emails and phone call transcriptions using the respective scoring forms. An undergraduate student research assistant was trained to conduct the reliability checks. During the training, the primary and secondary observers discussed the score definitions and independently practiced scoring letters, emails and phone call transcriptions with the rating system until they were both clear for scoring purposes. The secondary observer was not aware of who wrote or produced which letters, emails, or phone call transcriptions, or in which order they were produced. We compared the primary and secondary observer's data on each behavior. The inter-observer agreement reliability was calculated by this formula: $(\text{behavior 1 IOA} + \text{behavior 2 IOA} + \dots + \text{behavior n IOA})/n$ (n equals the number of elements for each skill). The inter-observer reliability was conducted for at least 30% of all the letters, emails and phone calls for each participant across all conditions.

Social validity. The researcher assessed three social validity aspects of the intervention. Specifically, the researcher obtained participants' evaluation of the training, experts' evaluation of the quality of the letters, and the natural outcomes of the personal disability concern letters mailed by the participants.

Participants' evaluation. The participants provided feedback regarding the effectiveness, relevance, quality, and ease of use of the training using the Advocacy Training Evaluation Form. See Appendix M. The Advocacy Training Evaluation Form consisted of four parts. Part 1 and 2 were 5-point Likert-type scales (ranging from 1 = strongly disagree to 5 = strongly agree) and included 17 questions, focusing on the self-paced training experience and the feedback session experience respectively. Part 3 had five 5-point Likert-type scales (ranging from 1 = not at all to 5 = extremely) to evaluate how much the participants benefited from the entire training experience. One additional question asked participants to rate the overall training experiences from 1 to 5, 1 = very poor to 5 = excellent. Part 4 contained four open-ended questions, allowing the participants to reflect on what they liked and what they would like to change about the training.

Experts' evaluation. Three independent experts were invited to review the quality of the participants' letters. The expert reviewers were given the basic information about the training; however, they were naïve about the training content and the participants. The expert reviewers included a director of a CIL, a disability studies researcher, and a director of a spinal cord injury research fund. All of them have disabilities and have been involved in disability rights advocacy.

These expert reviewers were each given ten letters with scenarios to rate. The letters were randomly selected from the baseline and post-training or post-feedback conditions, two for each participant. The expert reviewers rated ten scenarios on ten separate Advocacy Letter Expert

Review Forms. See Appendix N. The Advocacy Letter Expert Review Form contained 14 six-point Likert-type scale questions regarding the appropriateness of each element and of the letters overall. The six-point scale ranged from -3 = behavior not occurred, -2 = strongly disagree to 2 = strongly agree. The researcher did not reveal the conditions under which the letters were written.

PDC letters outcome. All five participants wrote a personal disability concern letter. Jane's PDC was to obtain permission from her landlord to have an emotional support dog despite a "no pets" policy; Rob's PDC was to request the property owner of a shopping mall to make their accessible parking spaces compliant with regulations; Rick's PDC was to request the City Transit Authority where he resided to make a bus stop near his home accessible; Amy's PDC was to advise her former employer that the decision to fire her due to her disability disclosure was discriminatory; and Tracy's PDC was to request the City Council to make several accessible parking spaces in the downtown area of the city where she resided compliant with regulations. Four participants mailed their letters to recipients who were supposed to address the concerns. Amy did not mail her letter because she discovered that her former employer sold the business where she used to work. She did not have any other personal disability concerns that needed to be addressed at the time of the study. The participants then shared the progress of their personal disability concern letters with the researcher.

Results

Self-advocacy letter writing skills. Figure 6 shows the scoring percentage of the advocacy letter writing skills. During baseline condition, low percentages of scoring occurred across participants. Specifically, Jane's the average score was 29% (range, 14%-36%); Rob's mean score was 46% (range, 36%-50%); Rick's average score was 16% (range, 4%-21%); Amy's mean score was 19% (range, 14%-21%); and Tracy's average score was 50% (range,

32%-57%).

After the training, all participants' performance improved. Jane met the mastery criterion with an average score of 95% (range, 89%-100%). All other participants did not meet the mastery criterion. Rob's mean score was 79% (range, 79%-79%). The mean score for Rick was 50% (range, 39%-57%). Amy's mean score was 54% (range, 53%-57%). Tracy's mean score was 71% (range, 64%-75%).

For the four participants who did not meet the mastery criterion, feedback was provided. Participants received testing again after the feedback sessions. During the post feedback testing, all participants' performance increased, and each reached the mastery criterion. For Rob, his average score was 88% (range, 86%-93%). For Rick, his average score was 82% (range, 82%- and 82%). For Amy, her average score increased to 89% (range, 89%-89%). For Tracy, her average score was 99% (range, 96% and 100%).

Figure 7 allows the visual inspection of the elements of advocacy letter writing skills that affected overall percentage of scoring as shown in the line graph in Figure 6. As with Figures 6, the study conditions included baseline, post-training, post-feedback and follow-up. A blank square indicates that the desired target behavior did not occur. The squares with backward slashes indicates that the desired target behavior partially occurred, and the black squares indicate that the desired target behaviors occurred. Only advocacy letter data were displayed in this figure.

Thus, as the squares become darker this indicates that the participants have increased mastery over the specific behaviors during the fictional scenario sessions. The dramatic change from light squares to darker squares shows that participants' behaviors significantly improved

after the training sessions, and particularly after the feedback condition. In addition, the change from light squares to darker squares across participants suggested that participants acquired some skills more easily than others. Specifically, the participants showed faster mastery of skill elements such as dating the letter, inside address and salutation. It took the participants longer to master skills such as presenting evidence, explaining the problem, and citing laws that apply.

Generalization. Testing of generalization was conducted in three aspects. First, advocacy letters responding to a personal disability concern (PDC) were probed before and after the training or feedback sessions. Second, the participants wrote letters without the ALT, i.e., using a blank word document. This was done to discover how well the participants could perform without the textual prompt. Finally, advocacy emails and phone calls were also probed before and after the training or feedback sessions.

Jane's letters addressing her PDC increased from 36% at the baseline condition to 96% after the training. Rob's performance on his PDC letter increased from 50% to 86% (post-feedback testing). Rick's scored 14% for his PDC letter during baseline and 82% after the feedback condition. Amy's PDC score increased from 21% at the baseline condition to 89% after the feedback condition. Tracy's PDC letter score increased from 32% to 96% (post-feedback testing).

The probe results of participants' advocacy writing skills without the ALT vary. After the training, Jane scored 86% when writing a letter without the ALT, which met the mastery criterion, but was lower than her mean score (95%) of advocacy letters using the ALT. Rob wrote a letter without the ALT during the post-feedback test condition, and scored 75%, which was lower than both the mastery criterion and his mean score at this condition (88%). Rick scored 50% when writing a letter without the ALT during the post-feedback test condition,

which was significantly lower than the mastery criterion and his mean score at this condition (both are 82%). Amy's letter without ALT was 79%, which was lower than the mastery criterion and her mean score (89%). Tracy scored 89% when writing a letter without the ALT, which was above the mastery criterion but lower than her mean score (99%).

Before the self-administered advocacy letter training, Jane's advocacy email scored 37% and her phone call scored 38%. After the letter training, Jane's advocacy email and phone call scored 57% and 67% respectively. Rob's advocacy email and phone call scored 40% and 50% before the letter training and the feedback. Afterwards, Rob's advocacy email and phone call performance increased to 67% and 54% respectively. Rick's advocacy email increased from 30% at the baseline condition to 60.00% after the training and feedback condition; his advocacy phone call score increased from 22% at the baseline condition to 54% after the training and the feedback condition. Amy's advocacy email and phone call scores increased from 30% and 33% at the baseline condition to 46% and 58% after the training and the feedback condition, respectively. Tracy's advocacy email and phone call scored 63% and 45% at baseline but after the training and the feedback condition, her advocacy email and phone call scored 90% and 75%. Although email and phone call advocacy skills increased after training and/or the feedback conditions across participants, only Tracy's email score was above the criterion of 80%.

Maintenance. After each participant met the mastery criterion, a maintenance or follow-up session was conducted. After about four weeks, Jane scored 82%; Rob scored 82% during a test conducted about five weeks later; Amy scored 75% during a test conducted about five weeks later; and Tracy scored 93% when tested about five weeks later. Rick's follow up test was not conducted due to his relocation.

Self-advocacy email writing skills. Two participants, Jane and Rob, participated in the

advocacy email writing skills training after they completed the advocacy letter training and testing, including the follow up testing. A multiple baseline across two participants design was used for the advocacy email writing study. Jane scored an average of 62% (range, 57%-67%) at the baseline condition. Rob's mean score was 54% (range, 47%-67%). After the self-administered advocacy email writing training, Jane's self-advocacy email writing mean score increased to 83% (range, 74%-89%) and Rob's score increased to 80% (range, 73%-83%). See Figure 8.

Self-advocacy phone call skills. Jane and Rob participated in the advocacy phone call skills training as well. Jane's mean score was 49% (range, 25%-71%) at the baseline condition, Rob's mean score was 60% (range, 54%-68%) at the baseline condition. After the training, Jane and Rob's scores increased to 74% (range, 73%-75%) and 69% (range, 63% and 75%), respectively. See Figure 8.

Reliability. The mean inter-observer agreement for across 30% of the letters randomly selected from each testing conditions across participants was 93% (range, 82%-100%). Specifically, the mean IOA scores across all conditions averaged 96% (range, 89%-100%) for Jane, 91% (range, 82%-100%) for Rob, 92% (range, 86%-96%) for Amy, and 94% for Rick (range, 86%-100%), 91% (range, 86%-100%) for Tracy.

The mean inter-observer agreement across 30% of all emails randomly selected from each testing conditions across participants was 86% (range, 73%-97%). Specifically, the mean IOA scores across all conditions averaged 82% (range, 73%-87%) for Jane, 80% (range, 73%-90%) for Rob, 85% (range, 80%-90%) for Amy, 90% for Rick (range, 90%-90%) and 92% (range, 87%-97%) for Tracy.

The mean inter-observer agreement across 30% of all phone calls randomly selected from each testing conditions across participants was 82% (range, 75%-88%). Specifically, the mean IOA scores across all conditions averaged 82% (range, 75%-88%) for Jane, 85% (range, 83%-88%) for Rob, 79% (range, 79%-79%) for Amy, 82% for Rick (range, 75%-88%), 85% (range, 83%-88%) for Tracy.

Social validity. The three sources of social validity all revealed positive findings. In general, the participants indicated that they benefited greatly from the training and thought highly of it. The expert reviewers' ratings on the letters suggested that there was a recognizable difference in the quality of the letters written before and after the training. Participants reported that their PDC letters that were mailed out produced positive outcomes and some resulted in real community changes.

Participants' evaluation. The participants evaluated both the self-administered advocacy letter writing training based on the ATP and the feedback sessions, using the Advocacy Training Evaluation Form. Main findings from Part 1 were that the participants strongly agreed that the topics covered in the training manual were relevant to advocacy ($M = 5$); the participants agreed that the content was organized and easy to follow ($M = 4.2$); and that the participants strongly agreed that the Advocacy Letter Template and the Task Analysis Form were useful tools ($M = 4.8$; $M = 5$). All the participants strongly agreed that they would recommend this training manual to other people who need to learn self-advocacy skills ($M = 5$).

Four participants who experienced the feedback condition completed Part 2 of the form. They agreed that the topics covered in feedback sessions were relevant to them ($M = 4.5$), the feedback was easy to understand ($M = 4.5$), they were given enough time to receive feedback (M

= 4.25), the feedback was helpful ($M = 4.5$), and the trainer was knowledgeable about the training topics ($M = 5$).

In Part 3 of the evaluation form, the participants rated how much the training helped them from 1(not at all) to 5 (extremely). The participants rated how much the training helped them from very much to extreme on the following topics: understanding the importance of advocacy ($M = 4.5$), getting to know disability rights laws such as ADA ($M = 4.4$), analyzing disability rights-related concerns ($M = 4.2$), writing advocacy letters ($M = 5$), and improving confidence in advocating for oneself and others ($M = 4.4$). The participants also rated the overall training experience as above average or excellent (ranging from 1 = very poor to 5 = excellent, $M = 4.8$).

In Part 4 of the evaluation form, the participants provided open-ended comments on what they liked, what improvement they'd like to see, and what they planned to do with the advocacy skills they learned. Jane liked the Advocacy Letter Template and the Task Analysis Form. Rob thought "the instructor was helpful and encouraging and the materials used were realistic." Rick liked "learning about the rights of people with disabilities." Amy liked "the idea of advocating for myself and others and learning techniques for writing concerns as it was relative to the knowledge I received." Tracy's comments were: "It was informative and gave me a greater confidence in myself. I now feel like I can effectively advocate for myself and others. I understand the importance of advocacy. It's not just complaining, it's educating others to your rights and needs, and implementing change when and where it's needed." Regarding improvement of the training, Rick suggested that it should assign tasks to practice at home; Amy suggested that more information related to psychiatric disabilities should be added; Rob suggested that feedback should be provided during the self-administered training; and Jane commented on the phone call chapter, suggesting that more scenarios could be added. All

participants indicated that they planned to use the skills to advocate for themselves and others. For example, Jane said “I am going to hopefully with confidence be able to advocate for my disability of MS, my son who has autism, and domestic violence which I came out of and survived.” For another example, Tracy said “I am interested in contacting the local advocacy group and offering my services to keep these new skills sharp. I may also see if there is an advocacy service available in my rural area.”

Experts’ evaluation. Three independent experts reviewed ten letters from pre-and post-training for five participants and rated the letters using the Advocacy Letter Expert Review Form. Each element of the advocacy letters was rated and the average scores for the four major components are presented in Table 7.

The mean scores of each participant’s letters increased from pre-to post-training or post-training plus feedback across the major components as did the overall appropriateness and professionalism demonstrated by all participants. Expert reviewers took grammar and spelling mistakes into consideration of their scoring, which was different from researchers’ scoring.

PDC letters outcome. Jane’s reasonable accommodation was granted by her landlord and she was able to get a dog as an emotional support animal. Rob’s PDC letter requested that the property owner of a shopping mall correct the accessible van parking spaces. Rob was a regular customer in this shopping mall and he drove a ramp-quipped van which required an access aisle to deploy the ramp. There were two accessible parking spaces in this shopping mall that did not meet the 2010 ADA Standards for Accessible Design. Specifically, there was no access aisle next to the accessible parking space. Rob mailed the letter to the property owner, followed up with phone calls and brought this issue up to the city commission. The parking spaces were re-constructed and are compliant due to Rob’s persistent advocacy. See Figure 9 for

one example of the advocacy outcome. Rick's PDC letter was to request the City Transit Authority where he resided to make a bus stop near his home accessible. Based on the city public transit guide, there was a bus stop that was close to both Rick's residence and an assistive living center. However, there was no bus stop signage to indicate the existence of the bus stop. In addition, no bench was available for passengers with disabilities to rest and wait for the bus. Rick had to stay on the street and sit on the curb to wait for the bus because his disability prevented him from standing too long. The City Transit Authority installed the bus stop sign soon after they received the letter. However, they did not install the bench, reasoning that the ridership was not enough to warrant amenities like a bench based on their policy. Rick decided not to advocate further for installing a bench as a reasonable accommodation because he was about to move out of the town. Tracy's PDC letter was to request the City Council of her city correct several accessible parking spaces in the downtown area of the city. The accessible parking spaces were not compliant with the 2010 ADA Standards for Accessible Design and were not usable based on her personal experience. The most current response was from the person Tracy copied in her letter expressing interest in working with Tracy to address the accessible parking issue.

Discussion

This study consisted of three sub-studies, the Focus Group Study (Study 1), the National Advocacy Survey (Study 2) and the Advocacy Training Study (Study 3). The three sub-studies were conducted sequentially so that results of each study could be used to shape the next. Specifically, the Focus Group Study provided information to create the National Advocacy Survey. The National Advocacy Survey further guided the development of the Advocacy Training Package whose effectiveness was examined through study 3.

This study used both qualitative and quantitative research methods to gather more information to better answer the research questions. Overall, the study demonstrated that advocacy skills are important skills for people with disabilities; that different advocacy methods can be used to address different kinds of advocacy concerns; and that the Advocacy Training Package is an effective self-administered tool for increasing advocacy skills in letter writing, email writing, and phone calls. However, further feedback training may be needed for skill proficiency.

Study 1

The Focus Group Study was designed to gather information, develop the National Advocacy Survey and assess the social validity for conducting the advocacy skills training study. Qualitative research helps to provide deeper understanding of the research phenomenon by interpreting it in terms of the meanings people bring to it and by using a holistic perspective illuminating the complexity of human behavior (Greenhalgh, & Taylor, 1997).

The focus group members were all experienced disability rights advocates who had extensive experiences advocating for themselves and others using various disability rights laws. The focus group discussion results confirmed the importance of advocacy skills for people with

disabilities and documented first-hand experiences of applying different advocacy methods to address disability rights concerns.

Social media platforms such as Facebook and Twitter have provided new avenues for personal and system level advocacy. Social media offers a low-cost way to spread the message and to mobilize larger audiences (Guo and Saxton, 2014). However, compared to other means of communication, social media is still new to many people, and the person's age may play a big role in whether a person adopting social media as an advocacy method. The average age of the focus group participants was 60.8 years old. Only two relatively younger participants mentioned the use of social media for advocacy purposes during the discussion.

Participants discussed factors to consider when deciding which advocacy method to use. Those factors were the types of the disability rights concerns, how fast a concern needed to be addressed, and the size of the target audience. Participants also contributed advocacy strategies, particularly for writing advocacy letters. These strategies were adopted for the development of the Advocacy Training Package.

Limitations. Overall, the focus group study was informative. However, this study had several limitations. First, the focus group participants' average age was 60.8 years old and may not be representative of the experiences of younger advocates. This could be reflected by the fact eight of the ten participants were not familiar with social media advocacy. In addition, only a simple analysis of the focus group data was conducted. We did not conduct an extensive data analysis because the focus group study was only a preliminary study for advocacy training. Finally, only one focus group was conducted. Conducting multiple focus groups may help improve the validity and reliability of the focus group study results.

Study 2

The National Advocacy Survey was conducted to gather information about disability rights advocacy at a broader level and to help develop the Advocacy Training Package. The survey helped to identify the most commonly used advocacy methods by disability rights advocates. For example, the top five advocacy methods identified by the survey were phone calls, emails, visits, formal letters, and public testimony. These five most commonly used advocacy methods were also among the top five methods that the respondents were satisfied with in addressing their concerns. This suggests that these five methods were effective advocacy methods to the respondents. Additionally, this suggests that these methods should be focused in the ATP.

In addition, the survey identified the most commonly used advocacy methods by disability rights advocates when addressing different types of concerns. Phone calls, emails, letters, and visits were consistently among the top four advocacy methods across different survey items, although the ranking for each method varied. Advocacy methods that involve social media such as Facebook, Twitter and online petitions were not among the top five choices across different items. However, Facebook was ranked 6th among 11 choices when the respondents were asked to rank the choices they used from most often to least often both in general and for initial contact. Twitter was ranked 6th when the advocacy purpose was environmental changes. These results indicated that traditional advocacy methods were still the prevalent methods being used by disability rights advocates, while social media advocacy has become an important advocacy method for certain issues and possibly younger advocates.

The survey results suggested that skills related to advocacy emails, phone calls, visits and social media are important advocacy methods, in addition to advocacy letter writing skills. The

Action Letter Portfolio solely addressed advocacy letter writing, which was important and applicable at the time it was created. The current survey results validated the need to expand the Action Letter Portfolio (ALP) to the Advocacy Training Package (ATP), which would address more types of advocacy methods.

The survey results also provided information for developing the ATP. Respondents shared what they considered to be important elements of an advocacy letter, such as the content, format and strategies. The elements of advocacy letter identified by the survey validated the elements outlined in the ALP, suggesting that the advocacy letter elements identified more than two decades ago are still relevant.

Limitations. This study has several limitations. First, convenience sampling was used, and the results may not be representative of disability rights advocates at all CILs. Secondly, we did not reach disability rights advocates outside of CILs filed, such as advocates who involved with other disability rights organizations. Finally, the ages of survey participants were not collected so we were not able to explore the potential relationship between age and the use of social media advocacy.

Study 3

The results from Study 1 and Study 2 were incorporated into updating the ALP into the ATP. These changes were reflected in several ways. First, instead of the hard copy format of the ALP, the ATP was presented as an electronic training document. Second, an Advocacy Letter Template was created so that users of the ATP could create an advocacy letter by replacing the instructions for each element with the corresponding content. Third, the ATP contains new chapters that address advocacy through email, phone calls and social media. These advocacy skills are built on advocacy letter writing skills and share common elements. Still, there are

unique elements that are relevant to each skill. Test, Fowler, Wood, et al. (2005) conceptualized that self-advocacy skills are made of four components: knowledge of self, knowledge of rights, communication and leadership. The content of the ATP focused on training knowledge of rights, and communication.

Expert reviewers examined the draft ATP to ensure that the content of the ATP is valid, relevant and easy-to-understand. The involvement of focus group, survey respondents, and expert reviewers ensured that the ATP represents the practices of disability rights advocates. This process reflects a participatory action research (PAR) approach by emphasizing the involvement of consumers in the entire study (Seekins, & White, 2013).

Study 3 was conducted to examine the effectiveness of the newly-developed ATP on increasing advocacy skills in the form of letter writing, email writing and making phone calls. The study results demonstrated the effectiveness of the ATP training on increasing self-advocacy skills of participants with disabilities. All participants increased their advocacy letter writing skills to mastery criterion, one following the self-administered training only and the others after the self-administered training plus the feedback. The current study expanded the self-advocacy literature by conducting advocacy training in the community setting with adults with diverse disabilities and backgrounds.

Only one participant, Jane, increased her advocacy letter writing skill to mastery criterion without further feedback from the researcher. The other four participants' advocacy letter writing scores increased after the self-administered training alone, however, the scores were below mastery criterion. Rob's and Tracy's advocacy letter writing skills increased and were close to mastery criterion. Rick's and Amy's performances on advocacy letter writing after the training were also enhanced, but were not close to the mastery criterion. It should be noted that, Rick and

Amy had low baseline levels and the feedback sessions helped bring all their scores up to or above the mastery criterion.

Additionally, the training effects appeared to generalize to their own personal disability concerns (PDCs). Participants' letter writing scores of their PDC increased over baseline after subsequent training condition or training plus feedback. Furthermore, the generalization effects were not only demonstrated by the improved scores of those letters, but also shown through the real community changes they produced. Three of the five participants' efforts produced tangible changes. It is important to note that only Rick's advocacy change resulted only from his letter. With Jane and Rob, the letters they mailed were just the start of their advocacy efforts. Follow-up communications with the recipients of the letters were critical, including people whom they wrote to directly and those they copied.

Generalization was also examined by having the participants write advocacy letters without the Advocacy Letter Template (ALT). Each participant had reached the mastery criterion before this challenge was presented. All participants' letters written without the template scored slightly lower than the scores of letters written with the template, which suggested the importance of the ALT. Rick's score on his letter written without the template decreased to the level of post training. This may be due to memory issues caused by his TBI. Anecdotally, he expressed difficulty with writing when there is no template because of the TBI. However, scores on all the letters written by participants without the template in the post-training or training plus the feedback conditions were higher than their baseline levels, indicating that the participants demonstrated increased advocacy letter writing skills without the textual prompt after the training.

The effects of the ALT are consistent with the literature suggesting that the use of technology can help improve the writing of students with disabilities (Graham & Perin, 2007; Mason & Graham, 2008; Rogers & Graham, 2008). The ALT does not only serve as textual prompt for participants to compose an advocacy letter (Englert, Wu, & Zhao, 2005; Englert, Zhao, Dunsmore, Collings, & Wolbers, 2007), but also makes the writing easier, particularly for those with cognitive disabilities. For example, two participants mentioned that the word program helped them to spell correctly because of the auto spell check.

For the advocacy skills training, advocacy letter writing was the core component. When advocacy letter writing skills were trained, generalization probes were conducted with the advocacy email writing and phone call role plays. The generalization probes were conducted after participants reached mastery criterion with advocacy letter writing. The purpose of the probes was to test whether advocacy letter training alone could improve advocacy skills in the form of email writing and phone call. The advocacy email and phone call probe scores increased from baseline to both the after training and training plus feedback conditions across participants. All participants experienced small to medium improvements on their advocacy email writing and phone call skills without direct training.

Advocacy email and phone call training were conducted with only two participants, Jane and Rob. The results indicated that the self-administered email and phone call training further improved the performance of participants on advocacy email and phone call role plays. However, compared to advocacy letter training, no additional training (i.e., feedback) was provided to make sure that the two participants could demonstrate the email and phone call skills to mastery criterion. Rob's phone call skill performance was not improved as much as Jane's.

One important factor may be that Rob's phone call training was conducted remotely due to his health issues, which prevented him from traveling to meet with the experimenter in person.

An important question to discuss about the advocacy training study is proficiency versus sufficiency. It would be ideal if the study results indicated that the self-administered advocacy training alone could improve people with disabilities' advocacy letter, email and phone call skills to a high level (e.g., at or above 80%) without further feedback training. In that case, people with disabilities who are interested in learning advocacy skills could simply download the Advocacy Training Package (ATP), train independently, and become proficient with those skills. The study results showed that only one participant reached mastery criterion after self-administered advocacy letter training, and the rest of the participants needed to receive feedback training, with two of them (Rick and Amy) requiring longer sessions. However, it is important to acknowledge that people with disabilities do not have to write a letter that scores 100% to start an advocacy action or to expect changes. All the letters written after the self-administered training were rated significantly better than the ones written before the training, which should make the ATP a promising and economical advocacy training tool.

To summarize, the current study replicated and extended the previous advocacy letter writing training study (White et al., 1997). Specifically, the current study developed the ATP and tested its effectiveness. This process produced an advocacy training tool that is more comprehensive and interactive than the ALP. Additionally, the current study demonstrated that increased advocacy letter writing skills could facilitate personal and community changes, which was not examined in the previous study.

The current study also added to the advocacy training literature by examining advocacy training with adults with diverse disabilities in the community settings. Most of the previous

studies were conducted with students with disabilities, particularly students with learning disabilities (e.g., Grenwelge & Zhang, 2012; Lee et al., 2011; Levin & Rotheram-Fuller, 2011). Additionally, the current study added to the advocacy training literature by training participants on advocating for a variety of concerns (e.g., IEP accommodations, employment accommodations, public accommodations, and housing modifications) rather than focusing on skills to address only one concern like most of the previous studies (e.g., IEP accommodations (e.g., Neale and Test 2010), or employment accommodations (Rumrill Jr, 1999)).

Limitations. There are several limitations with the advocacy training study. First, extraneous factors such as participants' illness and relocation hindered the full implementation of the experiment. Specifically, no follow up session with Rick was conducted due to his relocation. Considering the memory issues caused by his TBI, the maintenance data could have provided important information. Also, Rob's phone call training sessions had to be conducted remotely, which was different from how all other sessions were conducted (i.e., in person).

Second, the study examined the training effects on advocacy email and phone call skills, but not as systematically as it did on advocacy letter writing skills. Specifically, only two participants were trained on advocacy email and phone call skills, though an electronic copy of the ATP was provided to all participants upon completion of the study.

In addition, no follow up for email and phone call training were conducted to test how well the two participants could maintain their skills. There was also no probe to test whether the two participants could apply the advocacy email and phone call skills to their own personal disability rights concerns and produce real community changes. Furthermore, no expert reviews on advocacy email and phone call skills were conducted. To summarize, the current research was

only the initial attempt to develop and test advocacy email and phone call skills training. More systematic research is needed to further test these skills.

Finally, the advocacy email and phone call skills training were conducted after the advocacy letter training. The sequence effects were designed purposefully. However, the training effects of conducting the trainings separately are unknown. For example, what would the training effects be if a person were interested only in advocacy email training or phone call training without the advocacy letter training?

Future research

Self-advocacy skills are important for people with disabilities to assert their rights and to be participating members of the society. Therefore, research on training these skills is critical. The current study sought to expand the ALP into the Advocacy Training Package and to test its effectiveness in improving people with disabilities' advocacy skills. These three studies add to the research base regarding advocacy training and lay the groundwork for further studies to target training for people with diverse disabilities to address various issues and to evaluate generalization and maintenance of skills.

More research is needed to validate the training effects of the ATP. Studies with more participants should be conducted to evaluate whether the training effects can be replicated. It would also be interesting to examine its training effects in more natural settings such as people's homes to test whether the training effects can be generalized. Additionally, the ATP may be adapted to include more education-related exemplars so that students (e.g., high school and college students) with disabilities can also benefit from this training and learn skills that they will need for the rest of their lives.

Future studies should continue to further develop the ATP. The ATP's current reading level is at high school level. A concerted effort should be made to make the ATP easier to understand so readers with lower educational background or cognitive disabilities can also benefit from this training tool. Researchers can make the ATP easier to understand by either lowering the reading level of the training manual or converting the ATP into a more interactive online training tutorial. Reading level can be reduced and learning can be potentially facilitated by incorporating multi-media information (i.e., pictures, audios, videos) in the online tutorial.

Future research should include long-term follow-up studies. Follow-up studies could examine not only how many skills participants can retain, but also whether participants can utilize the skills they learned to advocate for themselves or others in many settings and over time.

List of Tables

Table 1

Focus Group Evaluation

Likert type questions (Question 1 to 7, 1 = strongly disagree, 3 = neutral, 5 = strongly)	<i>M</i> (<i>N</i> = 10)
1. The topics discussed were interesting.	4.4
2. The questions were easy to understand.	4.2
3. We were given enough time for discussion.	4.6
4. The facilitators encouraged participation.	4.7
5. The facilitator kept the group focused and on task.	4.4
6. I got a chance to have my say.	4.6
7. I felt that I was listened to.	4.7
8. Overall, the focus group was (4 = great, 3 = good, 2 = ok, 1 = poor).	3.5
9. The facilitators were (4 = great, 3 = good, 2 = ok, 1 = boring).	3.5

Table 2
Summary of Respondents' Input on Advocacy Letters

Content	Format	Strategies
<ul style="list-style-type: none"> • Date • Greeting • Proper introduction • Description of the problem • Reference to related laws • Having factual data/ backup literature and pictures • Explaining the issue or issues and how they affect you or others • Making the request • Giving solutions and justification of preferred solution <ul style="list-style-type: none"> ○ answer to any arguments against the solution ○ attention to the cost of the solution and how it might be offset • Promising assistance with implementation questions • Restating the issues when closing • Offering to follow up 	<ul style="list-style-type: none"> • Proper wording • Correct grammar • Correct spelling of individual and name of entity 	<ul style="list-style-type: none"> • Know your subject • Assume the readers know nothing and give a complete explanation • Use positive language and emphasize a collaborative approach • Be succinct and to the point • Be specific • Stick to one topic • Tell personal stories • Call and follow up as many times as it takes. • Send to the right people

Table 3
Expert Review of the ATP

Items	1. Is the information in this chapter correct and in line with disability rights laws such as the Americans with Disabilities Act? (Mean, Range)	2. Is the information in this chapter easy for consumers to understand? (Mean, Range)	3. Is the information in this chapter relevant to the topic it addresses? (Mean, Range)	4. Is the information in this chapter comprehensive? (Mean, Range)	5. Is the information in this chapter useful and applicable to disability rights advocacy? (Mean, Range)	6. Does this chapter reflect the philosophy of independent living and advocacy? (Mean, Range)
Chapters						
Intro	5(5-5)	3.25(2-5)	4.75(4-5)	4.25(3-5)	4.5(4-5)	3.75(2-5)
1	4.75(4-5)	2.75(2-5)	4.75(4-5)	5(5-5)	5(5-5)	4.25(2-5)
2	5(5-5)	3(2-5)	5(5-5)	4.75(4-5)	4.5(3-5)	5(5-5)
3	4.75(4-5)	3(2-4)	4(3-5)	5(5-5)	4.25(3-5)	4.25(2-5)
4	4.75(4-5)	3.25(3-4)	4.75(4-5)	4.75(4-5)	4.75(4-5)	4.5(3-5)
5	5(5-5)	3.75(3-4)	5(5-5)	4.75(4-5)	5(5-5)	4.75(4-5)
6	4.75(4-5)	3.25(2-4)	5(5-5)	4.75(4-5)	5(5-5)	5(5-5)
7	4.67(4-5)	3.5(3-4)	4.5(3-5)	4(2-5)	5(5-5)	4.5(4-5)
8	4.5(4-5)	3.75(3-5)	5(5-5)	4.5(4-5)	5(5-5)	4.75(4-5)
9	4.5(4-5)	3.5(3-4)	5(5-5)	4.75(4-5)	5(5-5)	4.75(4-5)
10	4.75(4-5)	4.5(3-5)	5(5-5)	4.5(4-5)	5(5-5)	5(5-5)

Table 4
Self-Advocacy Letter Writing Skills

Elements	Operational definition
Date and inside address	
1. Dating letter	Date the letter with appropriate format
2. Inside address	Place the full name of the intended reader of the letter along with his or her title and the address at the beginning of the letter.
Opening of letter	
3. Salutation	The greeting of the letter and should be directed appropriately towards the individual addressed in the "inside address."
4. Introducing yourself	Use the first two or three lines of the letter to tell briefly, who you are and why you are writing.
5. Introducing the problem	Explain the nature of the problem in detail: what occurred, when it occurred, how it affected you, all parties involved, and any actions you may have already taken.
6. Presenting evidence	Present or mention any evidence (e.g., measurements, pictures, records) of the concern that you have gathered.
Body of letter	
7. Explaining the problem	Explain how this concern has affected you personally, and how this concern can affect others and the intended reader (agent of change)
8. Cite any laws that apply	Cite any laws that apply to the situation you are presenting
9. Offering possible solutions	Suggest specific and reasonable solutions on how to address the concern if appropriate
10. Offering yourself as a potential resource	Offer yourself as a potential resource to contact if appropriate
Closing of letter	
11. Wrapping up	Wrap up the letter cordially with a brief review of the problem and your expectation about how the change agent will address your concerns. Emphasize the benefits of addressing the concern for multiple parties, you, the wider community, and the intended reader if possible.
12. Closing salutation	Choose a closing such as "Sincerely," or "Sincerely Yours," to express to the intended reader your strong interest concerning this disability concern
13. Add your signature and type name and contact information	Leave four lines empty for your signature after the closing. Type your name, title, address, phone number, email address, and any other contact information you want to include beneath your signature.
14. Make notes of enclosures and cc if applicable	Note if you choose to enclose additional documents for the reader to review by using "enclosure." Note if you are sending copies of the letter to other important and relevant people by using "cc."

Table 5
Self-Advocacy Email Writing Skills

Elements	Operational definition
Contacts and subject line	
1. Email address (es) for primary contact (s)	Enter the primary contact(s)'s email address (es) in the address bar named "To." You can email one or multiple primary contacts in one email.
2. Cc the secondary contacts	Enter the secondary contact(s)'s email address(es) in the address bar named "cc." You can copy one or multiple secondary contacts who will be interested in helping or able to help resolve your disability concern in your email.
3. Subject line	Enter a short and clear subject for your email. It should reflect the key content of your email.
Opening of email	
4. Salutation	The greeting of the letter and should be directed appropriately towards the individual addressed in the primary email contacts.
5. Introducing yourself	Use the first two or three lines of the letter to tell briefly, who you are and why you are writing.
6. Introducing the problem	Explain the nature of the problem in detail: what occurred, when it occurred, how it affected you, all parties involved, and any actions you may have already taken.
7. Present evidence	Present or mention any evidence (e.g., measurements, pictures, records) of the concern that you have gathered.
Body of email	
8. Explanation of problem	Explain how this concern has affected you personally, and how this concern can affect others and the intended reader (agent of change)
9. Cite any laws that apply	Cite any laws that apply to the situation you are presenting
10. Probable solutions offered	Suggest specific and reasonable solutions on how to address the disability concern if appropriate
11. Offer yourself as a potential resource	Offer yourself as a potential resource to contact if appropriate
12. Mention any other attachment if applicable	Mention if there are any other documents including legal information that you've attached.
Closing of email	
13. Wrap up	Wrap up the email cordially with a brief review of the problem and your expectation about how the change agent will address your concerns. Emphasize the benefits of addressing the concern for multiple parties, you, the wider community, and the intended reader if possible.
14. Closing salutation	Choose a closing such as "Sincerely," or "Sincerely Yours," to express to the intended reader your strong interest concerning this disability concern
15. Type name and contact information	Type your name, title, address, phone number, and any other contact information you want to include beneath name.

Table 6
Self-Advocacy Phone Call Skills

Elements	Operational definition
Opening of phone call	
1. Salutation	Greet the person you are calling appropriately.
2. Introducing yourself	Tell briefly who you are and why you are calling.
3. Introducing the problem	Explain the nature of the problem in detail: what occurred, when it occurred, how it affected you, all parties involved, and any actions you may have already taken.
4. Present evidence	Present or mention any evidence (e.g., measurements, pictures, records) of the concern that you have gathered.
Body of phone call	
5. Explanation of problem	Explain how this concern has affected you personally, and how this concern can affect others and the intended reader (agent of change)
6. Cite any laws that apply	Cite any laws that apply to the situation you are presenting
7. Probable solutions offered	Suggest specific and reasonable solutions on how to address the concern if appropriate
8. Offer yourself as a potential resource	Offer yourself as a potential resource to contact if appropriate
Closing of phone call if the response is negative or the person you call needs time to investigate	
9. Identify the action plan	Ask what will be done, who will do it, when and where it can be done. Identify the details of the action plan so both parties are on the same page.
10. Identify a follow up time	Identify the follow up time by asking questions like “Is it okay for me to call you back in two weeks?”
11. Leave your contact information	Give reliable contact information such as phone number and email address so that the person you talk to can reach you if needed.
12. Salutation and final closing	Thank the person for their time and willingness to make changes and make a final closing such as “Good bye.”
Closing of phone call if the response is negative	
9. Identify the rejected request and why	Identify what specific requests were rejected and ask why they were rejected.
10. Ask what alternative actions they can take	Ask about alternative actions the person you contact may suggest addressing the concern.
11. Ask for referral if the person cannot make the decision	Ask for a referral if the person you contact said that he or she does not have the authority to make a decision.
12. Salutation and final closing	Thank the person for their time and make a final closing such as “Good bye.”

Table 7
Experts Evaluation on Participants' Performance Pre- and Post-Training

Skills	Jane		Rob		Amy		Rick		Tracy	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Date and inside address	-3.00	1.00	-0.67	2.00	-2.67	1.00	-2.67	1.00	1.33	2.00
Opening of letter	-0.25	1.25	0.50	1.08	-0.67	1.25	-1.17	0.92	0.50	1.92
Body of letter	-1.92	1.25	0.17	1.33	-1.67	1.50	-0.50	0.83	0.25	2.00
Closing of letter	-2.25	1.08	-0.08	1.08	-1.33	1.25	-1.58	0.67	0.25	2.00
Overall appropriateness and professionalism	-1.67	0.33	0.33	1.00	-2.00	0.67	-2.00	0.00	0.33	2.00

List of Figures

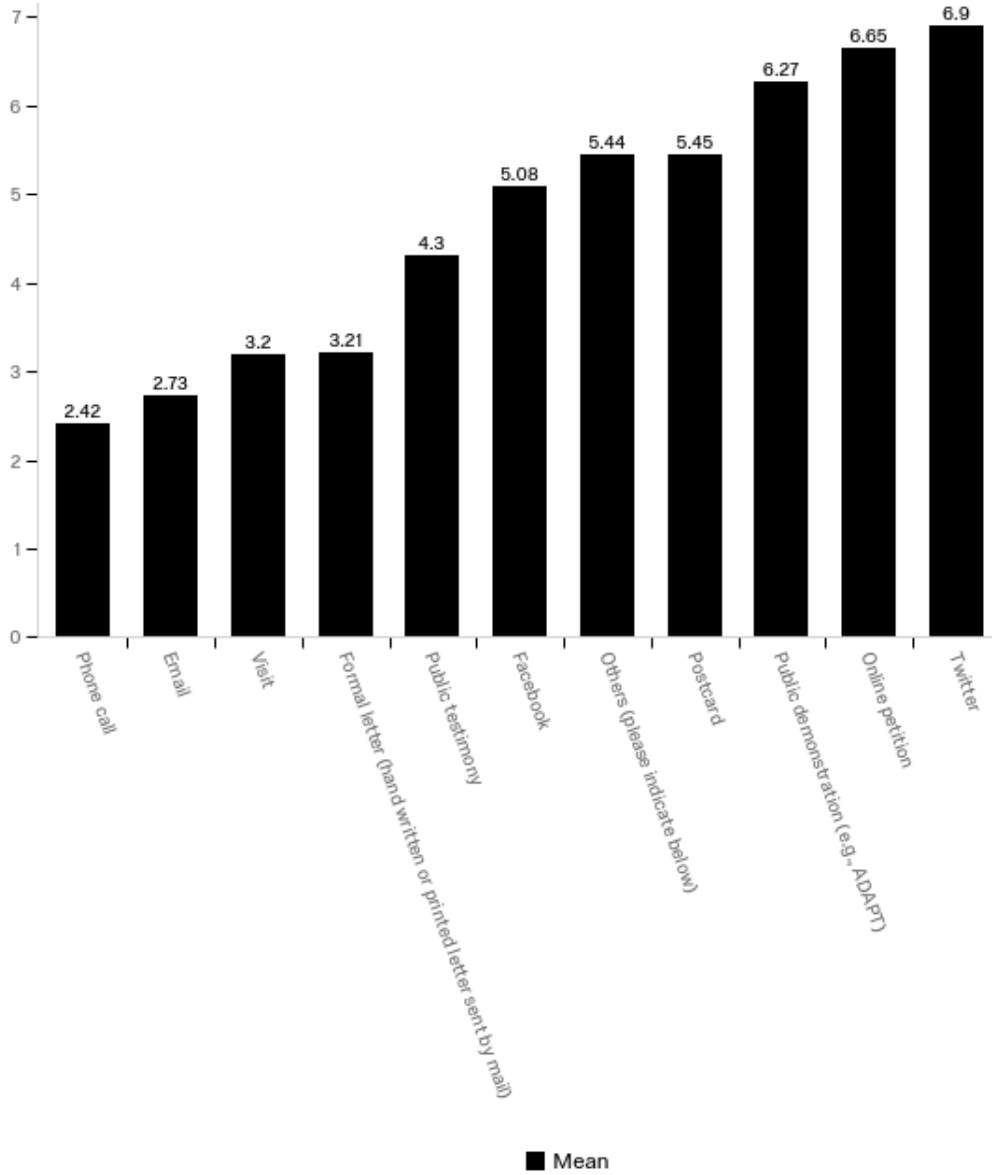


Figure 1. The rank of use of advocacy methods. This figure illustrates advocacy methods used from most often to least often. A lower mean denotes a higher frequency.

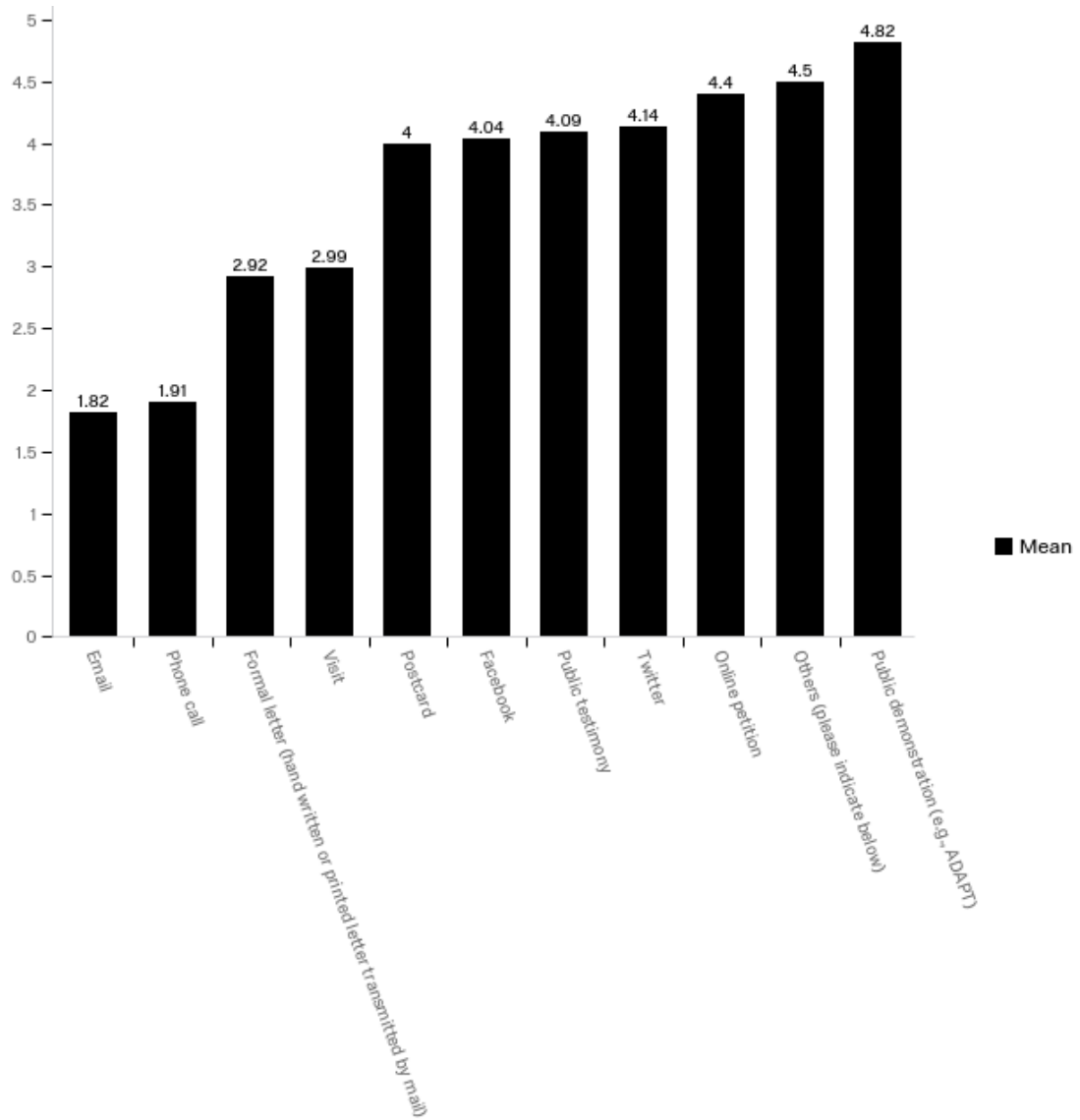


Figure 2. The top 5 advocacy methods for initial contact. This figure illustrates the top five advocacy methods used from most often to least often during advocacy initial contact.

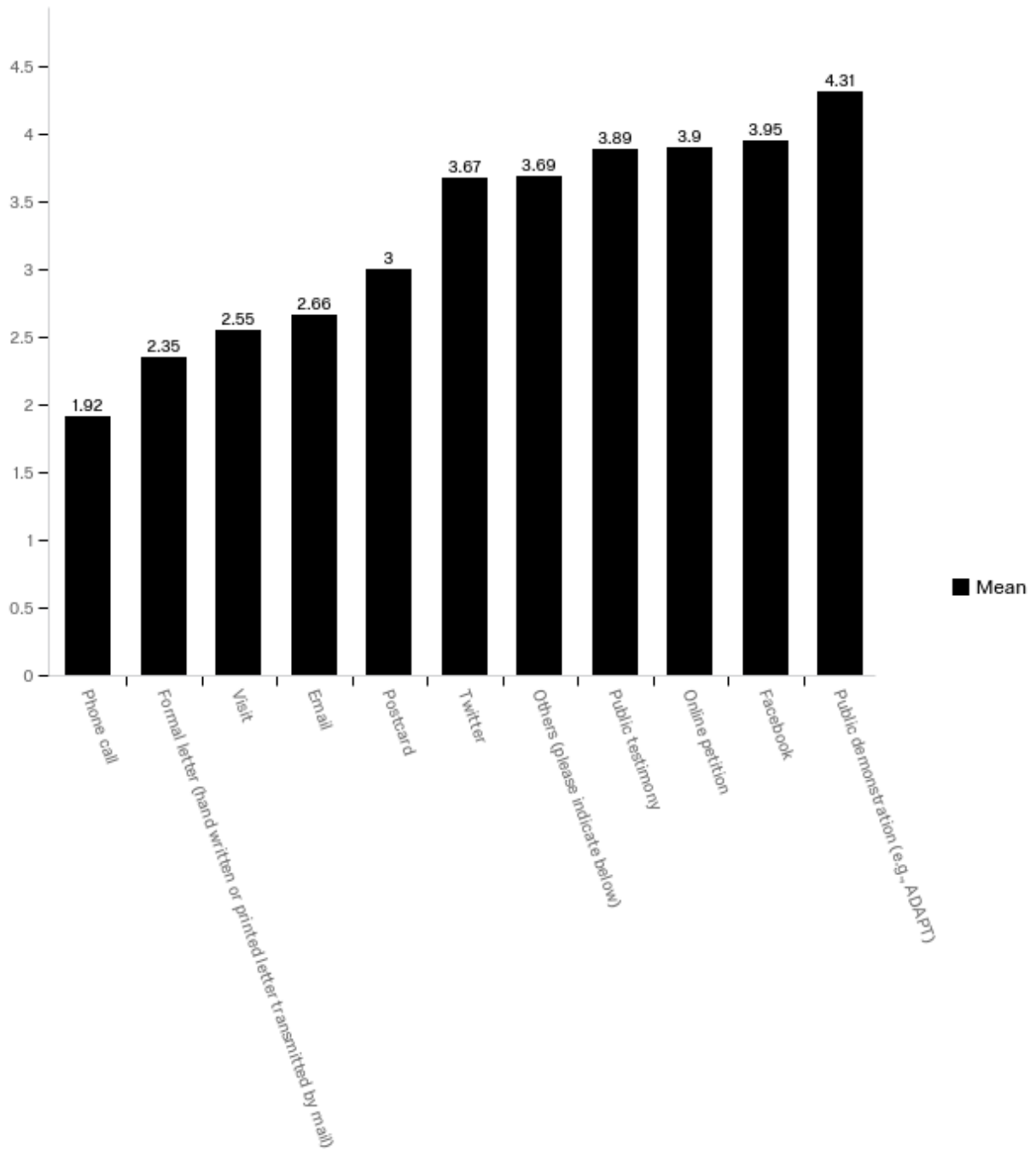


Figure 3. The top 5 advocacy methods for environmental changes. This figure illustrates top 5 advocates methods used from most often to least often when advocating for environmental changes.

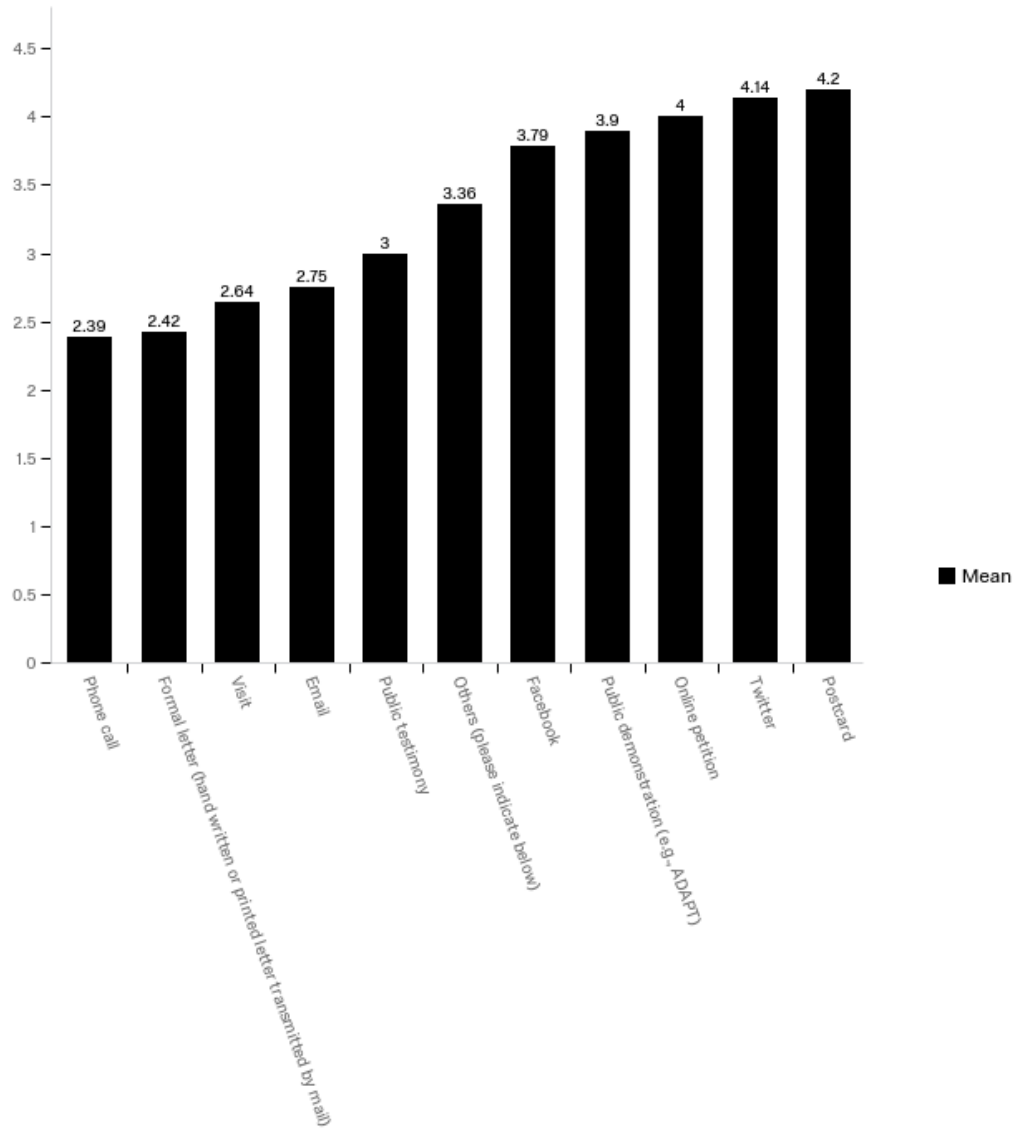


Figure 4. The top 5 advocacy methods for policy and services changes. This figure illustrates top 5 advocate methods used from most often to least often when advocating for policy and services changes at the community level.

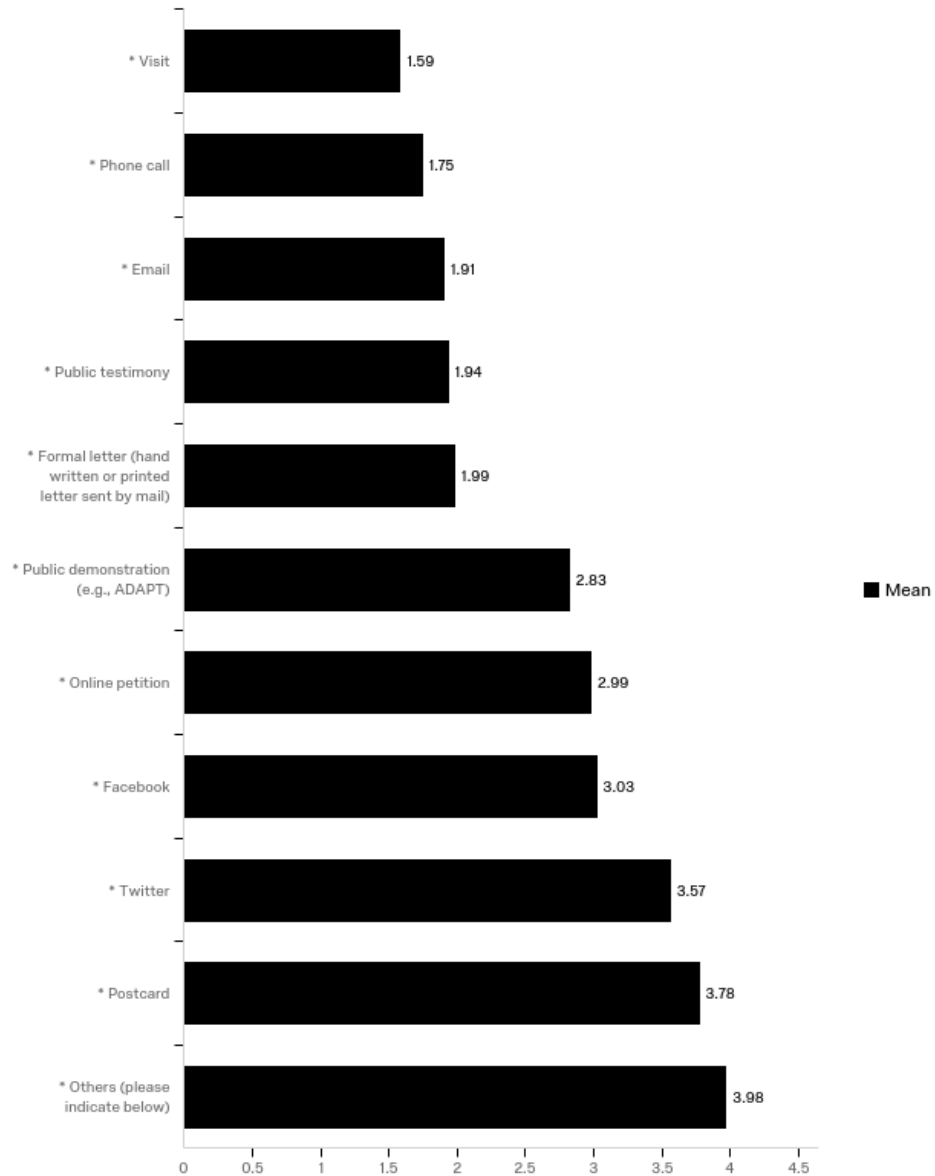


Figure 5. The satisfaction level with the use of advocacy methods. The rating was ranging from very satisfied to very dissatisfied. A lower mean denotes a higher level of satisfaction with the advocacy method.

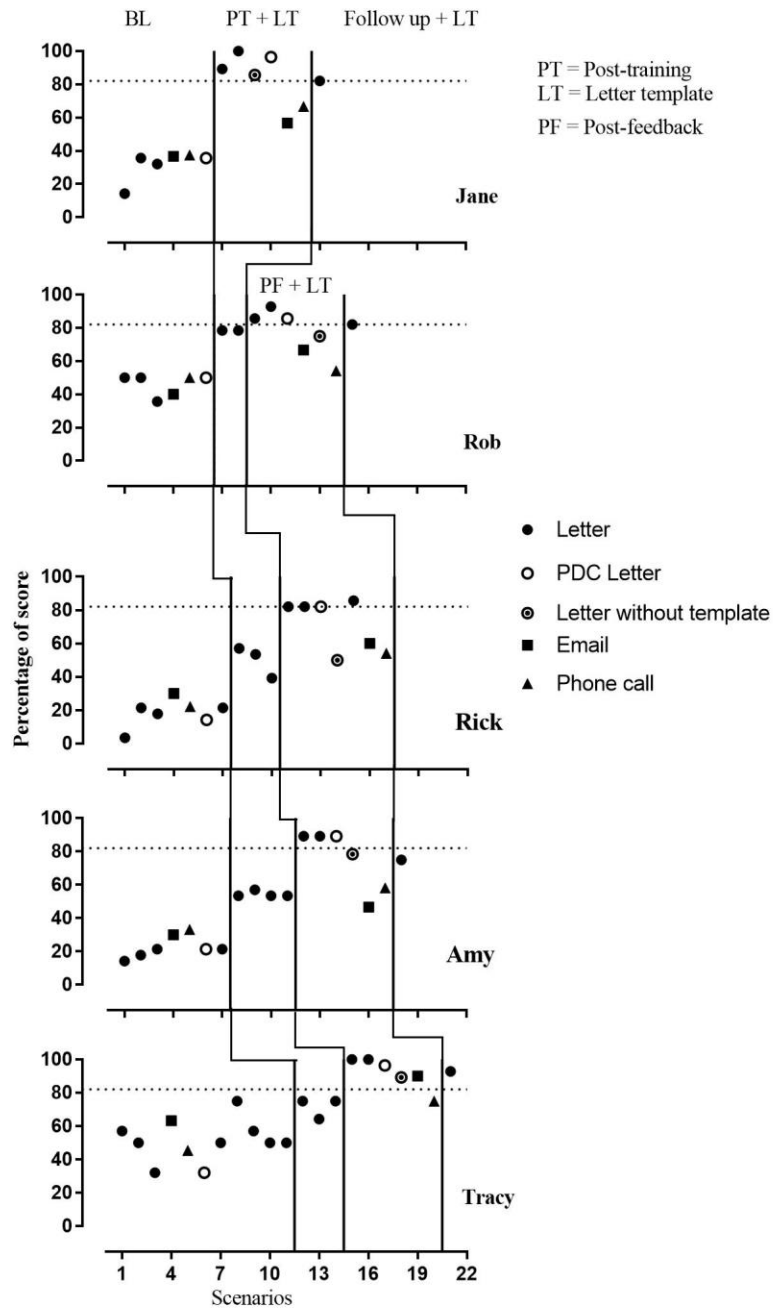


Figure 6. The percentage of score of advocacy letter writing skills. This figure illustrates the percentage of score of advocacy letter writing skills across three groups of participants across different experimental conditions.

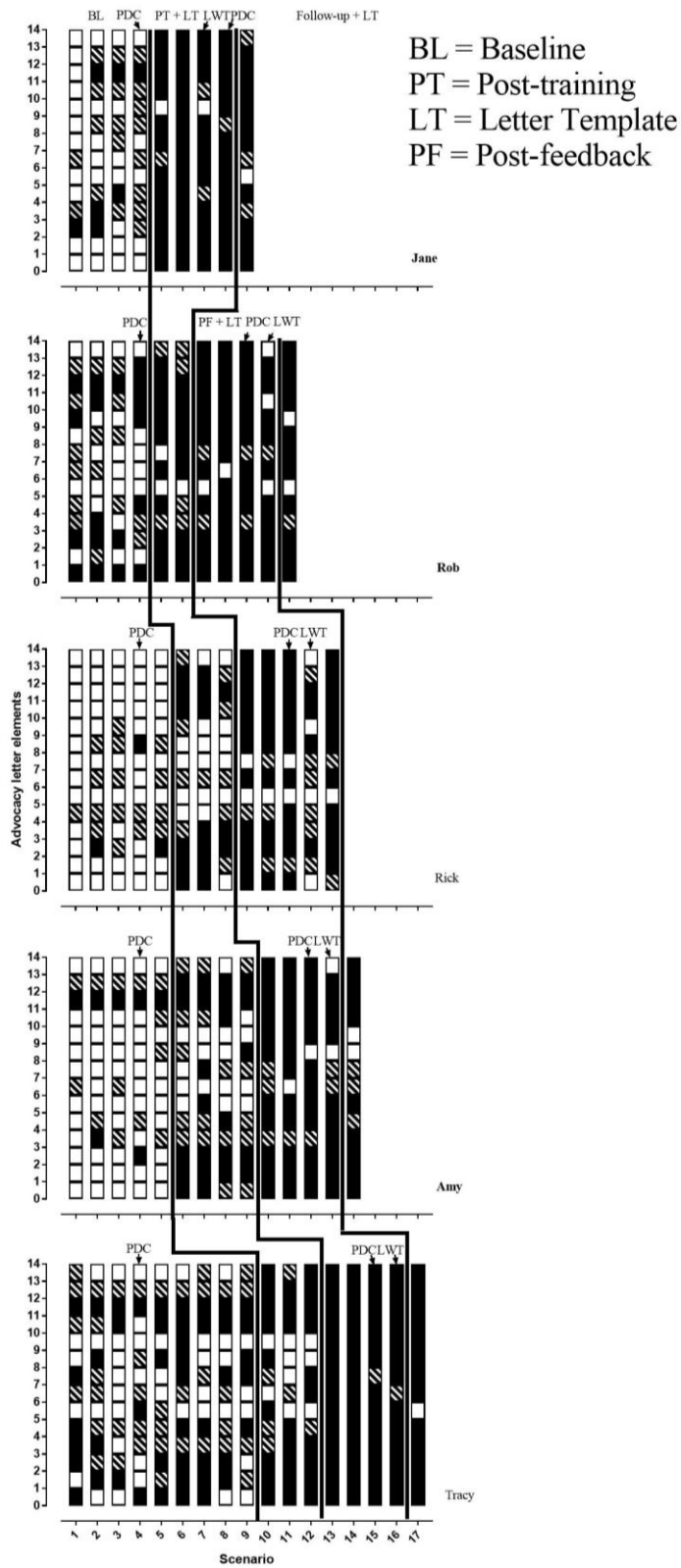


Figure 7. The components of advocacy letter skills. This figure illustrates the elements of advocacy letter writing skills across three groups of participants across different experimental conditions. A blank square equals non-occurrence of the target behavior. A square with backward slashes equals partial occurrence of the target behavior. A black square equals the full occurrence of the target behavior.

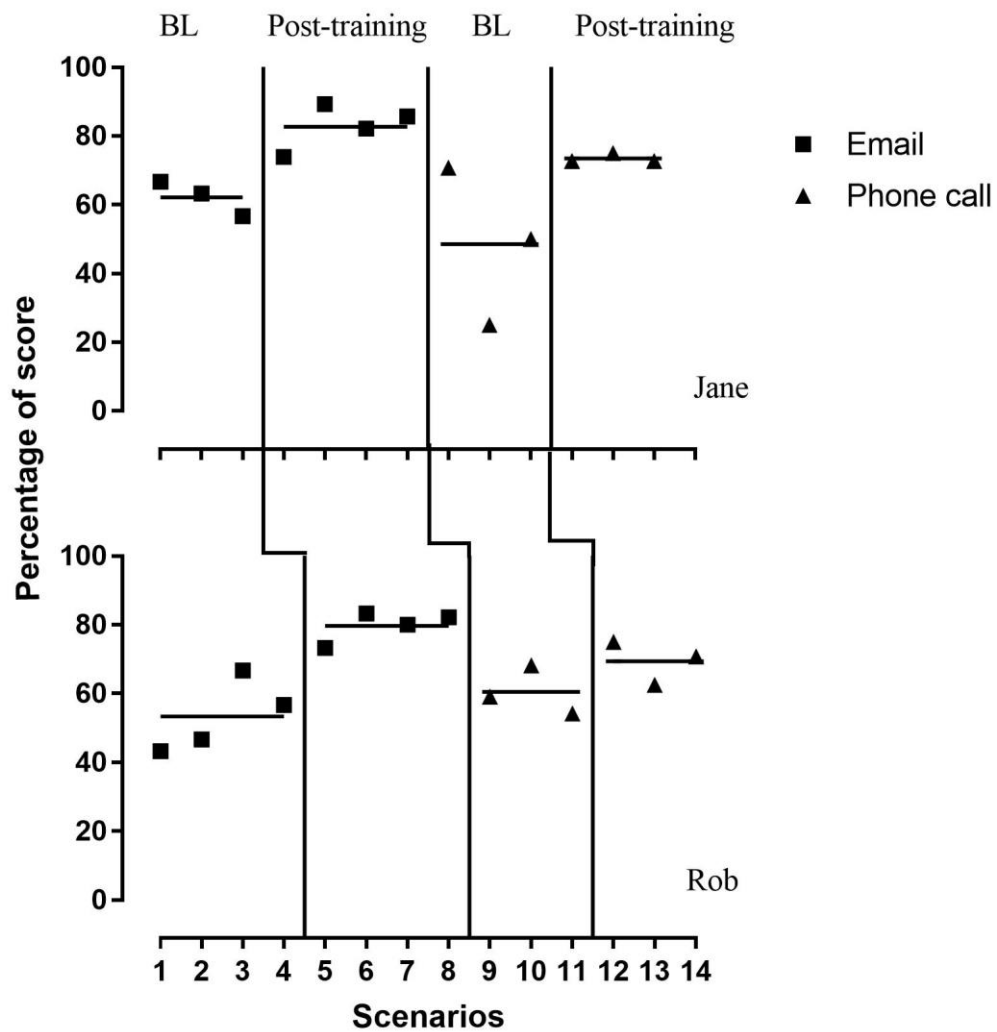


Figure 8. The percentage of score of advocacy email and phone call skills. This figure illustrates the percentage of score of advocacy email writing skills and phone call skills across two participants across different experimental conditions.

Before



After



Figure 9. One example of Rob’s advocacy outcomes. This figure illustrates the difference Rob’s advocacy made on one accessible parking space. The upper picture depicts a van accessible parking space that does not meet the 2010 ADA Standards for Accessible Design. Specifically, there was no 8-foot access aisle to allow people using ramp-equipped vans to deploy the ramp and exit their vehicles. The lower picture shows the accessible parking space with the access aisle after the modification by the property owner.

Appendices

Appendix A Tables of Summarized Intervention Studies

Appendix A-1 Reviewed Articles on Self-Advocacy Training with Primary and Secondary School Students with Disabilities						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Self-advocacy programs and curricula						
Phillips (1990)	15 students with LD; 13 males and 2 females; ages 13-16; three resource teachers; 15 parents of the participating students Resource rooms at a comprehensive high school	Evaluate effects of the Self-Advocacy Plan (SAP) Qualitative comparative case study analysis	SAP: the resource teacher served as the mediator to help students learn through a case meeting, ten-week seminar, onsite visits to college, small group discussion, and keeping learning logs. <i>Knowledge of self and knowledge of rights</i>	Knowledge of services and rights; Student perceptions of self and of the nature of their disabilities; Student awareness of educational and career opportunities; Student, parent, and teacher perceptions of the effects of the SAP	Students' knowledge of special education services, process, and rights increased; Self-awareness and disability awareness improved; Students' awareness of educational and employment opportunities increased; Parents and teachers observed better communication skills and decision making of students; Results generalized to other classrooms.	<i>Strengths:</i> Comprehensive intervention plan; Involving students, parents and teachers; Multiple data source; Member check reliability <i>Weaknesses:</i> Small sample size; No long-term intervention effects data
Aune (1991)	55 high school juniors and seniors with LD; 78% males; ages 16-18 Public high school	Describe a transition model for students with LD for postsecondary education. Single group pre-and post-tests.	An individualized transition model consisting of classroom group sessions and one-to-one case management and counseling; Implemented during free period, consultation, occasional group sessions, and/or bimonthly individual counseling. <i>Knowledge of self, knowledge of rights, communication</i>	Educational and career interests; Strengths and weaknesses; Awareness of postsecondary options and requirements; Use of study strategies and accommodations; Self-advocacy skills; Interpersonal skills; Feelings of inadequacy	Students reported awareness increased in some areas and rated the intervention positively; Follow up data showed that 58% of the participants completed one year of college (higher first-year postsecondary retention rates than the general student population) and 26% completed in the first year of military or job following graduation; No significant difference on feelings of inadequacy	<i>Strengths:</i> Group design with relatively large sample size; College and job retention data. <i>Weaknesses:</i> Data were not available for all students; No generalization or maintenance and fidelity data; No control group; Dose of treatment is not controlled

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Powers et al. (2001)	43 high school students, 30 males and 13 females; Ages 14-17; 18 with LD, 4 with OD, 2 with EBD, 1 with primary health impairment, 18 with MD (LD, EBD, OD).	Examine effects of "TAKE CHARGE for the FUTURE" program in promoting student involvement in transition planning. Treatment and waitlist group experimental design	TAKE CHARGE for the FUTURE transition program: 50- minute biweekly coaching of youths; Monthly community-based workshops for youth, parents, and adult mentors; community activities performed by mentors and students; Telephone and home visit support for parents; In-service education for transition staff. <i>Knowledge of self, knowledge of rights, communication and leadership</i>	Level of involvement in transition planning; Level of student and parent transition awareness; Student participation in transition planning meetings.	Treatment group increased significantly in participation in transition planning meetings and other activities, empowerment, transition awareness compared to the wait-list control group	<i>Strengths:</i> Treatment and waitlist group design allows better internal validity and treatment opportunity for all; Diverse sample setting <i>Weaknesses:</i> No maintenance and generalization data; No long-term impact data; Impact of model of delivery unclear (mostly small group instruction, but individual instruction occurred)
Eisenman and Tascione (2002)	22 high school juniors and senior students, 10 males and 12 females; ages 17-19; reading and/or writing related LD High school (vocational-technical school) special education English classes	Examine effects of intervention activities embedded within English curriculum on self-realization Qualitative analysis	Intervention activities embedded within the general English curriculum and delivered over an academic year: Write a personal essay about living with a disability, an essay about transition from middle school to high school, and/or a brochure about self-advocacy; Instructions included videos and speakers talking about disability related topics. <i>Knowledge of self</i>	Student perceptions and responses to embedded opportunities for self-realization; Personal awareness and understanding of disability; Self-determined actions.	Students acquired information that helped them make sense of their school experiences, redefine themselves in positive ways, and take small steps toward greater self-advocacy within their current school setting.	<i>Strengths:</i> Intervention embedded in English curriculum; Use of multiple data sources; Member check; Peer debriefing; Including a small contrast group <i>Weaknesses:</i> Lack of objective generalization data other than students' report; Lack of debriefing process with students; The contrast group is too small ($n = 3$).

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Mason et al. (2002)	35 students in grades 9 to 11; 23 females; 29 with LD and the rest include MR, Autism, TBI, and Landau-Kleffner syndrome. Culturally diverse urban high school	Examine effects of a program teaching disability rights and communication skills to increase students' participation in IEP meetings. Qualitative analysis	Staff orientation and training (service training and one-to-one meetings with written and video resources); Student training: 20-45 min blocks over 3 to 6 weeks of individual and group instructions with students prior to their IEP meetings <i>Knowledge of self, knowledge of rights, communication, and leadership</i>	Student involvement in IEP meetings; Intervention efficacy perceived by special and general educators.	Students reported increased self-advocacy skills and involvement in IEP meetings; Observation of student participation in IEP meetings for five (12%) students verified their participation during IEP meetings; Observations indicated that the five students participated for 49 (98%) of 50 opportunities for involvement; Teachers noted the value of this student involvement, particularly in increasing student self-confidence and self-advocacy.	<i>Strengths:</i> Observation data in addition to students and teachers report; Skills generalized to real IEP meetings. <i>Weaknesses:</i> Participants had mild disabilities; Number of observations was small; Dose of student training varied; Lack of credibility control for qualitative analysis.
Campbell-Whitley (2008)	A mix of 13 elementary, middle school and high school students; 9 had LD and 4 had mild cognitive disabilities. Elementary and middle schools in the Midwest.	Examine effects of teacher instruction on improving students' self-awareness and self-concept. Mixed methods, Pre-and-posttest and qualitative survey	Seven self-determination lessons led by teacher, including self-awareness training, self-exploration, problem solving, self-concept and coping skills. <i>Knowledge of self, knowledge of rights and communication</i>	Self-concept; Students and teachers' evaluation of the lessons.	Significant changes in self-concept on the Piers Harris Self-Concept; Increased skills in self-awareness identified by teacher observation.	<i>Strengths:</i> Mixed methods (qualitative and quantitative data). <i>Weaknesses:</i> No control group; Small number of participants; No maintenance or generalization data.

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Rothman et al. (2008)	27 participants of a program as high school students between 1999 and 2006 who responded to the survey; ages 17–25; Self-identified as having VI/blind ($n = 11$); ADD/ADHD ($n = 5$); LD ($n = 3$); AS ($n = 2$); arthritis, CP, PDD, HI, MD, and other (each mentioned once)	Evaluate a pre-college transition program for students with disabilities. Mixed method: quantitative and qualitative analysis	One-week residential workshop focusing on disability transition topics such as independent living, advocacy skills, study skills, disability service, transition skills, assertiveness training, and reasonable accommodations. <i>Knowledge of self, knowledge of rights, communication, leadership</i>	College and employment status; Overall perception of factors influencing their success in college and career; Perceptions about the most useful aspect of the program; Perceptions about how well they learned specific skills during the program; Perceived importance and value of the program.	Participants either currently enroll in college or work full time; Valued information about self-advocacy and understanding their rights protected under the ADA; Valued gaining a better understanding of disabilities; The greatest aspects of the program included the formation of new relationships and understanding the reality of college life.	<i>Strengths:</i> Follow up data to study long-term outcome of the program <i>Weaknesses:</i> Self-reported data; Low response rate; Respondents tend to be better outcomes; No maintenance or generalization data
Danneker and Bottge (2009)	Upstate New York 4 elementary school students: ages 9-12; 3 boys and 1 girl; 1 with LD, 1 with ADHD, 1 with EBD and 1 with OHI. One rural elementary school in the Midwest	Develop a training package to teach leadership skills during IEP meetings and describe the experiences of participants. Qualitative multiple-case design	Combination of customized lessons and Standing Up for Me (Cooper, Roder, Wichmanowski, & Yeretizian, 2004). Topics included learning about IEP, personal strengths, needs, and interests, and modifying or developing goals and accommodations. Six 20-min individual lesson over 2 to 6-week period. <i>Knowledge of self, communication and leadership</i>	Self-awareness; Level of participation in IEP meetings; Barriers to student's participation.	Students contributed important information about their disabilities and suggestions for accommodations.	<i>Strengths:</i> Multiple data source (interview, observation, document review); Skill generalization to real IEP meetings; Member check, Peer debriefing. <i>Weaknesses:</i> Small sample size; Short follow up period (months after the IEP meeting).

Appendix A-1 Continued						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Krajewski et al. (2010)	34 high school students, aged 13-18; 18 females and 16 males, identified as "special education" students, from low-income families receiving public assistance. Student Center of a local university	Evaluate effects of a pilot training program, TeenBiz: Teens in Business Through the Arts program, on developing employment and its related life skills. Qualitative analysis	TeenBiz program: offered as a paid summer job; A six-week summer training program providing experience creating a musical production as a business enterprise that involved learning the skills necessary to organize, plan, develop, implement, and market the show. <i>Communication and leadership</i>	Attendance; Performance; Completion of tasks; Empowerment; Leadership skills.	Increased empowerment; Increased team membership skills and leadership skills.	<i>Strengths:</i> Learn in the community and in natural setting; Generalization; Videography data <i>Weaknesses:</i> Lack of credibility control; No follow up or long-term outcome data
Woods et al. (2010)	Intervention group (n = 19): 12 males and 7 females; Control (n = 16), 10 males and 6 females (control group); Grades 7 through 12, ages 14 to 20; Most students (not specified) with LD, the rest had EBD, MR, MD, OHI, TBI, VI. Three high schools (rural, urban, school for blind/VI) in a southwestern state.	Examine effects of the Student-Directed Transition Planning, a school to adult life transition planning lesson package. Group experimental design	The Student-Directed Transition Planning lessons (8) delivered by teachers taught transition terms and concepts; group instruction and pull-out session with two students (blind/VI) <i>Knowledge of self and communication</i>	Transition knowledge; Student self-Efficacy;	Statistically significant knowledge gain and increase in perceived self-efficacy.	<i>Strengths:</i> Random experimental group design; Fidelity of instruction data collected; Diverse participants (VI students). <i>Weaknesses:</i> Small sample size; No generalization data; No follow up data; No specific disability demographic data.

Appendix A-1 Continued						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Levin and Rotheram-Fuller (2011)	30 students with VI, Grades 8 -12; aged 14-21; 17 males and 13 females; 8 students had a secondary disability including LD, TBI, EBD, OHI. A classroom in a private school in a large city.	Evaluate effects on self-determination using the empowered curriculum (Cleveland et al., 2007) for students with VI. Nonequivalent control-group design	The empowered curriculum is designed for youth with VI, activity-based curriculum with 23 units of lessons, including self-awareness, self-management, personal advocacy, decision making, and setting long-term goals, etc. Classes met twice/week for 45 min for 15 weeks. <i>Knowledge of self and communication</i>	AIR Self-Determination Scale The Tennessee Self-Concept Scale; The Behavior Assessment System for Children.	No within group and between group differences; Qualitative data indicated a general liking for and appreciation of the intervention.	<i>Strengths:</i> Focus on students with visual impairments; Control group for comparison. <i>Weaknesses:</i> The sample size might be too small to detect significant effects; No procedure fidelity data; No generalization data.
Grenwelle and Zhang (2012)	68 high school juniors and seniors aged 16 to 22, 34 in experimental group and 34 in control group; 37 female and 31 male; 53% had LD, 29.4% had DD and 17.6% had PD. A college campus in Texas	Evaluate effects of the Texas Youth Leadership Forum (TXYLF) summer training on self-advocacy abilities. Nonequivalent control group design	The TXYLF curriculum addressed skills including: (a) disability history, (b) team-building and leadership, (c) self-advocacy, (d) legislative advocacy, (e) postsecondary education, (f) employment, and (g) volunteerism; 5-day, 4-night stay training included a 45-hour work shop training and a campus tour, a visit of state capital building. <i>Knowledge of self, knowledge of rights, communication, leadership</i>	Self-advocacy abilities (TXYLF Pre/Post Questionnaire)	Improved self-advocacy abilities; Individuals with developmental disabilities gained significantly more than the other disability groups; Gender had no effect.	<i>Strengths:</i> Intervention group and control group matched in some demographic characteristics; Comprehensive training activities <i>Weaknesses:</i> Experimental groups are not randomly selected; Activities of control group were not controlled; No fidelity data; No generalization and long-term outcome data

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Cuenca-Sanchez et al. (2012)	21 students with EBD, 20 males; experimental ($n = 11$); comparison ($n = 10$) groups; aged 12.6-14.8 yrs. A public day middle school for students with severe EBD.	Examine effects of the Self-Regulated Strategy Development (SRSD) model of writing instruction with a self-determination training component. Experimental group design	Self-Regulated Strategy Development (SRSD) model: a persuasive writing strategy with embedded self-determination using the POW+TREE strategy; Instruction lasted 33 days, four days a week during 30-min sessions. <i>Knowledge of self and communication</i>	Writing fluency; Knowledge of parts of a persuasive essay; Writing self-efficacy; Self-determination	Experimental students significantly outperformed comparison students in the self-efficacy measure, and on self-determination knowledge; maintained gains in almost all writing measures and generalized to other content areas.	<i>Strengths:</i> Randomized group design; Maintenance and generalization was included (2 weeks after); Fidelity of treatment included. <i>Weaknesses:</i> Small sample size; No data of on-task time; Randomized at classroom level; No long-term outcome data
Wehmeyer and Lawrence (1995)	53 high school students, 28 females and 25 males, ages 15-21; Two major disability types: LD ($n = 27$) and mild MR ($n = 16$), 3 had OHI, 1 had EBD, 6 (unknown). Three high schools	Evaluate effects of the Whose Future Is It Anyway? on students' self-determination and participation in IEP planning process. Single group pre-and posttest	Whose Future Is It Anyway? included discussion, decision-making and problem-solving activities, and modeling. 1 hr./week individual coaching time with teachers for a maximal of 36 weeks. <i>Knowledge of self, communication and leadership</i>	Self-determination; Locus of control; Self-efficacy and outcome expectancy for educational planning	No significant differences with self-determination; Significant changes in self-efficacy and outcome expectancy found among females but not males.	<i>Strengths:</i> Relative large sample size; Diverse participants <i>Weaknesses:</i> No control group; No maintenance and generalization data; No fidelity data

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Wehmyer, Palmer, et al. (2011)	493 middle or high school students, with LD (31%), MR (27%), the rest had disabilities include ADD/ADHD, EBD, MD, OHI, autism, and other; aged 11.3-21.8; 177 females; Treatment group (n = 351), control group (n = 142). Schools from 50 school districts	Study the impact of the Whose Future Is It Anyway? (WFA) on self-determination and transition knowledge. Randomized-trial, placebo control group design	WFA, 36 sessions on transition planning related topics such as self-and disability-awareness, making decisions about transition related outcomes, writing and evaluating transition goals and communicating in small groups. <i>Knowledge of self, communication and leadership</i>	Self-determination; Transition knowledge and skills	Significant, positive differences in self-determination compared with a placebo-control group.	Strengths: Large sample size; Fidelity of treatment data Weaknesses: Fidelity measure does not involve observation; Random assignment occurred at the campus level instead of at student level; No skill generalization data (i.e., whether students can apply the skills in real IEP and transition meetings)
Lee et al. (2011)	168 middle school students; 78 with LD, 23 with MR, 18 with EBD, 15 with SD, 14 with ADD/ADHD, 13 with OHI, 7 with autism; 124 males; experimental group (n = 86), average age 13.89; control group (n = 82), average age 13.29. 12 campuses at six school districts in the Midwest	Investigate effects of Whose Future Is It Anyway? Curriculum with a computer-based reading support program (Rocket Reader). Randomized-trial, contrast group design	Whose Future Is It Anyway? with a computer-based reading support program (Rocket Reader); Ten sessions on transition planning were selected; 1 lesson/week <i>Knowledge of self, communication and leadership</i>	Self-determination; Transition knowledge and skills; Self-efficacy for educational planning	Students receiving instruction with technology-based reading support benefited more than their peers who received regular WFA, particularly in self-determination, self-regulation, and transition planning knowledge.	Strengths: Use of technology to assist students learning; Treatment fidelity data (multiple sources) Weaknesses: No skill generalization data (i.e., whether students can apply the skills in real IEP and transition meetings); Random assignment occurred at the campus level instead of for each student

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Behavioral based self-advocacy skills training						
Durlak et al. (1994)	8 high school students with LD (2 also had EBD), 7 males and 1 female; ages 15-17. Resource classroom in a large suburban high school	Evaluate effects of a training program teaching self-determination skills. Multiple-baseline across behaviors single subject design.	Seven skills (e.g., ask for clarification of class lecture material, disclose LD, make an appointment with a teacher to discuss accommodations); A combination of direct instruction and learning strategies (e.g., corrective feedback, multiple opportunities for practice, modeling, rehearsal, and practice for generalization); Teacher train 4 students a time (twice/week for 30 min and once/week for 40-50 min).	Awareness of academic and social strengths and weaknesses; Ability to express strengths and weaknesses to teachers; Awareness of service needs and appropriate accommodations; Ability to request information, assistance and accommodations.	All students acquired the skills; Maintained the knowledge of skills one week after the training; Generalize the skills at a non-training setting 2-3 week after the training; No significant differences in measures such as self-awareness scale and self-advocacy scale.	<i>Strengths:</i> Use of learning strategies; Combination of survey and observation of skills; Maintenance and generalization data; Reliability data <i>Weaknesses:</i> Maintenance test was paper and pencil test rather than a role play No treatment fidelity data; No social validity data
Balcazar et al. (1995)	6 youths with disabilities, male, aged 17.1-19.6; 4 with BD and LD, 1 with mild MR, and 1 with bipolar disorder Residential school serving youths with severe behavioral and/or emotional disturbances.	Evaluate effects of a help-recruiting skills training on facilitating transition of adjudicated male youths with disabilities. Multiple baseline across behaviors single subject design	<i>Knowledge of self and communication.</i> First phase training: (a) identifying your personal strengths and challenges; (b) setting personal goals in the areas of employment, education, health care, independent living, and social life; and (c) developing a plan of action. Second phase: help-recruiting skills (Balcazar et al., 1991); Classes held 1 hr./week for a total of 15 hours <i>Knowledge of self and communication</i>	Transition goals; Actions toward reaching goals; Help recruiting skills (role play); Social support network; Satisfaction with the training.	Increased help-recruiting skills; Increased social support network; Improved satisfaction with their social competencies.	<i>Strengths:</i> Generalization (natural setting) probe data; 1-year follow up conducted with the teacher about students' placement; Reliability; Social validity <i>Weaknesses:</i> Follow up should include students; Sample was biased (i.e., no women); No treatment fidelity data.

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Bobroff and Sax (2010)	6 students, aged 18 to 22, 3 as tutors and 3 as tutees; 3 female and 3 male; 4 had EBD, 1 with autism and one with MD. The Urban Skills Center (USC), a co-educational, special education school	Examine effects of peer tutors teaching interview skills to transition-age youth with disabilities. AB single subject design.	11-weeks peer tutoring project; Tutor training (First 4 weeks); 7-week tutoring sessions: one to four tutoring sessions per week; Interview skill included self-introduction, greeting, wearing appropriately for the interview, and answering questions appropriately. <i>Knowledge of self and communication</i>	Interview skill components	Peer tutoring is beneficial to both tutors and tutees; Students improved their interviewing skills	<i>Strengths:</i> Peer tutoring is a promising way to engage students; <i>Weaknesses:</i> Small sample size; No criterion for readiness of tutor (tutors indicated if they are ready in the study); No fidelity, reliability, social validity, maintenance and generalization data
Wood et al. (2010)	4 high school seniors aged 17-20, 3 male and 1 female; two had LD, one had ADD, and one had bipolar disorder. A public high school in a large, urban school district	Compare effects of audio-supported text and explicit instruction on students' knowledge of rights, responsibilities, accommodations in postsecondary education. Simultaneous-treatments design with an initial baseline and final best treatment phase.	Training information from the U.S. Department of Education, Office for Civil Rights (OCR, 2007) document titled "Students With Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities." OCR document training with audio support and OCR document training with explicit instruction. <i>Knowledge of rights</i>	Knowledge of accommodations; Knowledge of rights and responsibilities	Explicit instruction produced higher scores compared to audio-supported text.	<i>Strengths:</i> Mock interview to test students' knowledge; Procedural fidelity, reliability, and social validity data collected; <i>Weaknesses:</i> No maintenance data and generalization data; No long-term outcome data

Appendix A-1 Continued						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Snyder and Shapiro (1997)	Three 10th grade students (age 15) with ADHD, gender unknown Classroom in a private school for students with serious EBD.	Examine effects of Self-Directed IEP in instructional program (Martin, Marshall, Maxson, & Jerman, 1996). Multiple baseline across behaviors single subject design	Self-Directed IEP: introducing people and purpose of the meeting, reviewing past goals, discussing future goals, closing the meeting. 11 40-minute sessions of video, lecture, discussion and workbook instruction. <i>Knowledge of self, communication and leadership</i>	Mock IEP meeting performance; Self-perception;	Two of the three students showed substantial improvement in the skills; Some generalization occurred to closing meetings before the skill was trained; Positive change in self-perception score.	<i>Strengths:</i> Mock IEP meetings to test students' skills; Social validity; Reliability. <i>Weaknesses:</i> No maintenance and generalization data; No fidelity data; Small sample size for self-perception measure
Arndt et al. (2006)	5 high school students, 3 males and 2 females, ages 14-18; They each were diagnosed with mental disability, autism, EBD, LD, and CP. A self-contained, cross categorical classroom in an inner-city high school.	Examine effects of the Self-Directed IEP program in increasing students' participation in their IEP meetings. Multiple baseline across behaviors single subject design.	The Self-Directed IEP: 10 instructional lessons. Instructional strategies include role-play, discussion, and brief reading and writing activities. <i>Knowledge of self, communication and leadership</i>	Mock IEP meeting performance; Real IEP meeting performance	Increased student participation in mock IEP meetings; Generalize skills to real IEP meetings.	<i>Strengths:</i> Use of both Mock IEP and real IEP meetings; Rigorous data collection (reliability, fidelity, social validity); Generalization data <i>Weaknesses:</i> Mock IEP meeting is near the same as the real one, which may not be feasible for practice
Martin et al. (2006)	130 middle and high school students; treatment group ($n = 65$); 83 males, and 47 females; 71.5% of them with LD, and the rest had MR, OHI, EBD, AS, OI, and unidentified disability. Five school districts in a southwestern state	Determine the effectiveness of the Self-Directed IEP. Randomized group experiment design	Self-Directed IEP training <i>Knowledge of self, communication and leadership</i>	Percentage of intervals team members talked and the percentage of time they discussed transition; Participants' view of IEP meetings	Strong effect on increasing the percentage of time students talked, started, and led the meetings.	<i>Strengths:</i> Large sample size; Use real IEP meetings; Fidelity data; Reliability data; Randomization occurred at the student level <i>Weaknesses:</i> Teacher expectation level affected students' participation; No follow up data

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Van Reusen and Bos (1994)	21 high school students with LD (11 males and 10 females), and their parents; 11 in treatment with an average age of 16.3 and 10 in contrast group with an average age of 16.6.	Determine effectiveness of Self-Advocacy Strategy in fostering students' participation in IEP meetings. Group experimental design, treatment and contrast group	Five steps: inventory of strengths and weaknesses, needs and preferences of the student, provide information during the IEP conference, ask questions, respond to questions, and summarize the IEP goals; Three 50- minute sessions on small group instructions and parent-student sessions. <i>Knowledge of self and communication</i>	Goals identified by students; Quantity and quality of student verbal contributions to IEP meetings; Evaluation of student performance during IEP meetings; Length of meeting	Students received intervention identified more goals and communicated more effectively during their conferences than did the contrast students.	<i>Strengths:</i> Use of contrast group instead of control group; Observation of real IEP meeting <i>Weaknesses:</i> Students were prompted with questions in the meeting, which raise question about generalization; No fidelity data; No long-term outcome data
Lancaster et al. (2002)	22 high school students, 20 males and 2 females, a mix of students with LD ($n = 14$), EBD ($n = 5$), and OHI ($n = 3$), averagely aged 16.93. Library in two schools located in a medium-sized western community.	Develop and test an Interactive Hypermedia Program (IHP) version of Self-Advocacy Strategy Multiple baseline single subject design; No-treatment comparison group design	Assigned into one of the three group: Self-Advocacy Strategy IH version (5 or 6 30-45 min sessions) Self-Advocacy Strategy live instruction (5 or 6 30-45 min sessions) No instruction <i>Knowledge of self and communication</i>	Number of relevant responses in IEP meetings (IEP participation)	IH combined with a small amount of teacher student interaction (approximately 1 hour/student) was as effective as live instruction (approximately 3 hours per student), Post-intervention probes indicated that students were able to generalize the skills to their actual IEP conference.	<i>Strengths:</i> Use of technology saved instruction time; Observation of real IEP meeting; Reliability; Social validity <i>Weaknesses:</i> Students were prompted with questions in the meeting, which raise question about generalization; No maintenance and fidelity data; Small sample size

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Hammer (2004)	3 middle grade students; 2 girls and 1 boy, ages 12 to 13. One had LD, one had LD and autism, one with Tourette syndrome, OCD, ADD, and PDD. A self-contained classroom in a private school in the Midwest.	Analyze effects of Self-Advocacy Strategy Interactive Hypermedia version on IEP participation. Multiple baseline across participants single subject design	IP version of Self-Advocacy Strategy seven sessions of 45 minutes learning using the CD-ROM and three to seven role-play instructions with teacher. <i>Knowledge of self and communication</i>	Number of relevant responses in IEP meetings (IEP participation)	Increased relevant positive responses to the probe questions; Generalize these skills in simulated and real IEP meetings in the post-intervention probes.	<i>Strengths:</i> Use of technology saved instruction time; Observation of real IEP meeting; Reliability data <i>Weaknesses:</i> Students were prompted with questions in the meeting, which raise question about generalization; No fidelity and social validity; No follow up data
Test and Neale (2004)	4 eighth students, 3 males and 1 female; ages 12-13; 2 with LD, one with mild cognitive disability, and one with EBD. Resource classroom	Investigate effects of Self-Advocacy Strategy Multiple probe across participants single subject design	Self-Advocacy Strategy taught individually during 10 lessons, 20-45 min each <i>Knowledge of self and communication</i>	Quality of student participation; Self-determination	Increased positive responses to probe questions; Self-determination difference was not significant; Skills observed to generalize to real IEP meetings.	<i>Strengths:</i> Observation of real IEP meeting; Social validity, fidelity and reliability data <i>Weaknesses:</i> Students were prompted with questions in the meeting, which raise question about generalization; No follow up data; Small sample size for the self-determination scale; No baseline generalization probe

Appendix A-1 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings about Self-Advocacy	Key Strengths and Weaknesses
Neale and Test (2010)	4 students, 3 males and 1 female; ages 9-11; 2 with LD, 2 with intellectual disability. Elementary school resource classroom	Evaluate effects of I Can Use Effort strategy, an elementary adaptation of the Self-Advocacy Strategy. Multiple probe across participants single subject design	I Can Use Effort Strategy included six steps taught over 5 days, 25 min of each lesson. I CAN represents identify your skills, check your learning choices, answer the inventory sheets and name your goals. EFFORT refers to behaviors that can help students communicate more effectively such as eye contact, face the person, facial expression, ok posture, relax and tone of voice. <i>Knowledge of self and communication</i>	Quality of student verbal participation	Improved students' ability to express their learning preferences and contribute information in an IEP meeting; Skills maintained two weeks after.	<i>Strengths:</i> Maintenance data; Treatment fidelity; Mock IEP generalization data; Reliability; Social validity <i>Weaknesses:</i> Students were prompted with questions in the meeting, which raise question about generalization; No real IEP participation data; No baseline generalization probe

Note. ADD = Attention-Deficit Disorder; AS = Asperger's syndrome; BD = Behavioral Disorder; CP = Cerebral Palsy; DD = Developmental Disability; EBD = Emotional Behavioral Disorder; HI = Hearing Impaired; LD = Learning Disability; MD = multiple disabilities; MR = Mental Retardation; OCD = Obsessive-Compulsive Disorder; OD = Orthopedic Disability; OHI = Other-Health Impaired; PD = Physical Disability; PDD = Pervasive Developmental Disorder; SD = Speech Disorder; TBI = Traumatic Brain Injury; VI = Vision Impairment.

Appendix A-2 Reviewed Articles on Self-Advocacy Training with Postsecondary School Students with Disabilities						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
Self-advocacy programs and curricula						
Roffman et al. (1994)	19 first-year students with LD at the Threshold Program at Lesley College; 17 first-year students with LD at the Para-Educator Center at New York University (control group); ages 17-25, 9 females and 27 males. Urban based non-degree college program	Evaluate effects of the Understanding Learning Disabilities (ULD) course Nonequivalent control group pretest-posttest design	ULD course included information about LD, expressing rationale for accommodations, and developing individualized learning profile. <i>Knowledge of self and communication</i>	Understanding of disability; Understanding of strengths and needs; Ability to communicate about learning styles and accommodations.	Increased students' knowledge of their learning disabilities; Improved communication skills in mock interviews; Students' performance on the questionnaire was an effective predictor of future work adjustment 1 year later.	<i>Strengths:</i> Combination of survey and observation of skills for outcomes; One year follow up data <i>Weaknesses:</i> Generalization setting was not in natural setting, but still role plays
Lamb (2014)	20 students enrolled in the Bridges from the 2001 and 2002 classes; 6 had LD and add, 5 had LD, 3 EBD, 2 LD and ADHD, 1 autism, 1 HI, 1 VI, 1 TBI; Lansing Community College	Examine effects of the Bridges, a pilot College Success Class on transition to college and developing self-determination and self-advocacy skills Qualitative analysis	Two-credit, one-semester course; individual meeting with instructors at the midterm and end of the semester. Two follow up meetings conducted in the following semester. The curriculum consisted of 10 major components such as developing and presenting a self-advocacy plan and workshop about disability, law, accommodation. <i>Knowledge of self, knowledge of rights, communication, and leadership</i>	Description of self-determination	Students developed a greater understanding of disability and self-determination and the ability to advocate with college instructors for their accommodations.	<i>Strengths:</i> Comprehensive class to teach self-determination; Inter-rater reliability <i>Weaknesses:</i> Author served as instructor and evaluator; Rely on self-report data; No long-term outcome or impact data

Appendix A-2 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (<i>Self-Advocacy Components</i>)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
Behavioral based self-advocacy skills training						
Balcazar et al. (1991)	4 college students, 2 males and 2 females; ages 20 to 40, with HI, spinal cord injury, VI and TBI respectively. An office on college campus of a large Midwestern university	Evaluate effects of teaching college students with disabilities help-recruiting skills. Single subject AB design with generalization probes.	Training manual: Recruiting mentors and potential helpers: A guide to personal success and role-play activities. Help recruiting skill: opening statements, making a request, handling refusals to your request, and closing statements with 25 sub-skills. One-on-one training, 3 times/week for hr. for a month.	Help-recruiting skills	Help recruiting skills increased; Social support networks increased; Skills applied when requesting help from real potential helpers.	<i>Strengths</i> Generalization in real setting; Use of statistical analysis in addition to graph; Reliability and social validity data <i>Weaknesses:</i> No procedural fidelity data; Small sample size
Roessler et al. (1998)	3 college students with disabilities (1 with VI, 1 with LD, 1 with arthritis); 1 male and 2 females; age not reported. A large 4-year state university.	Examine effects of a seven step self-advocacy skills training Multiple baseline across behaviors single subject design.	<i>Communication</i> Self-advocacy training, 17 target behaviors in seven lessons, covered basic elements of an accommodation request in 7 90-min sessions <i>Communication</i>	Accommodation requesting behaviors (17 target behaviors)	Students acquired, maintained, and generalized the self-advocacy skills taught in the program.	<i>Strengths</i> Maintenance and generalization data collected <i>Weaknesses:</i> Generalization was not in the natural setting; No reliability, social validity and fidelity data

Appendix A-2 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
Palmer and Roesler (2000)	50 students, treatment (n = 24) or control (n = 26); 33 females and 17 males, ages 18 to 56; 32% had LD, 24% had OD, the rest were not reported. 2 universities and 2 community colleges	Evaluate effects of Self-Advocacy and Conflict Resolution Training (SACR) Randomized group experimental design	SACR training: two modules, self-advocacy and communication skills and conflict resolution through negotiation. The self-advocacy training focused on 17 behaviors identified by Rumrill, Roesler, and Brown (1994). The conflict resolution training focused on 7 negotiation skills (Fisher & Ury, 1981). Knowledge of rights included. 8-hour small group training. <i>Knowledge of rights and communication</i>	Target behavior skills; Knowledge of rights and responsibilities; Self-efficacy; Social competence;	Treatment group exceeded the control group in (a) acquired self-advocacy and conflict resolution behaviors, (b) general knowledge of rights and responsibilities for academic accommodations, (c) levels of accommodation requesting and conflict resolution self-efficacy, and (d) levels of social competence.	<i>Strengths:</i> Randomized group design <i>Weaknesses:</i> No maintenance and generalization data; No follow up outcome data; No fidelity, reliability data
Walker and Test (2011)	3 African American male college students, 2 had LD and 1 had ADD; aged 18-21. Classroom in a Historically Black College and University	Examine effects of accommodation requesting training; Multiple baseline across participants design	The intervention included video Transitions to Postsecondary Learning for Students with Learning Disabilities and/or Attention Deficit Disorders (Tabata, 1998) and a modified version SACR (Rumrill, Palmer, Roesler, & Brown, 1999). <i>Knowledge of self and communication</i>	Target behavior skills	Increased requesting academic accommodation skills; Skills observed to maintain in one to two weeks and generalize to real situations.	<i>Strengths:</i> Maintenance and generalization data collected; Social validity data obtained from multiple sources; Reliability and fidelity data <i>Weaknesses:</i> Generalization data was obtained from interview

Appendix A-2 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
White and Vo (2006)	3 male college students; aged 18-32; 1 with LD, 1 with PD, 1 is blind A large four-year university	Determine effects of a training package in teaching students' rights under the ADA and requesting accommodations. Multiple baseline across behaviors and participants single subject design	The training consisted of two components, the knowledge-based tutorial and the skill-based training; The skills-based training included a seven-step accommodation request skill (18 sub-behaviors). <i>Knowledge of self, knowledge of rights, communication.</i>	Knowledge; Skills (role-play)	A marked improvement in both knowledge and acquisition of accommodation-requesting skills of each participant; Skills maintained and generalized.	<i>Strengths</i> Descriptive operational definitions; Role play data; Social validity; Reliability data <i>Weaknesses:</i> Not real generalization (natural setting); No follow up outcome data; No fidelity data
White et al. (2014)	52 two-year and four-year college students; 31 males and 21 females; 31 had LD, 13 had mental health issues, 5 had PD, and 3 had sensory disabilities. 2 large four-year state universities, one university for Native Americans, and one two-year community college	Examine effects of a self-advocacy training program on increasing disability rights knowledge and academic accommodation requesting skills. Group pre-and-posttest without control group design	The training consisted of two components, the knowledge-based online training and the skill-based training. The skills-based training was delivered in a 1.5-day workshop, in which a seven-step (18 sub skills) accommodation request skill was taught. <i>Knowledge of self, knowledge of rights, communication.</i>	Knowledge; Skills (role-play)	Statistically significant increase of both knowledge and skills.	<i>Strengths</i> Online knowledge training; Role play data; Social validity <i>Weaknesses:</i> No control group; No maintenance and generalization (natural setting) data; No follow up outcome data; No fidelity data

Note. ADD = Attention-Deficit Disorder; AS = Asperger's syndrome; BD = Behavioral Disorder; CP = Cerebral Palsy; DD = Developmental Disability; EBD = Emotional Behavioral Disorder; HI = Hearing Impaired; LD = Learning Disability; MD = Multiple Disabilities; MR = Mental Retardation; OCD = Obsessive-Compulsive Disorder; OD = Orthopedic Disability; OHI = Other-Health Impaired; PD = Physical Disability; PDD = Pervasive Developmental Disorder; SD = Speech Disorder; TBI = Traumatic Brain Injury; VI = Vision Impairment.

Appendix A-3 Reviewed Articles on Self-Advocacy Training with People with Disabilities in the Community						
Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
Self-advocacy programs and curricula						
Pickett et al. (2012)	428 adults with mental illness; 212 in intervention group and 216 in control group; female (55.6 %); 190 males, 238 females; mean age 42.8; 169 had bipolar, 77 had depressive, 66 had schizophrenia, and 37 had other diagnosis. Held in a variety of publicly-accessible settings (e.g., libraries, churches, community mental health centers)	Examine effects of the Building Recovery of Individual Dreams and Goals (BRIDGES) peer-led education intervention Randomized group experimental design	BRIDGES is an 8-week, manualized peer-led education course: self-advocacy; communication and problem-solving skills; philosophy of recovery; social support; psychiatric diagnoses, medications and mental health treatment; and crisis planning. Instructors deliver class materials via scripted lectures, group exercises, personal examples from their own experiences, and group discussion. <i>Knowledge of self and communication</i>	Survey: Empowerment; Self-advocacy	BRIDGES participants experienced significant increases in overall empowerment, self-esteem, and self-advocacy-assertiveness, and maintained these improved outcomes over time.	<i>Strengths:</i> Randomized control; Large sample size; Fidelity measure <i>Weaknesses:</i> No generalization data (i.e., knowledge and skills learned generalize to real life); No outcome data about service use and recovery; No social validity data
Behavioral based self-advocacy skills training						
Balcazar et al. (1990)	14 members of an advocacy organization for people with PD; Trained group: 4 females and 2 males; aged 23-40; 2 had MS, 3 had PD, 1 had CP; 4 were high school graduates, the rest were not reported; Untrained members: 4 females and 4 males; aged 23 to 42; 4 had PD, 2 had MS, 1 was blind, 1 had CP. An Independent Living Center in Midwest	Examine effects of training on identifying and reporting disability issues at group meetings. Multiple baseline across participants and pre-and-posttest with control design	Two training manuals to instruct participants in identifying and reporting issues; one training manual to train two consecutive chairpersons to conduct action-oriented meetings. <i>Knowledge of rights, Communication, leadership</i>	Reporting disability-related issues; Closing discussions of new disability-related issues; Advocacy actions and outcomes	Increased number of disability-related issues reported by trained members and consistent improvements in chairperson; Increased advocacy activities, and outcomes of members' actions.	<i>Strengths:</i> Community setting study allows for generalization; Measures both primary outcome and secondary outcomes; Participatory action research approach <i>Weaknesses:</i> Limited experimental control

Appendix A-3 Continued

Author(s), Year	Participants/Setting	Purpose and Design of Study	Independent Variable (s) (Self-Advocacy Components)	Dependent Variable (s)	Key Findings related to Self-Advocacy	Key Strengths and Weaknesses
White et al. (1997)	4 adults, 1 male and 3 female; aged 28 to 65; 3 had PD and 1 had PTSD. An Independent Living Center in rural Midwest	Determine effects of an advocacy letter writing training manual. multiple baseline across participants design	Action Letter Portfolio training identified 11 different elements across four defined major areas of the advocacy letter; These major areas were date and inside address, opening of letter, body of letter, and closing of letter; Self-administered training. <i>Knowledge of rights and communication</i>	11 elements of self-advocacy letter	Increased advocacy letter writing skills.	<i>Strengths:</i> Maintenance and generalization data collected; Reliability data <i>Weaknesses:</i> Lack of social validity data; 6-month follow up revealed no use of the skills
Rumrill Jr (1999)	46 employees who are blind or VI; 17 males and 31 females; ages 19-69; Experimental condition ($n = 23$), matched and randomly assigned control group ($n = 23$)	Describe a training program to increase knowledge, confidence, and participation in the Americans with Disabilities Act's Title I accommodation request process Two group, posttest only, experimental design, matched randomly assigned	Three meetings with trained rehabilitation professions; First meeting: structured interview to identify needs for reasonable and obtain information about Title I and Employee's Guide to Reasonable Accommodations; Second meeting: a social competence/self-advocacy program to develop skills in requesting on-the-job accommodations; Third meeting: follow-along visit with the participant <i>Knowledge of self, knowledge of rights, communication</i>	The work experience survey; Accommodation self-efficacy measure; ADA knowledge quiz; Accommodation activity scale	Significantly more knowledgeable, confident, and active in the accommodation request process at a 16-week follow-up.	<i>Strengths:</i> Matched random group design to control for internal validity; <i>Weaknesses:</i> Lack of pre-test; No long-term outcome data; No reliability and fidelity measures; Small sample size;

Note. ADD = Attention-Deficit Disorder; AS = Asperger's syndrome; BD = Behavioral Disorder; CP = Cerebral Palsy; DD = Developmental Disability; EBD = Emotional Behavioral Disorder; HI = Hearing Impaired; LD = Learning Disability; MD = multiple disabilities; MR = Mental Retardation; OCD = Obsessive-Compulsive Disorder; OD = Orthopedic Disability; OHI = Other-Health Impaired; PD = Physical Disability; PDD = Pervasive Developmental Disorder; SD = Speech Disorder; TBI = Traumatic Brain Injury; VI = Vision Impairment.

Appendix B Focus Group Questions

1. Please introduce yourself and describe your experience about disability-related advocacy (1 minute each)? (e.g., whether you hold a job that works with people with disabilities, or if you have advocated for yourself or for other people with disabilities).
2. What advocacy methods do you often use? What are some unique ways to advocate that have caught your attention? What are the new methods of advocacy that you have used considering the technology and social media development?
3. How often do you use these advocacy methods and how effective do you think these methods are?
4. In terms of advocacy letters, how often do you use formal letters compared with emails?
5. Does it make a difference on whether to write an advocacy formal letter or advocacy email to someone about a concern that you or a friend has? Under what conditions is it better to send an advocacy formal letter? Under what conditions might it be better to send an advocacy email?
6. What are the advantages and disadvantages of self-advocacy formal letters and emails?
7. Under what conditions might it be better to send an advocacy concern on social media such as Twitter tm or Facebook tm?
8. How do you think social media spreads or impacts advocacy concerns? Do advocacy issues tend to travel faster through social media, or are they quick to get out of hand?
9. If you had a pretty important and more formal advocacy complaint, what mode of communication would you be more likely include? (mail vs. email vs. social media)
10. Would this approach vary depending upon whether you were doing systems advocacy versus personal advocacy? If it would vary, please describe how?
11. If you were recommending to someone about how to write an advocacy communication, what might you suggest?
12. What specific strategies do you find useful in composing an advocacy formal letter and an email?
13. What specific elements should an advocacy formal letter and an email contain?
14. How often do you use digital evidence such as video, audio, and pictures to support your advocacy formal letters, emails and social media? How would you actually incorporate this evidence? How

effective are they when compared with letters, emails and social media without these digital evidences?

15. For youth and other potential ‘newbies’ who are new to independent living and want to learn more about advocacy, what are some strategies you might suggest? (Who? What? Where? When? How?) Please provide as much detail as you can.
16. If advocacy training materials were to be made available, what would be the best way to access or transmit these to those who were interested in using them?
17. What would be some ways to let potential beneficiaries of advocacy training know how/where to access these materials?
18. What would be some innovative ways to solicit advocacy letters or emails so that they could be reviewed to learn more about their structure and content, and outcomes?
19. Would any of you be willing to help review materials that will go into updating the current Action Letter Portfolio?
20. What types of advocacy help to relate disability concerns to people who do not have disabilities? Has social media helped to bridge this gap?

Appendix D Focus Group Evaluation

Please rate your satisfaction with the specific aspects of the Focus Group	Strongly Disagree			Strongly Agree	
	1	2	3	4	5
The topics discussed were interesting	1	2	3	4	5
The questions were easy to understand	1	2	3	4	5
We were given enough time for discussion	1	2	3	4	5
The facilitators encouraged participation	1	2	3	4	5
The facilitators kept the group focused and on task	1	2	3	4	5
I had a chance to have my say	1	2	3	4	5
I felt that I was listened to by the group	1	2	3	4	5

Please tick the response you agree with:

Overall, the focus group was	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
The facilitators were.....	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor

Was there something you think we should have discussed but didn't?

Any other comments?

Thank you.

Appendix E National Advocacy Survey

You are invited to participate in a survey regarding our plans to update an advocacy letter training package. This is a research project being conducted by Alice Zhang and Glen White at the Research and Training Center on Independent Living, University of Kansas.

PARTICIPATION We are interested in learning about advocacy approaches you or your Center have used in working with your consumers. All of the information you provide will be kept confidential, and this project will not identify you or your Center in any way. Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty, and you are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS and RISKS You will be provided access to the updated advocacy letter writing manual once the research project is done. Your responses will help the Independent Living filed create and use effective advocacy letter writing skills. The risks of participation are minimal.

CONFIDENTIALITY Your responses will be kept strictly confidential, and data will be stored in secure computer files. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

CONTACT If you have questions at any time about the study or the procedures, please call Alice Zhang, or Glen White, at 785-864-4095. If you have any additional questions about your rights as a participant, you may call (785) 864-7429 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email at irb@ku.edu.

CONSENT: Please select your choice below. By marking “I agree” below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study.

I Agree

I Do Not Agree

1. Please write the name of your center, City and State:

2. What is your job title at your center?

3. How long have you worked in the area of disability-related advocacy? (Number of years)

Questions 4 - 9 provide you some advocacy methods that your consumers and you may have used to address advocacy concerns with individuals or organizations. Please choose the methods you use as instructed by assigning a number to the text box in front of each method. Please leave the text boxes next to the methods that you don't choose blank.

4. Please rank order the following methods your consumers and you use to advocate from most often used to least often. 1 = most often, and leave methods you don't use blank.

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)
- _____ Phone call
- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

5. **Initial Contact:** Please select top 5 methods your consumers and you use to advocate for initial contact with a person or organization, and rank them in order of 1 to 5 (1 = most often, 5 = least often).

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)

- _____ Phone call
- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

6. **Continuing contact:** Please select top 5 methods your consumers and you use to advocate during continuing contact with a person or organization, and rank them in order of 1 to 5 (1 = most often, 5 = least often).

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)
- _____ Phone call
- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

7. **Environmental changes:** Please select top 5 methods your consumers and you use to advocate for environmental changes (e.g., a new curb ramp or a remodeled bathroom), and rank them in order of 1 to 5 (1 = most often, 5 = least often).

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)
- _____ Phone call

- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

8. **Policy and service changes at the community level:** Please select top 5 methods your consumers and you use to advocate for changes in policies and services in your community, and rank them in order of 1 to 5 (1 = most often, 5 = least often).

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)
- _____ Phone call
- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

9. **Policy and legislation changes at state and federal levels:** Please select top 5 methods your consumers and you use to advocate for changes in policy and legislation at state and federal levels, and rank them in order of 1 to 5 (1 = most often, 5 = least often).

- _____ Formal letter (hand written or printed letter sent by mail)
- _____ Email
- _____ Postcard
- _____ Facebook
- _____ Twitter
- _____ Public testimony
- _____ Public demonstration (e.g., ADAPT)
- _____ Phone call
- _____ Visit
- _____ Online petition
- _____ Others (please indicate _____)

10. Please rate the level of importance of each advocacy method, and your satisfaction level with using each method listed in the left column. You should mark two squares for each advocacy method before moving on to the next one.

	How satisfied are you with using each advocacy method listed on the left column?					How important is each advocacy method listed on the left column to you?				
	Very satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable	Very Important	Important	Slightly important	Not important	Not Applicable
Formal letter (hand written or printed letter sent by mail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postcard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public demonstration (e.g., ADAPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online petition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How would the type of advocacy concerns influence your choice of advocacy methods? Please explain in detail, including examples if necessary.
12. What do you think are the important elements of an effective advocacy letter (including formal letters and emails)? Please list as many elements as you can.
13. Below are key elements for advocacy formal letter we identified in earlier research (1998). Please select elements that you think are still relevant today (both formal letter and email). Choose all that apply.
- Date your letter (formal letter)
 - Inside address of the targeted reader (formal letter)
 - Salutation
 - Introducing yourself
 - Introducing the problem: Explain the nature of the problem in detail, how it affected you, when it occurred, all parties involved, and any actions you may have already undertaken.
 - Provide evidence that this is a problem that has to be acted upon.
 - Cite any laws that apply to the situation you are presenting.
 - If appropriate, you could also include possible suggestions about how to address the disability concern.
 - Close the letter cordially with a quick review of the problem and your expectation that they will address your concerns.
 - Add your signature.
 - Note that you are sending copies to other important and relevant people.
14. What kind of evidence do you attach when you write advocacy letters (including formal letter and email)? (Choose all that apply.)
- Picture
 - Video
 - Audio
 - Supporting documents or data
 - Other (please specify) _____
 - Not applicable

15. What kind of equipment do you use to capture the evidence? (Choose all that apply.)

- Smart phone
- Camera
- Video camera
- Other (please specify) _____
- Not applicable

16. We are seeking good exemplars of advocacy letters, including formal letters and emails. The letters will be analyzed to define their key elements of advocacy letters, and will be very helpful as we update the Action Letter Portfolio! The letters will be kept confidential, and no private information will be associated with the updated action letter portfolio. **Please provide us with model advocacy letters you have written by mailing them with the survey or by emailing us at alicezhang@ku.edu.**

13 17. Do you have any other comments?

18. **Thank you very much for completing the survey!** Please leave your name and email address if you want to receive a link to access the final product of this study when the study is completed. This information will be kept confidential and separate from the rest of the survey.

Appendix F Advocacy Letter Scoring Form

# of behaviors	Target behavior	Advocacy Letter Scoring Form		
		2 point (high score/occurrence)	1 point (low score/partial occurrence)	0 point (non-occurrence)
	Date & Inside Address			
1	Dating letter			
2	Inside address			
	Opening of Letter			
3	Salutation			
4	Introducing yourself			
5	Introducing the problem			
6	Present evidence			
	Body of Letter			
7	Explanation of problem			
8	Cite any laws that apply			
9	Probable solutions offered			
10	Offer yourself as a potential resource if appropriate			
	Closing of letter			
11	Wrap up			
12	Closing salutation			
13	Add your signature and type name and contact information			
14	Make notes of enclosures and cc if applicable			
	Comments			
	Total score:	0		
	Percentage (%):	0		
Score between 0-28				

Appendix G Action Letter Portfolio (sample)

Below is the first page of the Action Letter Portfolio. The entire document is not included in this proposal due to its size (106 pages). The document is freely available online <https://rtcil.drupal.ku.edu/sites/rtcil.drupal.ku.edu/files/images/galleries/Action%20Letter%20Portfolio%20Manual.pdf>.

Glen W. White, Richard Thomson,
& Dorothy E. Nary



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- Independence, Inc., Lawrence
- Resource Center for Independent Living, Iola
- Topeka Independent Living Resource Center, Topeka

Special thanks to the following individuals who drew on their vast experience in independent living and advocacy to provide valuable manual input.

- Bob Mikesic
- Mike Oxford
- Barb Knowlen

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785-864-4095 Email: RTCIL@uk.edu

How To Write An Advocacy Letter 1

Appendix H Advocacy Training Package (sample)

Below are the first page, the and the Advocacy Letter Template of the Advocacy Training Package. The entire document is not included in this proposal due to its size (140 pages). The document is freely available online

Acknowledgements

This training package is an updated version of the Action Letter Portfolio developed by Glen W. White, Richard Thomson, & Dorothy E. Nary in 1998. This update would not have been possible without previous work by the authors and the expertise and assistance of a number of organizations and individuals.

Thanks to center for independent living (CIL) directors Ann Branden, Mary Holloway, and Mike Oxford for their cooperation and support in helping with the development and evaluation of *The Action Letter Portfolio*.

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- Mary Olson
- Stephanie Sanford
- Rosie Cooper
- Mike Oxford
- Barb Knowlen

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Task Analysis Form

TIP: When writing your task analysis, be as descriptive as you can; come to the point, but give sufficient information to add context.

- 1) What is the main disability concern?

Click here to enter text.

- 2) How does the problem directly affect the person?

Click here to enter text.

- 3) Does this problem occur regularly or did unusual circumstances cause it to happen this time?

Click here to enter text.

- 4) Who or what is the cause of the problem and who can help make the changes?

Click here to enter text.

- 5) Is there an existing law that can be cited to advocate for a desired change? If yes, what is it?

Click here to enter text.

- 6) Is there evidence or other information that can support the person's advocacy?

Click here to enter text.

- 7) What specific changes does the person want to see happen with the identified disability concern?

Click here to enter text.

Advocacy Letter Template

Date

Name, Title
Company
Street address
City, State Zip code

Salutation such as Dear Mr. XX:

Introduce yourself by telling who you are and why you are writing, using two to three lines.

Introduce the problem and present the evidence: explain the nature of the problem in detail, what occurred, when it occurred, how it affected you, all parties involved, and any actions you may have already taken. Present any evidence of the problem that you have collected.

Body of the letter: Provide a rationale as to why the reader should work to resolve the problem. Explain how this concern has affected you personally, and how it can affect others and the intended reader. Cite any laws that apply to the concern. Suggest possible solutions to the concern. Offer yourself as a potential resource to contact if appropriate.

Closing: Wrap up the letter cordially with a brief review of the problem and your expectation that the primary intended reader will take prompt action to address your concerns. Emphasize the benefits of addressing the concern for multiple parties, including the intended reader if possible.

Closing with expressions such as “Sincerely,” or “Thank you.”

[Sign here]

Your name, Title
Street address
City, State Zip code
Email: example@example.com Phone: (000)-000-0000

Enclosures:

cc: name and title of people who you identified as secondary intended readers

Appendix I Expert Review Form

Dear Reviewer:

We would love to have your feedback on the draft Advocacy Training manual. This manual is based on the Action Letter Portfolio. In addition to the advocacy letter training, we also added chapters regarding advocacy through email, phone call and social media. We hope that this training manual can be a resource for people with disabilities and family members who are new to disability rights advocacy. Although we try to make the text easy to understand, we acknowledge that this training manual may serve people with certain types of disabilities better.

We want to know: 1) whether the information in this manual is correct and in line with the laws, 2) whether the information makes sense to you as an experienced disability rights advocate, 3) whether the information makes sense to people who are new to disability rights advocacy, and 4) if not, how we can revise it.

We don't expect you to do detailed editing such as proof reading. You can make comments to the training manual using the comment function of Microsoft Word or write your comments in the review form. In addition, please also rate each chapter using the review form.

Advocacy Training Manual Review Form

Reviewer:

Chapter number: Introduction

When writing your comments below, please provide detailed information such as page numbers to help us identify the text to which you refer.

Comment 1:

Comment 2:

Comment 3:

Comment 4:

Comment 5:

Comment 6:

[Add more comments]

For each of the questions below, **circle or highlight** the response that best characterizes how you feel about each statement, where 1 = Not at all, 2 = Somewhat, 3 = Half-half, 4 = Mostly, and 5 = Totally.

	Not at all	Somewhat	Half-half	Mostly	Totally
1. Is the information in this chapter correct and in line with disability rights laws such as the Americans with Disabilities Act?	1	2	3	4	5
2. Is the information in this chapter easy for consumers to understand?	1	2	3	4	5
3. Is the information in this chapter relevant to the topic it addresses?	1	2	3	4	5
4. Is the information in this chapter comprehensive?	1	2	3	4	5
5. Is the information in this chapter useful and applicable to disability rights advocacy?	1	2	3	4	5
6. Does this chapter reflect the philosophy of independent living and advocacy?	1	2	3	4	5

Appendix J Scenarios of Disability Rights Concerns

1. Kathy Jones uses a power wheelchair and lives in a small town called Petersburg. She takes buses to get around town. On July 18, she took a bus to visit her friend, and needed to get off the bus at the Strawberry Hill stop. The bus driver stopped in the middle of the intersection to let her off because the bus stop sign was mounted on an uneven grassy area with no sidewalk. She felt unsafe getting off the bus in the middle of the road, but had no choice.

Kathy encountered the same inaccessible loading area when she needed to use this bus stop to go to her next destination. She could not get to the bus stop, so she waited in the street. When the bus finally came, she had to yell and wave at the bus driver to make sure that they did not drive past her. She was really frustrated and scared of being potentially hit by cars. She decided to contact Jackie Norman, the Manager of Petersburg Transit, and the bus company providing public transit in Petersburg.

2. Kristin Owen is a woman with mental illness including anxiety and PTSD. She lives in a small town named Stockton with her dog. The dog provides her assistance and emotional support. Recently, she tried to rent a two-bedroom apartment with Home LLC., and was asked to pay a \$250 pet deposit on May 25. Kristin talked to the leasing agent Mr. Landon Lucas to request a waiver of the pet deposit because the dog was her emotional support animal, not a pet. Mr. Lucas indicated that he could not help because the pet deposit is only waived for certified service dogs, according to the company's policy. However, he did tell Kristin that she could talk to Mr. Eric Steven, the manager of the company if she wanted to pursue it further. Kristin had learned, and was determined to educate Mr. Steven that the Fair Housing Act covers emotional support animals as a reasonable accommodation, and the pet deposit should be waived.
3. Max Wood is a wheelchair user. He recently took a family trip with his wife to Florida. He reserved an ADA hotel room at the Sunset Beach Inn, a newly built hotel. He made the reservation a couple of months before the trip to make sure they could stay in an accessible room. He received an email with a confirmation number 8901262, indicating that he had reserved one accessible room with king size bed, and the confirmation number was 89010262. After an almost six-hour trip, Max and his wife finally checked themselves in the hotel on May 25. They were so happy that they could finally have some rest and start their vacation. However, once he got into the room, he found out that there were several barriers with the so-called ADA accessible room. The first thing he found out was that the toilet in the bathroom was very low, which made it difficult for him to transfer. Although he was happy to see that there was a roll-in shower, he realized that it was going to be a challenge to use it because the faucet control and hand-held shower wand were on the wall that was opposite to the wall with the shower seat. There was no way that he could reach the shower wand and the faucet control once he transferred to the shower seat. During the stay there, his wife had to assist him with showering, which would be unnecessary if the bathroom were accessible. He talked to the front desk manager Gabby Moore about the issues he experienced. Ms. Gabby apologized for the inconvenience, but indicated that it would be better if Max could communicate with the hotel manager Mr. Jacob Swan.

4. Johnson Clark uses a wheelchair. On Oct 5, Johnson went to the Steakhouse with his friends for dinner. The entrance and the seating area were accessible, and the food was excellent. However, Johnson encountered some problems when he decided to go to the restroom. He found that the only accessible bathroom stall was not so accessible. He had a hard time transferring back from the toilet to his chair because the toilet seat was very low. When he went to wash his hands, he found it even harder. The sink did not have a knee clearance that would allow him to reach the faucet better. He had a difficult time washing both hands. He was not able to dry his hands because the towel dispenser was out of his reach. He went over to talk to the shift manager, Ms. Andrea, about the problems he encountered. Ms. Andrea told him that this building was old and it's exempted from complying with the ADA requirements. Johnson disagreed and found out the restaurant owner, Jack Smith's contact information.
5. Barbara Foster has been living in a rented one-bedroom apartment by herself for the past three years. She always takes good care of the apartment and pays rent on time. She likes the apartment and made several friends with the neighbors. Unfortunately, she developed a spinal cord injury and lost the ability to walk due to a car accident on April 3. The doctor told her that she would need to use a wheelchair to get around in the future. She is still in a rehab facility, but is worried about how she can get around in her apartment using a wheelchair, especially getting into the bathroom due to the narrow door width. Her Occupational Therapist suggested that she could either find an accessible place or make some modifications to the apartment before she went home. Barbara really likes her current home and does not want to move. She called the company Home LLC., which owns her apartment, but was told by a staff member that no modifications were allowed. Barbara decided to contact the property owner Mr. Ben Graham and ask for permission to widen the bathroom doorway and add a grab bar at her own expense.
6. Alicia Harris is a woman with scoliosis with a college degree in chemistry. She walks slowly because of the difficulty she has with walking. She had worked as a lab clerk for a chemical plant named Chemo for a year. She enjoyed her job and performance reviews, and was surprised when the Human Resource Specialist William Roberts told her that she would be terminated on May 28. Mr. Roberts told her that her supervisor, Mr. Smith believed her difficulty in walking might be a danger to herself and others during an emergency evacuation. Alicia was shocked and felt that she was discriminated against because of her disability. She had satisfactory job performance and did not agree that evacuating was part of an essential job function. She decided to contact the company to fight for her rights.
7. Mary Steward is the mother of a seven-year-old girl, Lily Steward. Lily is a second grader at College Park Elementary School. She is a happy child most of the time. However, she gets frustrated at school because of her difficulty with reading. Mary knew that Lily needed help with her reading disorder, and talked to the school's Special Education Director, Ms. Jane Taylor, on April 10th. She requested an Individualized Education Plan (IEP), which would put in place services to assist Lily learn how to read. On May 1st, a special education teacher, Mr. Richard Vincent, notified Mary that Lily is not eligible for special education and related services based on his evaluation. Mary does not agree with the evaluation and wants to request additional evaluations by experts such as school psychologist and speech-language pathologist.

8. Jane Cooper is a sales woman who has been legally blind for five years. She lives in Kansas City with her service dog, Harper. Harper is a guide dog that provides this type of mobility assistance during activities of daily living, work, and travel. Jane went for a business trip in Reno on July 31st. She flew via Green Sky Airlines with Harper from Kansas City to Salt Lake City, and then took a connecting flight to Reno. She talked to the Green Skye Airlines agent on the phone 48 hours before her trip and requested to sit in a bulkhead seat. This way, there would be enough floor space for Harper.

With Harper, Jane flew to Salt Lake City without any problems. When she got on the connecting Green Sky flight 1320, Jane found that she was assigned to a seat on the second row by the window. There was not enough space at Jane's feet for Harper. She talked to the flight attendant Lisa about her accommodation request made in advance. Lisa indicated that she was not aware of her request and all the bulkhead seats were taken. Jane asked Lisa where Harper could stay. Lisa and another flight attendant discussed it and told Jane that there was no space else for Harper, and she either had to fit Harper on the floor at her feet or take another flight. Jane had to choose to get off the flight because she did not want to hurt Harper while trying to fit him in that small space. She finally got on another flight to Reno, but was 5 hours late for her appointment. Jane decided to contact the customer service of Green Sky Airlines.

9. Sara Williams is a mother of a 10-year-old boy, Jake, who has Down Syndrome. They live in a small city called Big Lake. Sara is in the process of finding a new place for her and Jake to live. She finally found a two-bedroom apartment that she liked, Village Apartments LLC, owned by Tom Scott. She talked to the Manager of the apartment in person, Steven Patrick, and saw the apartment on July 15th. Mr. Patrick agreed to rent her the apartment, and Sara paid the \$200 security deposit the same day. On July 17th, Sara brought Jake to see Mr. Patrick to get the key to the apartment, so she could show Jake the new home. Mr. Patrick asked about Jake, and Sara told him that Jake has Down Syndrome. The next day, Mr. Patrick called Sara and told her that he would not rent the apartment to her and will return her security deposit because he was not aware of Jake's disability and is concerned that Jake might have problem behaviors that will affect other tenants.
10. Amanda Wayne is a woman who uses wheelchair because of spinal cord injury. On July 30th she went to a newly built clothing store, Beauty Collection, in downtown West Lake City owned by Kristina Hayes. The store looked new and accessible, with a lot of room for a person using a wheelchair to maneuver. Amanda picked up some dresses and went to the fitting room to try them. She asked the staff, Megan, who was organizing the clothing in the fitting room area to direct her to the accessible fitting room. Megan pointed to a fitting room with a wheelchair symbol on the door at the end of the aisle, and told Amanda to wait. Then Amanda saw Megan go into the accessible fitting room and start moving clothing racks and boxes out. Apparently, the accessible fitting room was being used for storage. Megan apologized for the wait and let Amanda in the room. However, since the door opens inward, once Amanda got in, she could not close the door because there was not enough room for the wheelchair to be away from the swing of the door. Amanda gave up trying on clothes, and went to talk to the shift manger Kate Shane.

Ms. Shane apologized for the inconvenience, but indicated that the store was built this way and that she could not do much about it.

11. Kevin Brown works in a local grocery store named Fresh Food owned by Larry Williams. The store has 17 employees in total. He has worked as a cashier for five years there, and is very skillful. In fact, he was employee of the month for three times. However, Kevin's arthritis has been getting worse, which makes it hard for him to walk and stand for long periods of time. He talked to the store manager Brain Stanfield on August 5th and requested to have a stool in his work space so he can sit down when needed. Kevin also indicated that this would not interfere with his work. Brain denied his request and indicated that sitting does not look professional and there was no precedence practice of that.
12. Jessica Evans lives in Baker City. She has been renting a one-bedroom apartment on the second floor of Riverside Home for three years. This apartment complex is managed by Home Rental LLC., and owned by James Lynch.

Jessica had a car accident on August 16th, severely injuring both of her legs. Shortly before she was discharged from the hospital, Jessica was told by her doctor that she would need to use crutches for about a year. Jessica became concerned about going home and climbing up the stairs using crutches every day. She called the apartment Manager Aaron Taylor on September 20th and asked if she can switch to an apartment on the ground floor because of her medical condition. She would not be able to go up and down the stairs daily due to her physical limitation and severe pain. Mr. Taylor indicated that he would not approve her request because only one ground floor apartment was available, and it's being held for a prospective renter who expressed serious interest in renting it. Jessica does not want to move, and really needs to have a ground floor unit.

13. Jane Scott uses a wheelchair and drives a ramp-equipped minivan to get around. On May 6, Jane went to the newly built grocery store Farm Fresh Food close to her home. She found a van accessible parking space close to the entrance. However, the access aisle next to the parking space was occupied with several carts, which made it impossible for her to deploy the ramp and get out of the car. She left for five minutes and only came back to find the carts still there. She then parked at a space that was far away from the entrance and had to wheel in the parking lot traffic to go back to the entrance, which was dangerous to her. She went into the store, and found everything was accessible until she went to the bathroom. The door was so heavy that she would risk hurting her shoulder if she pushed it herself. Jane was frustrated, and decided to wait until someone came by to ask for help. Luckily, another customer came by and helped Jane open the door. Jane decided to address the issues she encountered in the store, and looked up the contact information of the store. She found that the store manger's name was Adam Black.
14. Robert Will is a man who is deaf. He applied for an entry-level assembly job at Sharp Corp.'s facility on May 20. He was invited for an interview by Larry Brown, the staff from Human Resource Department of the company via email. Robert replied to thank him and disclosed he is deaf when requesting a sign language interpreter for the interview. Mr. Brown replied that he

would contact him after scheduling a sign language interpreter. Robert waited for a week and did not hear anything back from Mr. Brown. He then contacted the company multiple times in June via TTY relay service and emails about the interview. Finally, Mr. Brown told him that the company Human Resource Department Director James Carter indicated that they would not provide an interpreter until it had at least five deaf applicants due to the cost of a sign language interpreter. Robert was very frustrated with the response and decided to contact the company.

15. Jane Kaplan is a 50-year-old woman who lives in an apartment complex with her husband in a small town called West Bay. She recently developed severe arthritis with both knees that make walking hard for her, especially long distance. This makes parking a big problem for her. The apartment complex she lives in is owned by James Brown and it has parking spaces shared with several other surrounding apartment complexes. There is no designated parking for each apartment. The spaces are first come and first serve. Four to five times a week, Jane has to park 200 or more feet away from her apartment entrance when she comes home from work. The walking is very painful especially after a long day of work. Jane talked to the manager of her apartment complex, Kevin Stain, on July 1. She requested to have a reserved parking space close to her apartment by installing a “reserved parking” sign because of her difficulty walking. Mr. Stain denied the request, and indicated that it would be unfair to other tenants.

16. Lisa Smith is a person who is blind and she lives in a small town called Stanford. She uses a service dog to help her get around at home and outside. On June 15, Lisa and her friends decided to go to a newly opened local restaurant, Johnny’s Grill owned by Johnny Williams, to have lunch. After arriving at the restaurant, they waited for the front desk staff to lead them to a table. The shift manager Audrey saw the service dog with Lisa. As Audrey approached Lisa, she pointed to the “no pets” sign on the wall and told Lisa that her dog would not be allowed to stay in the restaurant because of the “no pets” policy. Lisa explained that the dog is a service dog, not a pet. Audrey indicated that she was told the “no pets” policy means no animals. However, she would allow Lisa and her friends to have a table if they leave the dog tied by its leash to the front desk, so the dog would not disturb other customers. Lisa and her friends left the restaurant after stating that is not acceptable.

17. Ben Cook is a fifty-year-old man who lived in a small town called Watkins. He has had depression and bipolar disorder for ten years. Ben currently lives in an apartment complex called WestPoint, which is owned by Max Jazzman. Recently, Ben’s therapist Dr. Rose Albert recommended that he consider getting an emotional support animal to help ease the symptoms associated with depression and bipolar disorder. Ben decided to get a cat. He talked to the manager Ms. Emma Penn on Nov.25th, requesting permission to have the cat, an emotional support animal. Ms. Penn denied the request and indicated the reason is the apartment complex has a “no pet” policy. Ben explained that the cat is not a pet, but an emotional support animal. Ms. Penn said she knew from her experience that a service dog can be exempted from the policy, but not a cat.

18. Tracy Jones is a woman with psychiatric disability. She has been working for a cleaning company for about two months. This company is called Super Clean, where Katherine Chan is the manager. Tracy does her job well and performs various cleaning tasks. The only problem is that the company rotates staff to different buildings monthly. Tracy has a hard time adjusting to changes in her daily routine. The monthly building rotation has increased her anxiety, ability to concentrate and work as effectively as she's able to when she has a more regular work schedule. When she finally gets used to her routine, and it's the time for her to switch to another building. She is concerned and talked to her direct supervisor, Ms. Beth Harris, on October 20th. She requested whether she can stay working at one site. Beth Harris said that she could not make the decision as this is a company policy.

19. Don Cook lives in an old apartment complex called Mountain Hill owned by Thomas Zane. Don had a car accident on August 3rd, which resulted in spinal cord injury. He has been living in a rehab hospital for several months and will be released on November 15. He will be using a wheelchair for the rest of his life. Although Don's apartment is on the ground floor, it is not fully accessible. It was built in the 80s. Among a long list of inaccessible features, there are four steps at his apartment entrance, and the doors are only 26 inches, not enough for his wheelchair to get through. Don wants to find a more accessible home before leaving the hospital. However, there are still four months of his one year lease with Mountain Hill. He met with the Mountain Hill manager Kevin Williams on October 15th and requested his lease be terminated without paying rent for the four month remaining in his lease. The manager denied the request and insisted that Don needs to pay the rent for the four months on his lease, although he acknowledged that it would be hard for Don to keep living there because of the accessibility issues.

20. Rebecca Jones lives in a small city, Birmingham. She has worked as a secretary for a marketing company for 15 years. She also has partial paralysis in her left hand. Recently she applied for a secretary position at a bigger marketing company, Business Solutions. She performed really well during the interview and received an email on Nov. 4th indicating that she was offered the job. Rebecca expressed appreciation for being hired, then requested a reasonable accommodation from her supervisor, James Baylor, a one handed keyboard since she cannot use her left hand for typing. On November 8th, Rebecca received an email from the Human Resource Department stating that her job offer has been withdrawn. During Rebecca's previous conversation with supervisor Mr. Baylor, he expressed concern after her request for a one handed keyboard, whether she would be able to use the computer efficiently, and effective use of the computer is an essential function of the position. Rebecca cannot accept their action and knows from experience that she can use the computer and do all aspects of her job well.

21. Lily Taylor is a woman who has been using a wheelchair for mobility for ten years because of Multiple sclerosis. She lives in a medium sized city called West Bay. Recently, her primary doctor Dr. Lena Huang prescribed a bone density exam at West Bay hospital, the city's largest hospital. Lily went to the bone density testing department by herself on Nov. 10th and was met by technician, Adam Benton, in the examine room. Adam asked Lily pre-test questions including how much she weighs. Lily said that she was not sure since she hasn't weighed herself for more than a year. Then Adam asked Lily to estimate her weight for the bone density test,

which Lily found unacceptable. Lily asked to be weighed and Adam stated the facility did not have a wheelchair accessible scale. Lily insisted that she would not be able to estimate her weight and it would not be accurate, which would make the bone density test results inaccurate as well. Adam then asked Lily to leave because the test could not be completed without listing her weight information. Lily left without getting the bone density test. She was very disappointed given the importance of this test. Lily found out that the West Bay Hospital's CEO is Brian Dean.

22. Benjamin Moor lives in a small city, Park City. He lost his vision due to an accident last year and is permanently blind. Benjamin works at a company downtown as a software developer and uses the city's bus system. He usually takes Bus 11 from home to City Hall, then takes Bus 9 to the Harrison Street stop, which is close to his company. The bus drivers do not announce the bus stops consistently and regularly, which makes it hard for Benjamin to know when to get off. There were at least three incidences that he was late for work because the drivers did not announce the stop, so he did not exit the bus at the closest stop to his place of employment. Now, every time Benjamin gets on a bus, he tells the drivers which stop he needs to get off, and requests that they be sure to announce that stop right before arriving, so he'll know and be ready to exit. However, sometimes the drivers still forget to announce his stop. Most recently on November 15th, the Bus 11 driver, James, forgot to announce the City Hall stop and Benjamin was an hour late for work. Benjamin believes that there should be a more consistent system implemented to announce bus stops for people who are blind or have low vision. He called the Park City Transit Authority and the customer service representative Kevin Brown said there is not much that can be done, other than Benjamin reminding the drivers more often. Benjamin was not happy with this response and found contact information for the Transit Authority Administrator, Linda Baylor.
23. Evan James is a 50-year-old man who lives in an apartment complex called Maple Leaves owned by Jacob Baldwin in New York City. He is quadriplegic and needs a personal care attendant to help with daily living, such as bathing and eating. Maple Leaves provides free parking for its tenants, but charges a guest parking fee of \$5 per hour. This creates problems for Evan's personal care attendant as he must pay \$40 for an eight-hour stay. Evan has lost three personal care attendants because of this parking fee. His current personal care attendant Mike also expressed the same concern to him. Evan does not want to lose Mike, who works well with him. He called the manager of Maple Leaves, Ms. Erica Jones, on Dec. 20th and asked her to waive the guest fee for Mike. Ms. Jones refused the request and told Evan that Mike is not a tenant.
24. Rachel White moved into an apartment complex called Strawberry Hill owned by Brown Thomas on October 10th. Rachel has had multiple sclerosis for ten years and she moved to Strawberry Hill because it is in general accessible. Unfortunately, she fell and injured herself on November 20th and needs someone to help with her daily living activities such as bathing, cooking and housework from now on. Her sister Ruth agreed to move in and help her. Rachel talked to the apartment manager Chris Rock on the phone on Nov 22th and requested permission to have her sister move in. Chris denied the request, indicating that there is a policy that a

resident must live in his or her unit for six months before they can add someone to the lease. Rachel really does need assistance from her sister and she also does not want to move.

25. Elisa Green has worked at a packaging sourcing business called PACK owned by Tom Kyle for ten years. She has always been a good worker with good job performance reviews. She also has diabetes and it's getting worse this year. A complication caused damage to her vision. This has made it hard for her to perform her job as a packer, which requires her to inspect and pack newly labeled bottles. Elisa talked to the department supervisor Jane Armstrong on Nov. 10th and requested a magnifying glass at work to help with her vision so she could read all the labels and continue packing correctly. Jane denied the request stating that holding the magnifying glass would interfere with her ability to use her hands. Elisa indicated that there are magnifying devices that can be mounted on one's head or worn as glasses. Jane told Elisa that she would let her know once she talked to the manager, Joe Baylor. Elisa received a letter on Nov. 15th that she was fired.

26. Jack Brown lives in a small town named Rock Wood. He uses a manual wheelchair for mobility. He is looking for an accessible apartment that is closer to his work, downtown. He found out that there is a newly constructed apartment building nearby that's now open for leasing. It is called Rockland Apartments and is owned by Dianna Oak. Jack called the apartment office and was told by the Manager, Henry Brian, that there's a one-bedroom apartment available and it's accessible. Jack went to see the apartment on Dec. 15th. Henry Brian showed Jack the apartment and Jack really liked it. However, the bathroom door is too narrow and prevents his wheelchair from getting into the bathroom. Jack was disappointed. He asked Henry Brian whether they would widen the bathroom doorway. Henry Brian said they would not make any changes to a brand new building and Jack should find another apartment.

27. Billy Jones works as a Secretary for a hotel named Sunflower Inn, managed by Janice Taylor. He has been in his position for three years and has always performed well. On October 10th, he was involved in a car accident, which severely impaired his vision. On December 12th, Billy called his direct supervisor James Park and requested approval to go back to work. He explained the visual impairment and requested the company obtain screen reader software, which would enable him to complete work on the computer. James Park expressed doubt whether Billy would be able to perform his job with the vision impairment. Billy informed James Park that he had learned how to use screen reader software that translates text into speech, and he's confident that he can still do all aspects of the Secretary job. James Park denied his request, indicating that the company would not buy the screen reader software.

28. Jamie Brown is a mother of a ten-year-old daughter, Jane. Jane is attending a public school, Park Elementary, where Mike London is the principal. Jamie is deaf and communicates using American Sign Language. There is a parent-teacher conference coming up on January 15th when Jamie's husband, who usually interprets for her, will be out of town. Jamie knows that she will need a sign language interpreter to help her participate in the parent teacher conference. She emailed Ms. Lilian Spring, who sent her the email invite, and requested the school provide a sign

language interpreter for her parent-teacher conference on Dec. 27th. Lilian responded the same day that she did not think the school can afford to hire a sign language interpreter for just one person. Jamie is disappointed and considers what to do next. She wants to attend the parent-teacher conference and needs an interpreter for effective communication during this meeting.

29. Alex Brown is a 30-year-old woman who lives in a town called Baylor. She has hypertension. Alex works as a nurse for a health care company, Health and Life, owned by Jerry Bean. Her work includes visiting several nursing homes per day, which requires extensive driving. The driving has made her condition worse, and her doctor advised her to reduce driving. Alex talked to her direct supervisor Ivan Kein on January 2nd and requested to be reassigned to a recent open nurse position that would not require the same amount of driving. Ivan Kein denied the request indicating that he was about to advertise the position and Alex is greatly needed in her current position. Alex cannot handle the driving anymore but does not want to leave her job.

Appendix K Advocacy Email Scoring Form

# of behaviors	Advocacy Email Scoring Form			
	Target behavior	2 point	1 point	0 point
		(high score/occurrence)	(low score/partial occurrence)	(non-occurrence)
1	Email address (es) for primary contact (s)			
2	Cc the secondary contacts			
3	Subject line			
	Opening of Email			
4	Salutation			
5	Introducing yourself			
6	Introducing the problem			
7	Present evidence			
	Body of Email			
8	Explanation of problem			
9	Cite any laws that apply			
10	Probable solutions offered			
11	Offer yourself as a potential resource if appropriate			
12	Mention any other attachment if applicable and attach it			
	Closing of email			
13	Wrap up			
14	Closing salutation			
15	Type name and contact information			
	Comments			
	Total score:			
	Percentage (%):			
Score between 0-30				

Appendix L Advocacy Phone Call Scoring Form

# of behaviors	Advocacy Phone Call Scoring Form			
	Target behavior	2 point	1 point	0 point
		(high score/occurrence)	(low score/partial occurrence)	(non-occurrence)
	Opening of phone call			
1	Salutation			
2	Introducing yourself			
3	Introducing the problem			
4	Present evidence			
	Body of phone call			
5	Explanation of problem			
6	Cite any laws that apply			
7	Probable solutions offered			
8	Offer yourself as a potential resource if appropriate			
	Closing of phone call (positive response or need time to investigate)			
9	Identify the action plan			
10	Identify a follow up time			
11	Leave your contact information			
12	Salutation and final closing			
	Comments			
	Total score:			
	Percentage (%):			
Score between 0-24				

# of behaviors	Advocacy Phone Call Scoring Form			
	Target behavior	2 point	1 point	0 point
		(high score/occurrence)	(low score/partial occurrence)	(non-occurrence)
	Opening of phone call			
1	Salutation			
2	Introducing yourself			
3	Introducing the problem			
4	Present evidence			
	Body of phone call			
5	Explanation of problem			
6	Cite any laws that apply			
7	Probable solutions offered			
8	Offer yourself as a potential resource if appropriate			
	Closing of phone call (negative response)			
9	Identify what specific request that were rejected and why			
10	Ask what alternative actions they can take			
11	Ask for referral if the person cannot make the decision			
12	Salutation and final closing			
	Comments			
	Total score:			
	Percentage (%):			
Score between 0-24				

Appendix M Advocacy Skills Training Evaluation Form

Instructions: The following survey is to learn more about your experiences participating in the advocacy skills training study.

Part 1: The following questions are about your training experience based on learning the Advocacy Training Package. Please check the box that best corresponds to your answer for each question below.					
Please indicate your level of agreement with the statements listed below with the self-administered training using the Advocacy Training Package:	Strongly Disagree Strongly Agree				
1. The topics covered in the training manual are relevant to advocacy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. The content is organized and easy to follow.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. The training manual is comprehensive about advocacy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. The information in the training manual is helpful.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. The information in the training manual is easy to understand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. I was given enough time to read and learn the manual.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. The task analysis form is a useful tool.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. The advocacy letter template is a useful tool.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. I would continue using this training manual when I need to advocate for myself or others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. My expectations are that using the training manual will help me to effectively advocate for my rights.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. My expectations are that using the training manual will help me to effectively address the concerns I have identified.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. I would recommend the advocacy training manual to other people who need to learn advocacy skills.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Part 2: Please check the box and answer questions about your training based on the feedback sessions with the researcher. Please skip this section if you did not receive feedback training sessions.

Please indicate your level of agreement with the statements listed below with the feedback training:	Strongly Disagree Strongly Agree				
1. The topics covered in the feedback training were relevant to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. The feedback was easy to understand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. I was given enough time to receive and discuss the feedback.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. The feedback training was helpful.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. The trainer was knowledgeable about the training topics.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Part 3: Please check the box and answer questions about your overall experience of the

2. How much did the training help you know disability rights laws such as Americans with Disabilities Act and Fair Housing Act?
 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely
3. How much did the training help you learn how to analyze a disability rights related concern, such as what the concern is, whom you should contact, and how you should contact?
 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely
4. How much did the training help you learn how to write advocacy letters?
 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely
5. How much did the training improve your confidence in advocating for yourself or others?
 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely
6. On a scale from 1-5, how would you rate this training experience overall?
 1. Very poor 2. Below average 3. Average 4. Above average 5. Excellent

Part 4: Please write your answers to reflect on your overall training experience.

1. What did you like most about the training?
2. What would you like to change with the training?
3. What are you planning to do with your learned advocacy skills?
4. Any additional comments:

Appendix N Advocacy Letter Expert Review Form

Number of letter: <small>Click or tap here to enter text.</small>						
<p>Instruction: For each individual advocacy letter addressing disability rights related concern or problem, please rate how well each component was written from -3 to +2. (-3 = <i>Behavior does not occur</i>; -2 = <i>Strongly disagree</i>; -1 = <i>Disagree</i>; 0 = <i>Neutral</i>; 1 = <i>Agree</i>; 2 = <i>Strongly agree</i>.)</p>						
Please check the box on the right column that best indicates your level of agreement with the statements listed:	Not occurred	Strongly Disagree			Strongly Agree	
1. The date and inside address were written appropriately.	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. The following components of opening of the letter were written appropriately:						
2.1 salutation (e.g., Dear Mr. James)	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.2 introducing oneself by telling who they are and why they are writing	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.3 Introducing the problem by explaining the problem in detail, what, when, how, etc.	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.4 Presenting the evidence of the problem (e.g., picture, measurements, supporting letter)	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. The following components of body of the letter were written appropriately:						
3.1 Explaining the influence of the problem on oneself or others	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.2 Cite any laws that apply to the problem	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.3 Offer probable solutions to the problem	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.4 Offer oneself as a potential resource to address the problem	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. The following components of closing of the letter were written appropriately:						
4.1 Wrap up the letter with a brief review of the problem and your expectation.	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.2 Closing salutation (e.g., thank you)	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.3 Type name and contact information	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.4 Add enclosures and cc if applicable	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Overall, the letter was written appropriately and professionally.	-3 <input type="checkbox"/>	-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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