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## **The Implementation and Evaluation of Self-Advocacy Programming for College Students**

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RUNNING HEAD: SELF-ADVOCACY PROGRAMMING

The Implementation and Evaluation of Self-Advocacy Programming for College Students

A thesis submitted to the  
Department of Sociology and Family Studies  
in partial fulfillment of the requirements for the degree  
Master of Science in Family and Community Services

Emily N. Baker  
University of North Alabama  
May 2020

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## DEDICATION

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**ABSTRACT**

The existence of barriers for college students living with disabilities is expansive and far-reaching; however, Field, Sarver, and Shaw (2003) and Walker and Test (2011) indicate that the development of self-advocacy skills increases the likelihood of overall academic success. It is vital that disability support services on college campuses recognize and develop programming to provide students with opportunities to increase their self-advocacy skills. This research assesses the effectiveness of self-advocacy workshops offered through an office of disability support services at a mid-sized regional university in the southeast. Causal agency theory and the ecological model of self-determination guided the development of a pre-test/post-test, which assesses the effectiveness of the workshops. Data collected provide insight into how effective the workshops are for current students, if participants' prior utilization of services in high school affects their initial measured confidence in self-advocacy at the pre-test, and what modifications are necessary for optimum programming in the future. Analyses indicate that the self-advocacy workshops were effective in increasing participants' confidence in their own levels of self-advocacy. Nearly half of the measures from the pre-test/post-test were significant at the  $p < .001$  and  $p < .01$  levels. The ecological model of self-determination, intersectionality, and standpoint theory inform the semi-structured interviews, with findings suggesting that participants' perceptions of their own confidence in self-advocacy are influenced by experiences of marginalization, salience of social identities, and perceptions of disability(ies). Confidence in self-advocacy is influenced by, and is simultaneously influencing, each system within participants' socio-ecological environments. Key words: *self-advocacy, disability support services, self-advocacy programming, college students living with disabilities, ecological model of self-determination, intersectionality*



## CHAPTER I

### INTRODUCTION

The National Center for Education Statistics reports that during the 2015-2016 academic year, 19% of college undergraduate and 11.9% of postbaccalaureate students reported having a disability (National Center for Education Statistics, 2019). Research indicates that the development of self-advocacy skills for collegiate students living with disabilities is not only warranted but is considered paramount to their academic success (Field, Sarver & Shaw, 2003). Walker and Test (2011) contend that higher education requires “some degree of self-advocacy” for students living with disabilities, and these skills serve as a “critical component” since their success or failure ultimately depends on their own ability to advocate for themselves (p. 134).

Self-advocacy has been a pertinent topic in education and disability advocacy for decades. Despite this, the term self-advocacy has only been loosely defined by teachers, researchers, disability advocates, and professionals working in disability services. The lack of a universal definition agreed upon by experts in a variety of fields has hindered efforts in research and practice to the detriment of vulnerable and marginalized student populations. Students with disabilities are entering higher education without a deep understanding of their disability, needs, rights, and selves which renders them ill-prepared to communicate what accommodations are needed to appropriate college and/or university staff. The acquisition of self-advocacy skills for this population of students is vital; yet, how those skills are instructed, attained, or practiced has not been thoroughly researched. This research analyzes the outcomes of a self-advocacy workshop that was developed and implemented through a partnership with a disability support services office at a regional university in the southeast United States. After the conclusion of the workshop series in an academic year, twelve students voluntarily participated in semi-structured

interviews answering questions about their lived experiences as college students with disabilities. The analyses point to the necessity of incorporating the lived narratives of students in developing culturally competent and inclusive programming.

### **SELF-ADVOCACY**

In short, self-advocacy refers to a person's distinct ability to "communicate, convey, negotiate, or assert [one's own] interests, desires, needs, and rights" (Stamp, Banerjee, & Brown, 2014, p. 142). For students with disabilities, self-advocacy can be more narrowly defined as a keen understanding of one's disability; legal rights guaranteed under the Americans with Disabilities Act (ADA), Americans with Disabilities Amendment Act (ADAAA), and the Rehabilitation Act of 1973; and an ability to effectively communicate protections and access granted through those rights (Rothman, Maldonado, & Rothman, 2008). For racial and ethnic minority students with disabilities, self-advocacy also includes valuing one's own cultural and ethnic identity(ies); identifying individual and academic supports; recognizing socio-political contextual influences and influences of institutions of power in having needs met; and asserting, communicating, and negotiating for one's needs in a manner that simultaneously supports the humanity, dignity, and respect of all persons (Walker & Test, 2011). This is particularly pertinent because racial and ethnic minority populations experiencing disabilities are increasing, and this population of students often faces cultural and structural barriers in accessing essential accommodations and services.

The National Center for Education Statistics (2019) indicates that there are greater reports of disability for some minority college students (i.e., Pacific Islander, American Indian/Alaska Native, Two or more races) than White college students for the 2015-2016 academic year—23.6%, 27.8%, and 22.1%, respectively. Students identifying as Black, Hispanic, and Asian

reported lower instances of disability than White students (20.8%) during this time frame (17.2%, 18.3%, 15.2%); however, these percentages may not accurately reflect these populations of students because they hinge upon a student's willingness to self-disclose their disability(ies) (National Center for Education Statistics, 2019). Findings from the National Longitudinal Transition Study-2 (NLTS2) imply that over half of the students who utilized secondary special education services and attended college do not self-identify as having a disability. An additional 7% reported that while they have a disability, they choose not to report it to their postsecondary institution (Sanford et al., 2011; Summers, White, Zhang, & Gordon, 2014). The existence of barriers for collegiate students living with disabilities is expansive despite federally mandated progress, and recent statistics reflect an achievement gap for this population of students. The National Longitudinal Transition Study-2 (NLTS2) (2011) indicates that in an eight year time frame after high school, postsecondary completion rates for students living with disabilities was lower than that of the general population (41% to 52%, respectively) (Newman, Wagner, Knokey, Marder, Nagle, Shaver, Wei, & National Center for Special Education Research [ED], 2011). Therefore, it is vital that disability support services at higher education campuses recognize and enact programming and policies to combat these barriers and provide students with educational opportunities geared toward instilling self-advocacy skills. The compounded barriers for students with disabilities, the lack of self-advocacy programming on college campuses, and the promising data associated with existing collegiate self-advocacy programs resulted in the driving force behind this project.

### **CONCEPTUAL FRAMEWORK**

Self-advocacy and self-determination are inextricably linked and are necessary skills for collegiate students with disabilities. Self-determination is considered to be a predominant

concept in the construct of self-advocacy (Wehmeyer & Abery, 2013). There are different schools of thought regarding the construct and definition of self-determination in the literature. For the purpose of this thesis, I will integrate insights from several different theoretical orientations beginning with key concepts from causal agency theory and the ecological model of self-determination. While understanding students' socio-ecological environments and mitigating personal contextual factors are key for recognizing barriers in place, there must also be an understanding of each student's unique standpoint in disability support services offices, in colleges and/or universities, in communities, in states, in countries, and in the world. This thesis will use standpoint theory to address these concepts, facilitate understanding of students' lived experiences, and provide future recommendations. Finally, students with disabilities have been historically marginalized, and for minority students who also live with disabilities, the barriers and marginalization result in overlapping systems of oppression and inequality. Intersectionality will provide an additional lens to understand students' lived experiences, as it is possible to acknowledge how overlapping identities and experiences result in a complexity of prejudices.

### **STRUCTURE OF THESIS**

This thesis analyzes the effectiveness of self-advocacy workshops that were developed and implemented at a regional university in the southeast and the experiences of students who utilized these services. The following questions guided the current research. Will the self-advocacy workshops offered through disability support services be effective in teaching self-advocacy skills to students currently utilizing services through the office? Does prior utilization of specific services impact existing self-advocacy skills? How do diagnosed disabilities shape students' lives? How do students' lived experiences reflect the salience of their varying identities?

Chapter 2 reviews the literature on self-advocacy and self-advocacy programming. Chapter 3 describes the theoretical conceptual framework that supports the aforementioned research questions and provides direction for consequent analyses. Chapter 4 outlines the proposed research questions and introduces the methodology for quantitative and qualitative analyses. Chapter 5 presents the quantitative analysis of the data collected from the workshops. Chapter 6 is a qualitative analysis of the data collected from semi-structured interviews with students about their experiences surrounding their identities, disabilities, culture, and socio-economic standpoints. Chapter 7 concludes with discussions of theoretical implications and limitations of the research.

## CHAPTER II

### LITERATURE REVIEW

Over the past few decades, educational research has shown that self-advocacy is essential for the success of students with disabilities in and out of the classroom (Roberts, Ju, & Zhang, 2014). The literature makes clear that there is no universal definition of self-advocacy. Over the years, self-advocacy has been defined as 1) a civil rights movement (Williams & Shoultz, 1982), 2) an ability or skill, or 3) an act (Sievert, Cuvo, & Davis, 1988). Self-advocacy, as a civil rights movement, co-occurred with the Disability Rights Movement in the 1970s; however, its true origins can be traced back to the People First movement which began in Sweden in 1968 (Test et al., 2005). Emphases on the normalization and deinstitutionalization for people living with disabilities in the 1970s, along with the self-help movements in the 1980s, served as catalysts for the development of the self-advocacy movement in the United States (Test et al., 2005). Balcazar, Fawcett, and Seekins (1991) suggest that self-advocacy is an ability to communicate with others to obtain information and enlist support for assistance with achieving personally set goals and desires, and Van Reusen, Bos, Shumaker, and Deshler (1994) extended that definition by defining self-advocacy as an individual's ability to communicate efficiently while "convey[ing], negotiate[ing], or assert[ing]" one's personal interests, rights, and necessities (p. 50).

Stodden (2003) implies that an ability to self-advocate involves students having the capacity to communicate their personal needs and make choices that impact the amount of support they require to achieve their desired goals. Lastly, Getzel (2008) indicates that self-advocacy is defined as "recognizing and acting on one's rights" (p. 210). This definition extends Field's (1996) definition of the term which suggests that self-advocacy involves "taking action

on one's own behalf" (Field, 1996, p. 42). Over time, the definition and application of self-advocacy has varied in nuance and scope. For the purposes of this research, self-advocacy is defined as an act that persons with disabilities engage in to demand supports, which includes four components: "knowledge of self, knowledge of rights, communication, and leadership" (Roberts, Ju, & Zhang, 2014; Test, Fowler, Wood, Brewer, & Eddy, 2005). This defining framework is the result of input from various researchers, stakeholders, and authors in the literature.

Studies indicate that the development of self-advocacy skills is related to high-school completion rates; better employment; independent living; and the transition to postsecondary educational settings (Roberts, Ju, & Zhang, 2014, p. 209). Yet, the term *self-advocacy* and *self-determination* are frequently used interchangeably when discussing and analyzing impact, outcomes, and instruction. While some researchers define self-determination as a subskill of self-advocacy (e.g., Zubal, Shoultz, Walker, & Kennedy, 1997), others view self-advocacy as a component of self-determination (Algozzine, Browder, Karvonen, Test, & Wood, 2001; Field, Martin, Miller, Ward, & Wehmeyer, 1998). The larger construct of self-determination is considered to be a combination of skillsets and beliefs that uniquely enable a person to "engage in goal-directed self-regulated behavior," and while self-determination has been studied prevalently in the literature, self-advocacy and its adaptive processes have not (Abery & Stancliffe, 2003; Daly-Cano, Vaccaro, & Newman, 2015, p. 215; Thoma & Wehmeyer, 2005).

Foley (2006) indicates that the successful transition into and out of postsecondary education necessitates some form of self-advocacy for students with disabilities. Self-advocacy requires that students take action on their own behalf. However, students with disabilities have spent the majority of their school careers under the direction of parents and/or caregivers, Individualized Education Plans (IEP), and special education teachers. As a result, there may be

unease and unfamiliarity with self-advocacy and autonomy. College students must demonstrate some level of autonomy as they transition into a postsecondary environment. Students in this population need to be able to speak on their own behalf and take responsibility for their education at the collegiate level by requesting appropriate accommodations (Walker & Test, 2011).

### **Research to Practice Gap in K-12 Education**

Teaching self-advocacy skills to students with disabilities in the realm of K-12 educational systems is necessitated by law: IDEA (1990, 1997, & 2004); ADA (1990), the ADAA (2008); the Rehabilitation Act (1973); and various state statutes. Teaching self-advocacy skills to this population is, and has historically been, amplified by local self-advocacy groups, national self-advocacy groups, professional publications, and presentations at conferences (Fiedler & Danneker, 2007). There is an abundance of extrinsic factors that exist to motivate staff, special education teachers, school administrations, and professionals to utilize relevant research to improve the lives and outcomes for students with disabilities. Yet, students leave K-12 educational systems without the vital components (e.g., self-advocacy) required to be self-determined adults (Fiedler & Danneker, 2007). Students are generally unfamiliar with IEP processes and are considered to be passive participants in IEP meetings (Test, Mason, et al., 2004). Over the past two decades, self-advocacy deficits in this particular population have been observed, and mounting research continues to suggest that students are leaving secondary school systems unable to “function as their own advocates” (Izzo, Hertzfield, & Aaron, 2001; Fiedler & Danneker, 2007, p. 5). The gap in research to practice for professionals in K-12 educational environments has negatively impacted the very population being served.



Though legislative mandates, federal law, and positive measurable outcomes through research elevate the importance of self-advocacy instruction, K-12 school systems have repeatedly failed to make this training and instruction a high priority and routine practice (Fiedler & Danneker, 2007). Data from teachers and administrators show that self-advocacy is considered important and that self-determination skills are highly valued (Izzo, Hertzfield, & Aaron, 2001). Despite available curricula, relevant research, and suggestions for best practice, teachers are not heeding recommendations. This leaves students unable to effectively advocate for themselves when they graduate from secondary education.

Karoven, Test, Wood, Browder, and Algozzine (2004) and Fiedler and Danneker (2007) identify several barriers for teachers implementing self-advocacy instruction: lack of adequate training, lack of initiative or authority in incorporating self-advocacy into curricula, and a narrowed focus on teaching traditional academic subjects due to increased demands from administrators. Another potential barrier is special education's orientation toward students. Special education is rooted in student compliance, such that teachers often serve as causal agents for students' changed behavior after an intervention has been set in place to change behavior (DiAdamo, 2005; Fiedler & Danneker, 2007). As a result, many students leave secondary educational settings with the belief that they are incapable of making decisions and have little-to-no control over their own lives, which results in them being overly dependent on others (Fiedler & Danneker, 2007). Finally, many school systems still utilize the medical model, which identifies students with disabilities from a deficit perspective as non-agentic and unworthy of the "dignity of risk" nondisabled students are afforded (Grover, 2005; Fiedler & Danneker, 2007, p. 6). This model is still prevalent in society, and within this perspective, individuals with disabilities are denied ample choice-making opportunities. Furthermore, professionals who

strictly adhere to this model are most likely to view individuals with disabilities as “unfit to attend college or work in any capacity” (Evans et al, 2017, p. 59). The perspective inherent in this model hinders the instruction of self-advocacy because it places individuals with disabilities in a category where they are considered “unfit to take part in the normal activities expected of a college student or employee,” (p. 59). Educators integrating this model into their teaching may believe it is futile to teach students self-advocacy in life beyond a K-12 education.

### **Self-Advocacy for Students with Disabilities in Higher Education**

There has been a significant increase in the enrollment of students with disabilities into postsecondary institutions over the past few decades. Cameto, Levine, and Wagner (2004) state that postsecondary education is considered a primary goal after high school graduation for four out of five students in secondary school who have transition plans. Furthermore, Cameto et al. (2004) suggest that the addition of college-preparatory courses and rigorous academic courses in secondary education has provided students with disabilities more opportunities to prepare for postsecondary education. Newman et al. (2010) compared postsecondary school enrollment for students with disabilities between 1990 and 2005 in the National Longitudinal Transition Study-2 (NLTS2) and found that the enrollment rates of students with disabilities in a variety of postsecondary institutions (e.g., 4-year colleges, community colleges, 2 year college programs [vocational, business, technical] ) dramatically increased from 26% in 1995 to 46% in 2005. Data from the NLTS2 further notes that 60% of students with disabilities continued on to postsecondary education within eight years of graduating high school (Newman et al., 2011). The enrollment rates for students with disabilities in any postsecondary school (i.e., 2-year or community college; vocational, business or technical school; 4-year college) varied by disability type in the NLTS2. Postsecondary school enrollment was highest among those with hearing

impairments (74.7%), visual impairments (71%), speech/language impairments (66.9%), learning disabilities (66.8%), other health impairments (65.7%), orthopedic impairments (62%) and traumatic brain injuries (61%) (Newman et al., 2011).

National statistics regarding college attendance indicate that 11.1% of college students reported having a disability in the 2011-2012 academic year (Fleming, Plotner, & Oertle, 2017; National Center for Educational Statistics [NCES], 2015). Most recently, The National Center for Education Statistics (2015) found that percentages of students reporting a documented disability increased from 9% in 1998 to 19% in 2016. These increases can be attributed to legislative mandates which demand accessibility to higher education for students in this population (e.g., the Individuals with Disabilities Education Improvement Act of 2008 [IDEIA], the Higher Education Opportunities Act of 2008 [PL 110-3145]), and with these mandates, opportunities for students expanded with federal aid extension and program development (Council for Exceptional Children, 2008; Ju et al., 2017). Yet, access alone does not always lead to success. Foley (2006) argues that higher education requires, at minimum, some level of self-advocacy for students with disabilities since these skills are considered an integral factor in successful outcomes.

Transitioning into postsecondary education is a difficult process for many students; however, for students with disabilities, the challenges are often greater because higher education necessitates a transition from “passivity and dependency” to autonomy (Roberts, Ju, & Zhang, 2014, p. 217). As previously stated, students with disabilities are typically provided with a plethora of supports and people (e.g., parents, caregivers, teachers, physicians, providers, professionals) who advocate on their behalf through the IEP(s) while in a K-12 school system. These school systems are mandated and responsible for initiating the accommodation process

and providing appropriate accommodations to student recipients through the IEP(s) as required by IDEA, Section 504 of the Rehabilitation Act, and the ADA. Consequently, students often fail to learn how to advocate for themselves as they operate in dependent and passive roles in K-12 education.

Unbeknownst to many students entering higher education, postsecondary students must register with an office of disability support services on campus and re-establish their eligibility for accommodations before they are able to receive supports (Cawthorne & Cole 2010; Madaus, 2005; White et al., 2014). IDEA does not apply to postsecondary settings; therefore, the documentation, eligibility determination, and accommodations process that occurred during K-12 school settings through IEPs does not automatically transfer into this new setting. Disability law (e.g., the ADA, the ADAAA, Section 504 of the Rehabilitation Act) provides students with equal access to all educational opportunities, services, programs, and supports, and it deems discrimination toward individuals with disabilities as illegal. Students entering higher education must understand that while federal law ensures equal access it does not guarantee student success. Students must take an active role in advocating for needed and appropriate accommodations. Unfortunately, many students are unaware of their rights under the law, the advocacy required to initiate the accommodations process, and how to accomplish it all independently.

According to Rothman et al. (2008), students must also have the personal knowledge of their own strengths and weaknesses in relation to their disability; knowledge of available services that provide support in postsecondary institutions; and knowledge about federal laws that provide access and protection for persons with disabilities. Cawthon and Cole (2010) found that 48% of their sample reported little to no guidance about contacts on campus for obtaining

academic accommodations and support services; furthermore, in this same study, only 32% reported that they interacted with staff about their disability, and in those reported interactions, most students primarily requested letters of recommendation—not accommodations (White, Summers, Zhang, & Renault, 2014). Rothman et al. (2008) states that many students with disabilities are uninformed that disclosure of a diagnosed disability to instructors is required through the process of providing accommodation forms to professors. While students are not required to specifically name their diagnosis(es), they are in a sense disclosing a diagnosis since accommodation forms list offices of disability support services on campus. Students entering higher education are also often unaware that initiating communication with professors is necessary to ensure appropriate accommodations in each classroom environment. The lack of awareness may be explained by students' own learned helplessness. In a study by Stamp et al. (2014), many students reported an inability to ask for assistance because help was always provided in their secondary education environment—meaning many students may have never learned how to self-advocate because parents, teachers, and school administrations took on that role for them.

Although college students with disabilities do have a legal right to educational accommodations (e.g., Section 504 of the Rehabilitation Act; Titles II and III of the Americans with Disabilities Act [ADA]; and the ADAA), students must be proactive in utilizing granted legal rights and access through their own self-advocacy efforts. Rather than taking on a role of passivity where it is assumed that services and supports will seek them out, students with disabilities must arrive to college ready and capable to operate in an autonomous role in order to obtain needed services, accommodations, and supports. Self-advocacy must be utilized in order to enjoy full protections under the law and receive appropriate accommodations. Yet, numerous

students with disabilities do not acquire sufficient self-advocacy skills until after graduating high school, which can thrust them into academic jeopardy while transitioning into postsecondary education. According to Cawthorne and Cole (2010), 32% of the students with disabilities in their sample interacted with faculty by asking for letters of recommendation for jobs, graduate school, or other academic endeavors. In those interactions, only 25% of students provided accommodation letters to faculty members. This same study showed that while 43% of students in the sample ( $n = 110$ ) had met with the Office of Disabilities (ODS), only 31% met with ODS to specifically receive accommodations. Low percentages of faculty interaction regarding accommodations, accommodation utilization through ODS, and requests for assistance may be the result of a deficiency in self-advocacy skills among students with disabilities.

Despite changes in IDEIA in 2004 and the ADAAA in 2008, which sought to address the need for smooth college transitions for students with disabilities by focusing on functional limitations of disability rather than discrete diagnostic categories, students still enter college without a firm understanding of their disability. Research indicates that students with disabilities are frequently unable to describe their disability and the impact that it has on their lives (White et al., 2014). Unawareness of functional limitations, nature of disability, and impact of disability diagnosis(es) may be compounded by a reluctance to disclose (White et al., 2014). In the National Longitudinal Transition Study, Newman et al. (2011) found that 52% of youth that received disability-related services in secondary education, and then attended college, reported that they no longer considered themselves to be disabled, and 7% additionally reported that while they do retain a disability diagnosis, they chose not to disclose that diagnosis to their postsecondary institution. While disclosure is an inherent barrier to accessing services, students have the right to keep such information private once they transition out of secondary education.

However, research suggests that accommodations offered through offices of disability support services are effective in improving overall access to higher education, and accommodations and supports secured through these offices are noted as factors associated with successful college completion (Summers et al., 2014). Yet, access to self-advocacy skill acquisition and postsecondary support services are not readily available or easily accessible to students with disabilities due to a myriad of existing barriers.

### **Barriers to Self-Advocacy for Collegiate Students with Disabilities**

Denhart (2008) remarks that while enrollments have increased at the postsecondary level for students with learning disabilities, the dropout rate for these students remains high, which locks many into “higher unemployment rates, more placement in lower prestige jobs, lower income from employment, and higher rates of poverty” (p. 483). Students with disabilities had lower rates of college completion than students without disabilities (34% to 51%, respectively) (Newman et al., 2011; Ju et al., 2017). Furthermore, the National Council on Disability (2011) reports that nearly 28% of the population aged 25 and older has completed a Bachelor’s degree; however, according to this same report, people with disabilities are completing college at half the rate of people without disabilities, which suggests that this population of individuals is encountering barriers that discourage completion of a postsecondary education (Summers et al., 2014).

### **Variation in Accessing Accommodations**

The accommodations process is vastly different than what most students with disabilities experience in K-12 education; therefore, most students enter a postsecondary education environment expecting accommodations from high school to transfer without effort. In secondary education, under the mandates of IDEA, Section 504 of the Rehabilitation Act, and

the ADA, the school system is responsible for, not only initiating the accommodations process, but also for providing recommended accommodations and services through the IEP process (Cawthon & Cole, 2010; Madaus, 2005; White et al., 2014). When students enroll and transfer into a postsecondary institution, the responsibility transfers to the student. Students must re-establish eligibility for accommodations through offices of disability support services before they can receive requested accommodations (Cawthon & Cole, 2010; Madaus, 2005; White et al., 2014). Students often do not know this is the case, or if they do, they often lack the necessary self-advocacy to initiate the accommodations request process. Research indicates that intrusive measures by parents during secondary education can also serve as a barrier to self-advocacy because it makes it increasingly difficult for students to request help on their own in higher education. This results in passivity in seeking accommodations at the postsecondary level due to the lack of participation in IEP planning at the secondary level (Stamp et al. 2014, p. 148; Rothman et al., 2008, p. 75). If students were not afforded opportunities to learn and practice autonomy and self-advocacy in secondary education, they will enter a postsecondary environment that is riddled with barriers.

An inability to access appropriate accommodations can place students with disabilities in academic jeopardy. White et al. (2014) indicate that a factor impacting student success for students with disabilities is access to appropriate accommodations. Research indicates that nearly 25% of college students with disabilities have reported not receiving the accommodations they need to be successful in an academic environment (Horn & Nevill, 2006; White et al., 2014). Failure to secure appropriate accommodations through offices of disability support services on campus negatively impacts academic success. In a study by Stamp et al. (2014, p. 142), students who were “unable to pass an adequate number of classes, access appropriate sources of support,



and/or advocate for themselves effectively” had lower retention rates in their first attempt at college. Consequently, students with disabilities who are unaware of the accommodations process, and students with disabilities who lack self-advocacy skills, are both at risk for academic failure.

### **Limited Knowledge about Legal Rights**

Pocock et al. (2002) state that self-advocacy can be described as instructing students about legal rights guaranteed to them through federal law. Accordingly, instruction on self-advocacy also includes information on how to assert those rights by initiating and following through on the accommodations request process (Pocock et al., 2002). Difficulty deciphering differences between requirements for accommodation in secondary education and postsecondary education may elicit confusion. Cawthon and Cole (2010) found that, only 9% of the students in their sample reported an IEP in secondary education despite paperwork suggesting that an IEP or Section 504 plan was in place. Barnard-Brak, Sulak, Tate, and Lechtenberger (2010) discovered that students who have limited knowledge about their legal rights, and who do not request accommodations through offices of disability support services, have been found to experience “significantly lower levels of academic achievements” (p. 144). If students are unaware of the access afforded to them through federal mandates (e.g., the ADA, the ADA, Section 504 of the Rehabilitation Act) that also guarantees a right to appropriate accommodations, they may struggle and fail needlessly.

### **Necessity of Self-Disclosure**

Students with disabilities have the unique challenge of requesting accommodations and managing them through continual self-disclosure while enrolled in higher education (Finn, Getzel, & McManus, 2008; Ju et al., 2017; Newman & Madaus, 2015). Students with disabilities

have voiced fears of stigma when requesting accommodations from offices of disability support services and using approved accommodations (e.g., being seen as lazy, not trying hard enough, or as cheating) (Denhart, 2008, p. 485). The negative experiences surrounding stigmatized labeling in secondary education led students in the study by Walker and Test (2011) to opt-out of disclosing their disability in college. Research has revealed that a portion of students who disclosed their disability to faculty were met with negative responses including a belief that students were manufacturing a diagnosis; expressions of resentment toward students requesting accommodations; refusals to acknowledge students' disability(ies); articulations laden with irritation; considerations that labeled these students as incompetent; and beliefs that students of this population are unwanted on campus (Brockelman et al., 2006; Belch, 2011; Collins and Mowbray, 2005). These stigmatized attitudes by faculty and staff members may result from either a lack of understanding the needs of students or a lack of familiarity with services that offices of disability support services provide (Getzel & McManus, 2005; Wilson, Getzel, & Brown, 2000). A lack of knowledge, awareness, and training for faculty members can foster stigma, and this internalized and externalized stigma can translate into a particularly harmful barrier for students who typically consider the attitudes of faculty members as vital to their individual success (Albrecht, 2005; Belch, 2011, p. 83).

Student often enter postsecondary education unprepared to engage in the process of disclosure and to seek services on campus, and consequently, many students choose not to self-disclose or utilize services (Getzel & Thoma, 2008). According to Cortiella and Horowitz (2014), only 24% of collegiate students who received services in secondary education related to their disability(ies) disclosed their disability to postsecondary education institutions. For some students, entering higher education is seen as an opportunity for new beginnings where

secondary education labels can be shed, and for other students, seeking accommodations is not seen as necessary until academic problems begin to arise (Getzel & Briel, 2006; Getzel & McManus, 2005; Getzel & Thoma, 2008). Research indicates something more troubling though with barriers of self-disclosure: “more than half of students enrolled in postsecondary education believe they do *not* have a disability by the time they transition into college” (Getzel & Thoma, 2008, p. 77-78).

### **Limited Knowledge about Diagnosed Disability(ies)**

A component of self-advocacy includes knowledge of self, and while this component is imperative for postsecondary education students, documented research indicates that students are often unable to describe their disability(ies) and its impact on their lives (White et al., 2014). This lack of self-awareness, combined with fear of stigma related to self-disclosure, may result in students refusing access to services provided through offices of disability support services or in students requesting accommodations that do not match their specific functional limitations in the academic environment (Barnard-Brak, Sulak, Tate & Lechtenberger, 2010; White et al., 2014). Many students transitioning to higher education lack self-awareness and self-advocacy, and there are often few opportunities to learn these skills prior to enrollment (Test et al., 2005). It is not uncommon for students to enter higher education without a clear understanding of how their disability impacts their learning, and because of this, many students are unable to effectively communicate what services and supports they require to be successful in an academic environment (Getzel & Thoma, 2008). If opportunities to learn and practice the skills and abilities necessary to become self-advocating adults are not taught prior to enrollment in higher education (e.g., advocating for needs and wants, understanding strengths and weaknesses), it is unlikely that their “mere physical presence at an IEP/ITP meeting will result in positive

postschool outcomes” (Webster, 2004). Students who lack self-advocacy skills often overestimate their abilities due to poor self-awareness, which leads them to not seek academic accommodations until failure is experienced (Madaus, Faggella-Luby, & Dukes, 2011; Farmer, Allsopp, & Ferron, 2014). Unawareness of wants, needs, strengths, and weaknesses impedes attempts to self-advocate.

### **Learned Helplessness**

Students have reported that, in earlier school experiences, adults (e.g., well-intentioned parents, tutors, teachers) have tended to take over tasks which may have required executive functioning, self-advocacy, or self-determination skills, which has been exacerbated for students with more severe disability symptoms (Stamp & Banerjee, 2014). If students appeared to be intelligent and non-disruptive, teachers and other adults often did not hold them accountable to “initiate tasks and follow them through to completion” (Stamp et al., 2014, p. 156). It is evident that for some students, the overabundance of supports in secondary education unintentionally reduces responsibilities, which limits opportunities to practice self-advocacy, develop self-awareness, and engage in decision-making in a safe and familiar environment (Field et al., 2003; Fleming, Plotner, & Oertle, 2018; Izzo & Lamb, 2003). When students with disabilities transition into higher education, they immediately become responsible for the management and success of their education. This includes responsibility over the identification and documentation of disability(ies), the processes required to receive accommodations, and following through with requesting accommodations to faculty and staff.

### **Societal Perceptions**

Denhart (2008) discovered that feeling misunderstood, both interpersonally and intrapersonally, was a common theme among collegiate students with learning disabilities, and

this fear had an effect on whether they requested accommodations, which led to further feelings of devaluation and marginalization (Denhart, 2008, p. 485). Additional common themes across the literature are feelings of embarrassment, guilt, shame, and fear of judgement. Many participants in the study by Stamp et al. (2014) held a sense of shame and an uncertainty about their diagnosis, which they believe deterred them from seeking support. These deeply held feelings potentially negate development of social supports and networking, and because students with disabilities often feel stigmatized and isolated, both are often considered to be barriers to self-advocacy (Rothman et al., 2008, p. 75; Stamp et al., 2014). The need for self-advocacy skills in collegiate students with disabilities is supremely necessitated, yet how those skills are translated, instilled, and acquired requires offices of disability support services to consider the individual standpoints of students lacking self-advocacy skills by recognizing existing barriers and asking: (1) “How can one self-advocate from a place of uncertainty?” (2) “How can one communicate assertively about needs that are so poorly defined and understood?” (3) “How can one self-advocate without a belief in oneself as a person worthy of positive regard, respect, and a promising future?” (Stamp et al., 2014, p. 154).

### **Social Identities**

Race, social class, gender, religion, sexual orientation are all aspects of identity that students have in addition to disability (Evans, Broido, Brown, & Wilke, 2017). Offices of disability support services may incorrectly assume that students utilizing their services believe disability to be the most salient, or only, part of their identity; however, a student’s disability does not explain the entirety of their lived experiences, and this line of thinking presumes students with disability are all the same (Erevelles & Minear, 2010; Evans et al., 2017). Over time, individuals with disabilities have been excluded covertly and overtly in the realm of

education, and “laws, testing, and educational systems and structures historically have been built to serve a ‘normative’ group of White, upper-class, able-bodied, men” (Evans et al., 2017, p. 158). Even when legal protections were developed and enforced for people with disabilities, there still continued to be an “expansion of services for the same normative group within the disabled community”—meaning that advances in disability protections were designed to primarily meet the needs of “White, upper-class students with disabilities,” and the needs of those outside this norm were disregarded (O’Toole, 2004; Evans et al., 2017, p. 158). Scholarly research, advances in legal protections, and current recommended practices fail to address the many social identities students with disabilities hold before and after college admission (Evans et al., 2017).

### *Social Class*

Students with disabilities have historically enrolled in higher education at a rate lower than that of their nondisabled peers, and a predominant factor in college enrollment is the ability, or perceived ability, to fund that education (Evans et al., 2017). Once students are enrolled into college, familial socioeconomic statuses still impact student’s academic opportunities. McGregor et al. (2016) found that family income affects a student’s access to accommodations through rates of approved accommodations. The rate of approved accommodations for students with learning disabilities is higher for those students whose families are wealthy (Evans et al., 2017).

Cheatham and Elliott (2013) found that academic orientations and educational choices appear to differ among socioeconomic groups through varying high school contexts. Cheatham and Elliott (2013) discovered that students from low socioeconomic backgrounds relied heavier on their secondary education guidance counselors for key information about higher education (e.g., financial aid, college exploration), which is problematic since students from low

socioeconomic backgrounds tend to attend schools that employ fewer guidance counselors than more affluent schools and school systems. Students with disabilities attending lower resource schools may not have the same supports, transition planning, and programming. Schools in high-poverty neighborhoods typically face funding constraints, which may limit or reduce educational resources for “identifying, testing, and supporting students with disabilities” (Evans et al., 2017). Low socioeconomic status may prevent or deny students with disabilities the opportunity to attain self-advocacy skills, and even more troubling, it has the potential to place unidentified students with disabilities at risk for academic failure before and during college.

### ***Race and Ethnicity***

Though there are no differences in college attendance based on race or ethnicity for students with disabilities, there are “racialized discrepancies in diagnosis and receipt of support services in secondary education for students with disabilities” that adversely affects their postsecondary education experiences (Evans et al., 2017, p. 160; Sanford et al., 2011). Ableism can, and has been, used to justify “differential treatment and rationalize school’s failure to help students [of color] achieve” (Evans et al., 2017, p. 160; Ostiguy, Peters, & Shlasko, 2016). Ervelles and Minear (2010) found that racially and ethnically diverse students are subject to greater amounts of misdiagnoses and underdiagnoses than their White peers in secondary education, and they also found that racially minoritized students are typically overrepresented in special education, remedial, or tracked classrooms (Evans et al., 2017). Racial biases in assessment measures may contribute to the misdiagnosis or improper diagnostic testing of African American, Latinx, Native American, and Native Alaskan students. The methods used to determine learning disabilities in many secondary schools (e.g., discrepancy model), in combination with institutionalized systems of racism, may explain overrepresentation of

“minoritized students in remedial classrooms who receive a label of mental retardation rather than learning disabled” (Evans et al., 2017, p. 161; Warner, Dede, Garvan, & Conway, 2002).

The discrepancies that racial and ethnic minorities face indicate that educational institutions must commit to providing more effective supports for students with disabilities that address ableism, racism, discrimination from potential employers, and advocating for oneself despite those barriers (Evans et al., 2017). Racially minoritized students with disabilities must be able to advocate for accommodations and for themselves in institutionalized environments that have historically elevated ability and Whiteness.

### *Gender*

The literature suggests that students who identify under binary sex categories (e.g., male, female) that live with disabilities experience no gap in college matriculation (Evans et al., 2017; Sanford et al., 2011). However, this research, and most research up to this point, only allows for students to identify as male or female, which invalidates the experiences of genderqueer and transgender students with disabilities (Evans et al., 2017; Sanford et al., 2011). Students who identify as genderqueer or transgender have gender identities that are misaligned with the sex or gender they were assigned with at birth, and there are significant gaps in the literature on identifying the challenges and barriers that students with disabilities of this population face when entering higher education (Baril, 2015; Evans et al., 2017). The literature does indicate that faculty, staff, administrators should expect there to be social and academic challenges for transgender students due to identified barriers in K-12 schools (Evans et al., 2017), and research by Greytek, Kosciw, and Diaz (2009) in secondary educational settings revealed that “28% of transgender high school students reported being harassed at school for an ‘actual or perceived



disability' in addition to their transgender identity"—a rate of harassment that is higher for this population than for cisgender peers (Evans et al., 2017, p. 163).

Transgender students with disabilities have higher rates of suicidal ideation, depression, and anxiety than cisgender peers, and they also experience greater instances of disability status, violence, and victimization. This compounds healthy and safety concerns for this population since many transgender and persons with disabilities have difficulty finding counselors who are sensitive and affirming to competently treat any ongoing physical or mental health concerns (Sanchez, Sanchez, & Danoff, 2009; Evans et al., 2017). Discriminatory experiences by medical professionals toward genderqueer and transgender individuals with disabilities create barriers to access in treatment for ongoing medical or mental health concerns, and because offices of disability support services require proper documentation of diagnoses, students at the intersection of non-binary gender identity and disability may be unable to access the accommodations and resources needed (Evans et al., 2017). Staff, faculty, and administrators who do not understand or appreciate the importance of name, gender, and health plan changes may inadvertently ostracize genderqueer and transgender students; therefore, offices of disability support services must intentionally respect and keep confidential the names of these students, prioritize their preferred pronouns, and be aware of trans-specific health needs when addressing disability related concerns (Harley, Nowak, Gassaway, & Savage, 2002; Evans et al., 2017). Offices or staff that fail to do create a barrier for genderqueer or transgender students with disabilities in accessing resources and accommodations. Students in this population may simply not know how to advocate for themselves when institutionalized discrimination consistently bars access and treatment.

Research indicates that the experiences of cisgender students vary by gender, and these variances have been linked with “help-seeking behavior, past educational experiences, identification as disabled, and coexisting conditions” (Baldrige & Swift, 2003; Evans et al., 2017, p. 164; Madigan, 2005). For men with disabilities, gender norms may impede initiation in accessing accommodation and resources because they are often less willing to seek assistance than women with disabilities. This study also indicates that men with disabilities may be unlikely to seek out resources during their early college years, which increases the possibility for academic failure (Baldrige & Swift, 2003; Evans et al., 2017). In Gershick and Miller’s (1994) seminal work on gender and disability, they hypothesize that the aversion to seeking help is a result of “hegemonic masculinity” which “privileges men who are strong, courageous, aggressive, independent, self-reliant, and career-oriented,” and by seeking assistance, there is tangible “double threat to this narrative of masculinity” in a society that associates needing help and admitting disability with a character that is “weak, pitiful, passive, and dependent” (p. 34).

Men who ascribe to hegemonic masculinity or societal gender norms may have difficulty admitting disability in order to access and receive vital support services. There are also differences in binary genders in terms of disability diagnosis, identification, and received services. Madigan (2005) found that a disproportionately higher number of boys were being served in programs targeted toward youth with emotional disorders and learning disorders compared to girls. Rousso (2003) proposed that this may be due to different standards for identification, suggesting that girls must show more significant levels of disability than boys to receive K-12 services and that girls who do receive services are placed in more restrictive settings. Rousso (2003) and Evans et al. (2017) argue that it is these factors that lead to fewer women having a diagnosis or having received services than men when entering postsecondary

education settings. If women are undiagnosed or have never received services for their disability, then they also do not know how to advocate for themselves and what accommodations or supports to advocate for. It is evident that cisgender students with disabilities each have barriers to self-advocacy that stems from gendered issues.

### *Sexual Orientation*

There is a dearth of research in the literature for lesbian, gay, bisexual, and queer (LGB) students with disabilities in postsecondary education. Research that does exist for those at the intersection of LGB and disability either centers on secondary educational settings or sexual experiences (Evans et al., 2017; Harley et al., 2002). The gap in research in regard to gender identity/expression, disability, and sexual orientation for collegiate students at these intersections suggests that disabled queer students face barriers in and outside the classroom in higher education (Evans et al., 2017). LGB students with disabilities routinely experience prejudice and discrimination that is based on membership in both identities and the expression of each. The discrimination and prejudice that these students face appears in peer groups, families, educational settings, medical settings, mental health settings, community settings, and religious settings (Duke, 2011, p. 37).

These aforementioned factors contribute to higher risks of academic jeopardy for LGB students with disabilities in comparison to their heterosexual peers with disabilities (Evans et al., 2017). The LGB population is consistently influenced by societal ableist and heterosexist norms; therefore, students with disabilities are subject to an “increased risk of major depression, generalized anxiety disorder, conduct disorder, substance abuse/dependence, multiple disorders, suicidal ideation, and suicide attempts” (Duke, 2011, p. 3). Similar to transgender and genderqueer students, LGB students experience discrimination from medical professionals and

providers, which creates barriers to diagnosis, treatment, and services that heterosexual peers with disabilities do not face. As a result, many LGB students entering postsecondary education settings do not have proper documentation of their disability(ies) and will experience greater barriers in accessing supports for the management of their disability(ies) while in college (Evans et al., 2017). The burden of disclosure, the management of deploying each or both identities strategically, and the relentless attention that must be paid in scanning an environment that is safe and comfortable for two social identities that are heavily discriminated against is a significant barrier to self-advocacy for this population of students (Evans et al., 2017).

### **Self-Advocacy Programming in Higher Education**

Self-advocacy programming in higher education is uncommon. Surveys of staff members in offices of disability support services suggest that a wide array of services are typically offered (e.g., assistive technology, counseling, testing centers, accessible textbook assistance); however, services provided are often direct classroom support in the form of academic accommodations, and few surveys specified that offices provided capacity building programs (e.g., self-advocacy training, counseling) to students utilizing services (Shaw & Dukes, 2006; Tagayuna, Stodden, Chang, Zeleznik, & Whelley, 2005; White et al., 2014). Students with disabilities often lack self-awareness and self-advocacy skills, and research by Test et al. (2005) suggests that students with disabilities also have few opportunities to learn and practice self-awareness and self-advocacy (White et al., 2014). Studies suggest that students with disabilities who lack self-advocacy skills can learn them through “structured, behaviorally-oriented training” (Palmer & Roessler, 2000; Test et al., 2005; White & Vo, 2006; White et al., 2014).

Izzo and Lamb (2002) note that students require instruction in self-advocacy just as they require direct instruction in learning effective strategies for academic success (e.g., time

management, learning styles, study skills, note taking strategies). In order to effectively impart self-advocacy skills to students, training must include instruction and modeling by staff members in offices of disability support services (Test et al., 2005). Yet, students with disabilities are seldom encouraged to develop the necessary self-advocacy skills that are required in initiating, advocating for, and managing the assistance required for learning, working, and navigating a post-graduate world (Stodden & Jones, 2003). Many college students do not engage in the most fundamental forms of self-advocacy that include disclosing a disability(ies) to staff members in offices of disability support services, initiating the accommodations request process, and receiving services and supports from offices of disability support services (Stodden et al., 2003). The NTL2 indicates that only 28% percent of collegiate students disclose their disability to postsecondary institutions, and even though up to 87% of students with disabilities in this sample utilized accommodations in secondary education, only 19% reported receiving accommodations at their postsecondary institutions (Daly-Cano et al., 2015; Newman et al., 2011

A focus group study by Webster (2004) that included current college students with disabilities suggests that students in this population want and need intentional opportunities to self-advocate. Participants in the study remarked that self-advocating became easier with practice. So, it is imperative that offices of disability support services help students obtain, develop, and hone the skills necessary to become effective self-advocates through programming and practice (Webster, 2004). White and Vo's (2006) research on self-advocacy trainings show that students with disabilities benefit from increased confidence in knowing their rights and increased competency in requesting accommodations. The self-advocacy training completed in the study by White and Vo (2006) demonstrates that it is possible to teach self-advocacy skills, increase students' knowledge about their legal rights under federal law, and improve their skills

in requesting academic accommodations. Completed training increases the probability of students with disabilities achieving academic success, completing degree programs, and graduating from postsecondary institutions so that they are able achieve positive outcomes when transitioning to the workforce (White & Vo, 2006).

Self-advocacy skills acquisition not only impacts academic outcomes at the post-secondary level, but it also impacts post-graduation employment and outcomes. White et al. (2014) suggest that participating in self-advocacy training helps students transition successfully from higher education to employment, and Hitchings et al.'s (2001) interview of college students with disabilities, post-graduation, highlights how a lack of self-advocacy skills and self-knowledge in one's disability can poorly impact students' career explorations and postsecondary plans. A study by Meaux et al. (2009) concluded that students who understood their disability were able to better manage daily living, utilize available supports, and achieve more successful outcomes in higher education compared to students with disabilities who had less self-awareness and self-determination (Stamp et al., 2014). Offices of disability support services in higher education must acknowledge the life-changing effect that teaching and instilling self-advocacy skills through training and/or workshops has for collegiate students with disabilities.

### **Measurable Benefits after Completion of Self-Advocacy Skills Programming**

While the existent literature implies that self-advocacy programming on college campuses impacts students positively in a variety of statistically significant ways, there is little research that evaluates self-advocacy programming. Walker and Test (2011) utilized a modified self-advocacy intervention program titled *The Self Advocacy & Conflict Resolution Training (SACR): Strategies for the Classroom Accommodation Request* (Rumrill, Palmer, Roessler, & Brown, 1999) specifically geared toward training students to successfully request academic

accommodations, and students indicated at the conclusion of the program that the self-advocacy intervention had a positive effect on their ability to advocate for themselves by requesting accommodations. The study successfully demonstrated a “functional relationship between the self-advocacy intervention and each student’s ability to request academic accommodations through role-play,” and data further indicated that students were able to “generalize their role-play performance to actual meetings with course instructors” (Walker & Test, 2011, p. 141).

White et al. (2014) evaluated the effects of a self-advocacy program for collegiate students with disabilities, and results from the “pre- to post-test for both the knowledge and skills portions” indicate that the skills-based training resulted in a statistically significant “training effect” (p. 235). The results indicate that students can learn knowledge and skills through a combination of programming formats (White et al., 2014). Ju et al. (2017) investigated three different studies utilizing varying approaches to teaching self-advocacy skills to college students with disabilities (i.e., Walker & Test, 2011; White et al., 2014; White & Vo, 2006) and discovered that though interventions, research design, and disability diagnoses varied between each study, results indicated that students left the training with enhanced self-advocacy skills, disability-related knowledge, and accommodation requesting skills. Though the study by Rothman et al. (2008) investigates a transitional program for students enrolling in postsecondary education, results indicate that participants measured self-advocacy as an “important contributor to their future success” among a multitude of perceived secondary benefits including “gains in self-confidence and skills” that they considered to be “instrumental as they pursue their careers” (p. 78-79). Offices of disability support services cannot assume that incoming collegiate students with disabilities or existing students utilizing disability support services have retained or even have acquired a sufficient self-advocacy skill set. It is paramount

that the offices of disability support services not only provide self-advocacy programming, but also evaluate the effectiveness of it.



### CHAPTER III

#### CONCEPTUAL FRAMEWORK

Several theories, when considered collectively, provide a more holistic framework for understanding the complex nature and constructs of self-advocacy and self-determination. This research is guided by theoretical insights from causal agency theory, the ecological model of self-determination, standpoint theory, and intersectionality.

#### Causal Agency Theory

Wehmeyer's (2004) theory of causal agency is considered to be an expansion of his functional model of self-determination. The functional model of self-determination (Wehmeyer et al. 2011) conceptualizes self-determination "within a person-interaction framework" (p. 21). Abery and Stancliffe (1996) originally define self-determination as a construct that involves an intricate process, where the primary goal is achievement in personal control over one's life in areas that an individual deems as significant. Wehmeyer and Mithaug (in press) proposed causal agency theory to clarify how individuals emerge as *causal agents* in their own lives while becoming more self-determined. The theory suggests that individuals who are making or causing things to happen in their life do so purposefully with an "eye toward *causing* an effect to *accomplish a specific end* or to *cause* or *create change*" (Wehmeyer, 2004, p. 351). Wehmeyer (2004) notes that "causal events, causal behavior, or causal actions" are simply events, behaviors, or actions that "*function* as a means for the person (the causal agent) to achieve valued goals, to exert control in his or her life, and, ultimately, to become more self-determined" (p. 352).

This empirically validated model contributes a theoretical framework for developing, implementing, and improving supports that empower individuals with disabilities to increase

self-determination by “engaging in agentic action to set and go after goals” (Shogren & Ward, 2018, p. 191). Shogren, Wehemeyer, Palmer, Forber-Pratt et al. (2015, p. 258) define self-determination as a “dispositional characteristic” that is demonstrated through acting as a causal agent of one’s life. Utilizing the phrase “dispositional characteristic,” in defining self-determination, is integral to the theory. Shogren and Ward (2018) contend that a dispositional characteristic is an “enduring tendency that develops over time, with appropriate supports and opportunities” (p. 191). Contextual factors in socio-ecological systems (e.g., personal, family, and community systems and policies) inherently shape opportunities that affect the “development and expression of self-determination” (e.g., self-advocacy) for individuals (p. 191). The theory suggests that individuals are situated in microsystems and macrosystems that influence available opportunities, support, and networks. Opportunities afforded to some individuals with disabilities (e.g., interactive IEP processes, self-advocacy instruction, supportive family, transitional programs to post-secondary education) are not similarly offered across the K-12 population for students with disabilities and may result in varying levels of self-advocacy acquisition. The pre-test/post-test used in this research was developed with this theoretical framework in mind and measures the confidence of associated self-advocacy skills in the students in the sample. The additional questions in the pre-test seek to assess opportunities and contextual factors available to each student in the sample which may impact self-advocacy skills.

### **Ecological Model of Self-Determination**

The ecological model then views self-determination through a lens guided by the intrinsic motivations of people, in which the construct (e.g., self-determination) acts as the “primary determiner” of individuals’ thoughts and behavior (Wehmeyer, 2011, p. 21). The ecological model, by drawing on the ecological systems theory Bronfenbrenner (1979, 1989), entails

describes self-determination as a “product of both the person and the environment,” in that, individuals utilize acquired skills, knowledge, and beliefs to interact with the environment with intentions of obtaining highly regarded and meaningful outcomes (Wehmeyer et al., 2011, p. 21). In other words, the socio-ecological perspective of self-determination considers people to be active participants within their own individual life events, whether through “direct action or indirect action via proxy” (Ryan & Griffiths, 2015, p. 35-36). Due to the role of environment within this person-environment interaction model, when an individual interacts with their environment in a self-determined way, the interaction then becomes equally dispersed between enhancing individual capacities and altering environmental expectations (Wehmeyer, 2011).

Self-determination, as a construct, does not vary from person to person because its’ meaning is not unique to each individual; yet, how self-determination is operationalized, as in what is considered to be self-determined behavior, varies considerably by a myriad of contextual variables (Wehmeyer et al., 2011). The psychological construct, by definition, does not vary. Moderating variables then must be considered in efforts to promote self-determination throughout design, operationalization, and intervention. Wehmeyer et al. (2011) identify culture; gender; age and life stages; cognitive ability; religious beliefs and affiliation and spirituality; and experiences of oppression, segregation, and discrimination as moderating variables that uniquely impact efforts to promote self-determination.

The ecological model of self-determination guides the qualitative methodology and analysis, and a portion of the quantitative methodology and analysis, in order to assess how and which moderating variables have impacted students’ own self-advocacy efforts. The pre-test has a specific section that asks students about their prior service utilization before enrollment in postsecondary education. To examine the impact of varying ecological systems on individuals,

this study adopts the theory's person-environmental fit model and observes the outcomes of both an individual's capacities (e.g., Wehmeyer, 2004) and the environment in which the individual currently functions through the semi-structured interviews. Wehmeyer (2004) defines capacity as "having the ability to do something," and individuals who are causal agents, have specific mental and/or physical capacities that "enable them to respond to a challenge to their self-determination," which are known *causal capability* and *agentic capability* (p. 354). Other variables, like Wehmeyer et al. (2011) proposes (i.e., culture; gender; age and life stages; cognitive ability; religious beliefs and affiliation and spirituality; and experiences of oppression, segregation, and discrimination) were incorporated into the semi-structured interview questions. This allows for an examination of the factors that impact students' self-advocacy abilities, whether students with disabilities are interacting in their ecological environments in self-determined ways (i.e., includes self-advocacy), and how interacting in ecological environments in self-determined ways changes the social contexts students operate in.

### **Standpoint Theory and Intersectionality**

This research is also concerned with the everyday experiences of students living with disabilities and utilizes both standpoint theory and intersectionality to analyze the qualitative data collected in the semi-structured interviews. While standpoint theory is traditionally associated with feminist theory, it is also used in disability studies to provide perspectives from other marginalized groups and voices (Mahowald, 2005; Peterson, 2006). Wehmeyer (2011) discusses other factors in the ecological model of self-determination (e.g., culture; gender; age and life stages; cognitive ability; religious beliefs and affiliation and spirituality; and experiences of oppression, segregation, and discrimination) that intersect with the tenets of standpoint theory

and intersectionality and these are analyzed from a micro perspective through the semi-structured interview format.

An individual's standpoint is always considered to be "biased and partial" because it is influenced by an individual's effort to construct social realities; therefore, a group's standpoint includes similar experiences among marginalized groups, and it is these collective experiences that lead to group knowledge (Peterson, 2006, p. 732). Recognizing the mutual commonalities within and between intersection oppressions gives voice, and so accordingly, standpoint theory does not "privilege one oppressive structure or experience over another" but instead attempts to understand the interconnections of each (p. 732). Understanding individuals' experiences does not require categorizing those experiences hierarchically, but it does require that people recognize their own standpoint and insights as holistically incomplete (Peterson, 2006). David Connor (2005), referring to Frye's (1993) analogy of a bird cage, illustrates the importance of standpoint theory,

If we intently view one wire of a birdcage, then that is all we will see. One wire in itself does not prevent a bird from escaping. However, it is only when we stand back and view the entire configuration of cage wires that we see 'that the bird is surrounded by a network of systematically related barriers, no one in which could be in the least hindrance to its flight, but which, by relations to each other, are as confining as the solid walls of a dungeon. (p. 50)

When researchers and educators fail to consider other standpoints than their own (e.g., gender, race, ability), they tend to "inevitably miss the larger picture concerning the nature of oppression" (Peterson, 2006, p. 732). When various standpoints are discussed and included in research, the ways in which standpoints "intersect, rely on and succumb to each other" becomes

relevant, apparent, and important in understanding the greater picture of human agency and development (p. 732). Peterson (2006) suggests that through standpoint recognition, “those individuals imposed with multiple identities will find the bird cage door open” (p. 732).

Notably, standpoint theory and intersectionality are not interchangeable with multiculturalism, and moreover, each are more than the examination of diversity and inclusion (Andersen & Collins, 2013, p. 10). Crenshaw (1989,1991) is credited with the introduction of the term intersectionality. Though the origins of intersectionality date back further, Crenshaw famously utilized the term to illustrate the marginalization of Black women within the contexts of antidiscrimination law (Harrison & Patton, 2019). In sum, intersectionality is about “naming the unnamed,” particularly when “identifying structures of dominance and inequality” (as cited in Harrison & Patton, 2019, p. 350). Throughout the literature, intersectionality has been poignantly illustrated through issues of “identity, culture subjectivity, lived experiences, or listening to the voices” (Anderson & Collins, 2013, p. 9). Though lived experiences are analyzed through microsystems, the applications of intersectionality are not conducted in “individual, micro-level usage,” and Luft & Ward (2009, p. 12) suggest there are clear boundaries between utilization of intersectionality and earlier models of multiplicity (e.g., double jeopardy, diversity, multiculturalism) (as cited in Harrison & Patton, 2019, p. 354). Intersectionality is not an additive model like double jeopardy: the totality of the term is greater than an identity-politics framework (Harrison & Patton, 2019). Intersectionality was intentionally developed to “critique structures of power and domination, produce transformative knowledges, inform praxis, and work toward social justice” (p. 354). This work serves to move beyond analyses on the “confluence of multiple identities,” and instead focus on how individuals with “identities and identitarian experiences” often connect to “multiple and intersecting sociohistorical structures of

domination” (Alexander-Floyd, 2012; Guido & Berger, 2009; Luft & Ward, 2009; Harrison & Patton, 2019, p. 354).

Self-advocacy efforts are routinely impacted and shaped by oppressive structures, systemic injustices, and other moderating variables (i.e., culture; gender; age and life stages; cognitive ability; religious beliefs and affiliation and spirituality; and experiences of oppression, segregation, and discrimination). Self-advocacy instruction and programming cannot fully meet the needs of students without a holistic understanding of students’ intersectional, and individualized, standpoints, needs, and concerns. Without standpoint theory and intersectionality, the current analyses would fail to include the dynamic intersections and lived narratives of individuals in samples. Utilizing the lenses that standpoint theory and intersectionality both offer provides insight on the multiple intersecting identities students in minority populations hold.

## CHAPTER IV

### DATA AND METHODS

Previous research indicates that many students with disabilities enter postsecondary educational settings without necessary self-advocacy skills (Test et al. 2005; Webster, 2004; White & Vo, 2006). Yet, research suggests that self-advocacy skills can be successfully taught to college students with disabilities through trainings and workshops (Walker & Test, 2011; White et al., 2014; Ju et al., 2017). The immensity of barriers (e.g., learned helplessness, societal perceptions, and social identities) for students living with disabilities, the lack of self-advocacy programming on college campuses, and the promising data associated with existing collegiate self-advocacy programs resulted in the driving force behind this project. The current study is two-fold. First, this research analyzes whether self-advocacy workshops increase students' confidence in their own self-advocacy. Next, this research examines the lived experiences of students with disabilities who participated in the self-advocacy workshops offered through a partnership with disability support services at a regional university in the southeast.

#### **Research Design**

This research uses both quantitative and qualitative methodology and analyses and is guided by triangulation design. Triangulation design (Creswell, Plano Clark, Gutmann, & Hanson, 2003) allows for multiple types of data collection to more effectively address the research questions. Denzin (1978) and Patton (2002) extend triangulation design with the introduction of four distinct types of triangulation. This research utilizes *data triangulation*, *theory triangulation*, and *methodological triangulation* within the design to analyze and study issues surrounding self-advocacy in college students with disabilities. The use of more than one data source, methodology, and theory is intentional in order to illustrate a more holistic



understanding of self-advocacy within this sample. Traditional paradigms are aligned with both quantitative and qualitative analyses (e.g., postpositivism, interpretive), but when analyzing the enmeshment of both qualitative and quantitative methods and data in this study, a pragmatic orientation is applied. A transformative perspective also aligns with the purposes of this study. Mertens (2005) suggests that the “inclusion of values and viewpoints” of marginalized populations in research agenda creation is an essential axiological stance in mixed methods design (p. 295). The axiology in the transformative paradigm is guided by social injustice and results are typically linked to social inequality and injustice; furthermore, the ontology in this paradigm recognizes that there are “diverse viewpoints regarding social realities” (Teddlie & Tashakkori, 2009, p. 88). An overarching framework of social justice is prevalent in transformative paradigm research, and explanations of phenomena and data tend to simultaneously promote justice (Teddlie & Tashakkori, 2009).

A postpositivism paradigm was utilized to assess, quantify, and measure students’ confidence in their own levels of self-advocacy. This methodology was selected to also assess the effectiveness of the self-advocacy workshops through surveys featuring a Likert scale design. Measurements and outcome data collected from quantitative methods provide a foundation for understanding this area of human behavior and motivation. However, numerical data does not fully capture the lived experiences of students living with disabilities. Getzel and Thoma (2008) suggest that incorporating the voices of college students with disabilities is essential for the expansion of knowledge of information in developing effective self-determination methods, strategies, and techniques. An interpretive approach was then employed to capture the personal meanings students attached to self-advocacy, disability, and their own actions. Weber (1947/1925) argues that researchers must gain *verstehen*, a subjective understanding, in order to

understand “what people do and what people think and feel about what is happening to them” (Monette, Sullivan, DeJong, & Hilton, 2014). Quantitative measurement techniques alone cannot adequately capture the dimensions of social meaning, social interaction, and social reality (Monette et al., 2014). Semi-structured interviews were subsequently used as an appropriate qualitative method to gain access to students’ subjective, personal, and lived experiences.

### **Quantitative Methodology**

#### **Research Question and Hypotheses**

This portion of research is concerned with the effectiveness of self-advocacy workshops and whether prior utilization of services in high school affects existing self-advocacy skills. Causal agency theory and the ecological model were each utilized in informing and generating relevant research questions. A major inhibitor of students’ self-advocacy is lack of perceived confidence in self-advocacy in their socio-ecological system—even where such confidence is critical for their initiation and maintenance of positive person-environment transactions. In light of this, students’ self-perception of confidence in their own self-advocacy skills (e.g., a cognitive variable) functions as the dependent variable, rather than students’ acts of self-advocacy or students’ self-advocacy skills that manifest in individual actions (e.g., behavioral variable). Focusing on students’ cognition, rather than behavior as the outcome of the workshop, is necessary because students’ perceptions of confidence in their own self-advocacy efforts are affected by contextual factors in their socio-ecological environments, which either increase or decrease based on individual self-advocacy efforts. Students’ perception of confidence in self-advocacy is important to production and reproduction of socio-ecological environments that promote self-advocacy as an act. In sum, perceived confidence in self-advocacy plays an important role in the bidirectional socio-ecological model, which is why it necessitates

examination through an ecological framework. These concepts are drawn from ecological theory, and the referenced ecological model; therefore, perception of self-confidence is valid as a dependent variable because it is theoretically deduced. Using both causal agency theory and the ecological model, it is hypothesized that *utilization of prior services would increase confidence in self-advocacy at Time 1*. Furthermore, based on causal agency theory, it is hypothesized that *participation in the self-advocacy workshops will increase confidence in self-advocacy from Time 1 to Time 2*.

### **Procedures**

Participants for the study were recruited from an office of disability support services from a four-year public university in the southeast. Students utilizing services were sent an email explaining the self-advocacy workshops to be offered through the office of disability support services, the research to be conducted, and the opportunity to waive or give consent for their individual participation and data collection. Students who participated in the study were identified as currently enrolled in the university and as utilizing services from the office of disability support services. Prior to data collection, all materials (e.g., survey instruments, interview questions, consent forms), procedures, and protocols were approved by the university Institutional Review Board (IRB).

Self-advocacy workshops were designed and developed alongside disability support services staff over the course of several months after IRB approval. A focus group workshop was conducted to assess the intervention strategy, and after the completion of that workshop, staff and researchers convened again to make changes to the overall design. The same workshop was offered six times over two academic semesters to all interested students who were registered with the office of disability support services and identified as living with disabilities. One survey

instrument was used that included pre-test and post-test measures before the start and after the completion of the workshop. The pre-test and post-test surveys employed a Likert scale ranging from *strongly disagree* to *strongly agree* along with several dichotomous scales with *yes/no* options (see Appendix A1) to measure self-advocacy skill acquisition and utilization. The pre-test also included a short survey (see Appendix A1) to collect demographic information from participating students.

The workshops were created with the intention of being interactive, informative, and inclusive in format. Workshops were modeled after similar workshops in the literature (Palmer & Roessler, 2000; Test et al., 2005; Walker & Test, 2011; White & Vo, 2006; White et al., 2014). Effective workshops in the literature focused on teaching self-advocacy skills; increasing students' knowledge about legal rights under federal law; improving students' skills in requesting academic accommodations through role-play; and practicing post-graduation job-related scenarios through role-play. Content was emphasized through active participation and participant role-playing with on-campus professors who volunteered to assist, as seen in the literature.

At the beginning of each workshop, a disability support services staff member greeted students and gave an overview of what the workshop would entail. Afterwards, a member of the research team would explain the purpose of the research, students' invited participation, and consent to data collection. To ensure accessibility, and comprehension, each portion of the pre-test is read aloud. After students complete the pre-test, a disability support services staff member gives an interactive presentation on self-advocacy in relation to disability. Afterwards, new terminology is discussed openly among staff members and attendees, with time for questions. A short break is offered, and after attendees return, a research member introduces how engaging in

role-playing scenarios with professors is impactful in self-advocacy efforts. Students are sectioned into groups with professors on-campus. The research member then reads and displays a scenario that attendees must role-play in their sectioned groups. Groups go through three to five scenarios with their members. Afterwards, a disability support services staff member invites groups to share questions, insights, and takeaways. A research member then asks students to complete a post-test. The entire post-test is read aloud to ensure accessibility and comprehension.

### **Sample for Quantitative Analysis**

A total of 25 students participated in the six self-advocacy workshops offered over the course of two academic semesters (e.g., Fall 2018 and Spring 2019). The first workshop had 12 participants, the second workshop had 7 participants, the third workshop had 5 participants, the fourth workshop had 5 participants, the fifth workshop had 0 participants, and the sixth and last workshop, had 6 participants. Some students attended more than one workshop to gain more practice with role-playing. The data indicates that 24% of the sample attended more than one workshop. The sample demographics were representative of the larger campus population. In the sample, 13 (52.1%) students identified as female and 12 (48%) students identified as male. There were no students in the sample who identified as transgender. Female students were underrepresented in the sample compared to their representation in the campus population from the Fall 2018 semester (52.1% to 59.6%), and males were overrepresented in the sample compared to their representation in the campus population from the Fall 2018 semester (48% to 40.4%). The majority of participants identified as White ( $n = 18$ , 48.6%), followed by Black or African American ( $n = 5$ , 13.5%), and Multiracial ( $n = 2$ , 5.4%). Multiracial students were overrepresented in the sample compared to their representation in the campus population (5.4% to 2.7%). The average age of students was 25 years old ( $SD = 10.50$ ) due to significant

participation of non-traditional students in the workshops. Lastly, most participating students identified as freshmen (n = 10, 27%), followed by senior (n = 9, 24.3%), sophomore (n = 3, 8.1%), Graduate (n = 2, 5.4%), and junior (n = 1, 2.7%).

The largest reported diagnosis among the sample was anxiety. See Table 1 for full demographics regarding the frequency of diagnoses among the sample. The reported numbers indicate how many times each diagnosis and/or condition was selected on the pre-test. Numbers are not mutually exclusive because students could select multiple diagnoses and/or conditions on the pre-test. Prevalent diagnoses among the sample include anxiety, mood disorder (depression, bipolar, etc), ADD/ADHD, reading disability, math disability, and Post-traumatic stress disorder (PTSD).

Table 1. *Frequency of Diagnoses in Quantitative Sample (n = 25)*

Acquired/traumatic brain injury	2	Low vision or blind	1
ADD/ADHD	6	Math disability	4
Anxiety	12	Mobility condition that affects walking	1
Schizophrenia	2	Obesity	1
Autism spectrum	2	Post-traumatic stress disorder (PTSD)	4
Chronic illness or medical condition	3	Mood disorder (depression, bipolar, etc)	10
Eating disorder	1	Reading disability	6
Speech/communication condition	3	Writing disability	2
Mobility condition that does not affect walking	1	Brain Tumor	1

**Variables**

To examine both hypotheses, participants assessed the confidence in their own self-advocacy (1 = least confident to 5 = most confident) on a series of measures developed from the *AIR Self-Determination Scale*, *Transition Assessment: Planning Transition and IEP Development for Youth with Mild Disabilities*, and office resources within the office of disability support services. The average level of confidence for each item is reported in Table 2. A scale was constructed using each measure of self-advocacy resulting in a self-advocacy scale with a Cronbach alpha coefficient of 0.908 for the pre-test and 0.934 for the post-test. These numbers

indicate good internal consistency for scale within this sample. A series of dichotomous variables (0 = no, 1 = yes) were included in the pre-test to measure students' utilization of school and community services before admission into postsecondary institutions (Hypothesis 2). These data are reported in Table 3.

Table 2. *Average Levels of Confidence in Self-Advocacy for Students Participating in Self-Advocacy Workshops (n = 25, unless otherwise noted)*

<b>Self-Advocacy Measures</b>	<b>Pre-test</b>	<b>Post-test</b>
Speak up for myself	3.16	4.27**
Advocate for what I want and need in order to be sure that I have access to those things	3.44	4.00**
Effectively communicate my interests, desires, needs, and rights.	3.64	3.95**
Ask for reasonable accommodations that will help me be successful as a college student	3.88	4.32**
Explain the legal rights I have in receiving reasonable accommodations as a college student	3.20	4.23**
Express to others how my disability and/or condition impacts my life on a daily basis	3.58*	3.91**
Knowledge I have about my disability and/or condition	4.08*	4.09**
Set realistic goals for myself that detail what I want to accomplish and when	3.75*	4.23**
Initiate change instead of reacting to events that happen to me	3.13*	4.00**
Persevere despite difficulty or delay in achieving success	3.71*	4.18**
Request reasonable accommodations from professors and/or staff members	3.76	4.45**
Identify and discuss the amount and type of education or training I will need to reach my long-term employment goals	3.80	4.32**
Request reasonable accommodations from future employers	2.64	4.09**
Ask for help when I have difficulty accomplishing a task or completing an assignment	3.44	4.09**
Describe how the accommodation process works	3.40	4.14**

Note: \* indicates (n = 24), \*\* indicates (n = 22)

Table 3. *Service Utilization for Students Participating in Self-Advocacy Workshops (n = 25)*

<b>Service Measures</b>	<b>Yes</b>	<b>No</b>	<b>NR</b>	<b>Total</b>
Received services in high school related to disability	64.0% (n = 16)	36.0% (n = 9)	0.0% (n = 0)	100.0% (n = 25)
Active in development and implementation of services related in high school	44.0% (n = 11)	32.0% (n = 8)	24.0% (n = 6)	100.0% (n = 25)
Had opportunity to create own personal goals in high school in received services	36.0% (n = 9)	44.0% (n = 11)	20.0% (n = 5)	100.0% (n = 25)
Previously enrolled in any transitional program and/or classes	28.0% (n = 7)	72.0% (n = 18)	0.0% (n = 0)	100.0% (n = 25)
Utilized any on-campus resources	84.0% (n = 21)	16.0% (n = 4)	0.0% (n = 0)	100.0% (n = 25)
Utilized any off-campus resources	40.0% (n = 10)	60.0% (n = 15)	0.0% (n = 0)	100.0% (n = 25)

### **Analysis**

Data from pre-test and post-test surveys are analyzed through the *Statistical Package for the Social Sciences* (SPSS). A paired samples t-test is used to analyze data from both pre-tests and post-tests. Participants are assessed on a continuous measure during the pre-test (*Time 1*) and after the intervention (self-advocacy workshop) during the post-test (*Time 2*). Descriptive statistics and frequencies are also calculated to assess similarities and differences within the sample. Data from the prior service utilization portion of the pre-test were analyzed using a one-way between-groups analysis of variance (ANOVA). Participants were assessed and grouped based on their responses through a series of dichotomous variables (0 = no, 1 = yes).

### **Qualitative Methodology**

#### **Research Question**

This portion of research assesses the salience of students' identities and how their diagnosed disabilities affect their lives. Based on the ecological model of self-determination, this research seeks to understand how students' multiple social identities (i.e., familial culture; gender; religious beliefs and affiliation and spirituality; and experiences of marginalization)



impact, or have impacted, their self-advocacy efforts. Standpoint theory and intersectionality inform semi-structured interview questions. Participants were asked how their multiple, and intersecting, identities impacted their ecological environments and lived narratives.

### **Procedures**

Students who participated in the workshops were then recruited through email and informed about the semi-structured interviews and asked to share their perceptions of (1) the impact of their disability and/or diagnoses on their social, collegiate, and work environments; (2) the necessity of self-advocacy in relation to intersecting identifiers including disability, gender, race, and sexual orientation; (3) how people in society perceive their disability and/or diagnoses; and (4) interventions that have eliminated barriers throughout their collegiate careers. The students were asked 11 questions (see Appendix A2) in a private setting. Data from the interviews were recorded with consent and later transcribed. The data was initially analyzed in a Microsoft Word document and then exported to *Dedoose* for thematic coding purposes.

### **Sample for Qualitative Analysis**

A total of 12 students participated in the semi-structured interviews after the conclusion of the workshops in the Spring 2019 semester. Students who identified as female were overrepresented in the sample compared to their representation in the campus population (75% to 59.6%), and identified males were underrepresented in the sample compared to their representation in the undergraduate campus population from the Fall 2018 semester (25% to 40.4%). There were no students in the sample who identified as transgender. The overwhelming majority of participants identified as White ( $n = 7$ , 58.3%), followed by Black or African American ( $n = 3$ , 25%), and Multiracial ( $n = 2$ , 16.6%). Accordingly, Black or African American students (25%) and Multiracial students (16.6%) were overrepresented in the sample in

comparison to the undergraduate campus population in the Fall 2018 semester (13.6% and 2.7%, respectively). The average age of students was 24 years old due to participation of nontraditional students who are older in age. Lastly, most students identified as either freshmen (n = 4, 33.3%) or seniors (n = 4, 33.3%). This was followed by identification as sophomore (n = 2, 16.6%), junior (n = 1, 0.08%), and Graduate (n = 1, 0.08%). The largest reported diagnosis among the sample was anxiety followed by ADD/ADHD. See Table 4 for the frequency of diagnoses among the sample. The demographic information provided by participants in the semi-structured interviews shows that anxiety is the most prevalent diagnosis in the sample. Numbers are not mutually exclusive because students could select multiple diagnoses and/or conditions on the pre-test. Prevalent diagnoses among the sample include ADD/ADHD, anxiety, math disability, and reading disability.

Table 4. *Frequency of Diagnoses in Qualitative Sample (n = 12)*

Acquired/traumatic brain injury	1	Low vision or blind	1
ADD/ADHD	5	Math disability	4
Anxiety	7	Obesity	1
Schizophrenia	1	Post-traumatic stress disorder (PTSD)	1
Autism spectrum	1	Mood disorder (depression, bipolar, etc)	1
Chronic illness or medical condition	1	Reading disability	3
Mobility condition that affects walking	1	Obsessive Compulsive Disorder (OCD)	1
Schizophrenia	1	Psychosis	1

## Analysis

Transcribed interviews were coded thematically through *Dedoose* analytical software. The following themes were identified as prevalent for this sample: conflict between multiracial identities and diagnosed disabilities; difficulty with diagnosed disabilities in relation to gender; familial unacceptance of mental illness diagnoses and/or psychiatric disabilities in several communities of color; fear of being perceived as incapable, deficient, and unintelligent due to diagnoses and/or diagnoses; and difficulty interacting with others, being social, making friends,

and dating among a variety of diagnoses. All students mentioned the impact of their disability within different facets of their lives (e.g., social, academic, levels of independence, and job and/or career), which was coded as a theme, followed by perceptions of disability (e.g., societal perceptions); support and coping mechanisms (therapeutic support, familial support, peer and personal support, and self-advocacy training); variation in disability (e.g., physical disabilities and disclosure, nonvisible disabilities and disclosure); and salience of social identities.

Subthemes relating to main themes will be discussed further in qualitative findings.

### **Statement of Reflexivity**

As the lead author, I want to acknowledge my social position before the qualitative findings chapter. I am a white, middle-class, cisgender, straight, female living with disabilities. I have several diagnosed disabilities that impact me mentally, emotionally, and physically. I utilized my college campus' office of disability support services as both an undergraduate and graduate student. As someone who has this shared experience with participants involved in the study, it would be easy for me to say that I share similar emotional or biased notions of the participants. However, as a white, middle-class, cisgender, straight female I recognize that my collective statuses hold power and privilege in society. Many of the participants I interviewed experienced marginalization that I have not experienced due to my social position. Though I share a similar status of disability, the ways disability is experienced by individuals varies not only by disability, but also by other social identities held. Since I have not experienced marginalization due to other social identities, it is clear that my experiences are quite different from many of the participants I interviewed. Without first acknowledging my social location and life experiences, I could not say that I accurately engaged in the necessary research processes that are required in capturing the differently lived experiences of these students.

## CHAPTER V

### QUANTITATIVE ANALYSIS AND FINDINGS

Data from the pre-tests and post-tests were analyzed using a paired samples t-test and an analysis of variance (ANOVA) in *Statistical Package for Social Sciences* (SPSS). A paired samples t-test was conducted to evaluate the impact of the intervention on students' confidence in their own self-advocacy through the pre-test and post-test. The t-tests allow for the examination of statistically significant changes in means from Time 1 to Time 2 (Pallant, 2013) and an opportunity to determine whether students' confidence in their own self-advocacy increased or decreased in statistically significant ways. Data on prior service utilization were analyzed using a one-way between-groups analysis of variance (ANOVA) in SPSS. This form of analysis was selected because one-way between-groups ANOVAs compare "the variance *between* the different groups with the variability *within* each group" (Pallant, 2013, p. 258). Assessing the impact of prior service utilization on students' pre-test scores assists in determining whether utilizing services before enrollment in postsecondary education significantly accounts for any variability within each group.

*Hypothesis 1* posited that workshops would be effective in teaching self-advocacy skills to students currently utilizing services through the office. Effective skill acquisition would be measured by significantly higher changes in mean scores from pre-test to post-test on the majority of responses. T-test analyses revealed that there were highly significant changes in the means for the overall self-advocacy scale from *Time 1* to *Time 2* (see Table 5).

Table 5. Results of T-Test Comparing the Pre-test and Post-test Measures to Assess Significant Changes in Means from Time 1 to Time 2 (n = 21)

Variable	Time 1		Time 2		t test	
	M	SD	M	SD		
Speak up	3.27	1.279	4.27	0.703	-5.745	***
Advocate	3.36	1.177	4.00	0.873	-3.780	***
Effectively communicate	3.68	1.041	3.95	0.950	-1.368	---
Ask for accommodations	3.86	1.082	4.32	0.716	-2.215	*
Explain legal rights	3.14	1.490	4.23	0.869	-3.322	**
Express to others	3.57	1.287	4.00	1.265	-1.826	---
Knowledge I have	4.05	1.203	4.19	1.123	-0.900	---
Set realistic goals	3.90	1.136	4.19	0.814	-1.549	---
Initiate change	3.19	1.167	3.95	1.117	-3.344	**
Persevere	3.76	1.091	4.19	0.928	-2.905	**
Request academic accommodations	3.86	1.320	4.45	0.912	-3.480	**
Identify and discuss	3.86	1.207	4.32	0.894	-2.109	*
Request work accommodations	2.77	1.510	4.09	1.342	-4.949	***
Ask for help	3.55	1.224	4.09	1.065	-2.421	*
Describe	3.50	1.185	4.14	0.941	-2.978	**

Note: \* $p < .05$  \*\*  $p < .01$  \*\*\* $p < .001$

Cumulatively, there was a statistically significant increase in self-advocacy scores from *Time 1* (M = 3.56, SD = 0.847) to *Time 2* (M = 4.17, SD = 0.726),  $t(20) = -6.419$ ,  $p < .001$  (two-tailed).

The mean difference of scores was -0.616 with a 95% confidence interval ranging from -0.816 to -0.416. Since this is a within-subjects (paired samples, repeated measures) design, Cohen's  $d$  was calculated (1.40) indicating a large effect size (e.g., .01 = small effect, 0.6 = moderate effect, 0.14 = large effect) (Cohen, 1988). Non-normality was rejected by the Shapiro-Wilk  $W$  test ( $p = 0.11$ ).

Upon further analysis of each item the self-advocacy scale, the following items showed a statistically significant change from pre-test to post-test at the  $p < .001$  level: "Speak up for myself;" "Advocate for what I want and need in order to be sure I have access to those things;" and "Request reasonable accommodations from future employers". At the  $p < .01$  level the

following items were statistically significant: “*Explain the legal rights I have in receiving reasonable accommodations that will help me be successful as a college student;*” “*Initiate change instead of reacting to events that happen to me;*” “*Persevere despite difficulty or delay in achieving success;*” and “*Request reasonable accommodations from professors and/or staff members.*” The remaining items were either not significant or were significant at  $p < .05$ . See Table 5 for a detailed analysis. Based on this analysis, the data shows support for *Hypothesis 1* through the paired samples t-test since there is a statistically significant increase in the overall self-advocacy scale means from *Time 1* to *Time 2*.

*Hypothesis 2* suggested that students who previously utilized school and community services in high school, before admission into postsecondary institutions, would score significantly higher on measures of self-advocacy. The first four questions on the service utilization questionnaire within the pre-test assess students’ utilization of school and community resources prior to enrollment in college. The service measures ask students if they received services in high school related to their disability; if they were active in the development and implementation of services in high school; if they had opportunities to create personal goals in they received services in high school; and if they were ever previously enrolled in any transitional programs or classes prior to entering college. A one-way between-groups analysis of variance was conducted to explore the impact of services utilization prior to postsecondary enrollment on self-advocacy score (see Table 8).

Participants were divided into three groups according to their levels of high-school service utilization. Participants who answered “no” to question one were categorized into Group 1: No high-school service utilization: Participants who *only* answered “yes” to questions one and/or four were categorized into Group 2: Only had an IEP or attended a transitional program

and/or class. Participants who answered “yes” to at least questions one and four, as well as two and/or three, were categorized into Group 3: More involved level of service utilization. There were no statistically significant difference between group means as determined by the one-way between-groups ANOVA ( $F(2, 21) = 0.770, p = 0.476$ ). *Hypothesis 2* is not supported for this reason. Descriptive statistics, test of homogeneity of variances, and ANOVA are reported below in Tables 6, 7, and 8.

*Table 6. Descriptive Statistics for Levels of Prior Service Utilization (n = 24)*

Service Utilization	N	Mean	Std. Dev.	Std. Error	95% Confidence Interval for Mean		Min.	Max.
					Lower Bound	Upper Bound		
No services	6	3.20	0.65	0.27	2.52	3.88	1.93	3.73
IEP, transition program	7	3.77	0.96	0.36	2.88	4.66	2.40	5.00
Additional services	11	3.50	0.82	0.25	2.95	4.05	2.27	4.67
<b>Total</b>	24	3.51	0.82	0.17	3.16	3.85	1.93	5.00

*Table 7. Test of Homogeneity of Variances (n = 24)*

Levene Statistic	df1	df2	Sig.
1.184	2	21	0.326

*Table 8. One-Way Between-Groups Analysis of Variance (n = 24)*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.055	2	0.528	0.770	0.476
Within Groups	14.393	21	0.685		
<b>Total</b>	15.448	23			

## CHAPTER VI

### QUALITATIVE ANALYSIS AND FINDINGS

Participants were asked a series of questions through semi-structured interviews about their lives as college students living with disabilities. The ecological model of self-determination, standpoint theory, and intersectionality served as an integrated framework for developing the interview questions. Interviews also assessed the salience of students' varying identities and how their diagnosed disabilities affect their lives. Analysis of students' lived narratives provide an opportunity to better understand students' confidence in their own self-advocacy.

Upon completion of thematic data analysis, five major themes emerged. The first theme is *variation in disability*, which illustrates differences in experiences and disclosure for those with nonvisible and physical disabilities. The second theme is *impact of disability*, which addresses academic impact, perceptions of disability in academic environments, social impact, job and/or career impact, and impact on participants' levels of independence. The third theme is *societal perceptions of disability* with the fourth theme focusing on *supports and coping mechanisms*. The fifth and final theme is *salience of social identities*, which addresses how students' intersecting identities affect their experiences with a disability (e.g., gender, race and/or ethnicity, socioeconomic status, sexual orientation, and religion).

#### **Nonvisible and Physical Disabilities and Disclosure**

##### **Nonvisible Disabilities and Disclosure**

Some students explained that having a nonvisible disability causes others to question their disability(ies) completely. Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) describes how having a nonvisible disability has caused professionals, peers, and friends to



question the legitimacy of her accommodations, disabilities, and needs. The nonvisible nature of her disabilities has caused forced disclosure and misunderstanding. She says,

It's a little frustrating because it's not a physical disability, not that I want a physical disability, but if I'm having trouble reading, you can't see that. I mean you can see it in my grades, it affects my grades, but...it's harder when you can't see what the disability is. It's very hard without talking about what mine is.

Other students often shared that there is duality in having a nonvisible disability.

Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) explains that having a nonvisible disability can be helpful while also creating similar difficulties in academic settings. Unless Veronica discloses her disability, there is no indication that she has a disability, which makes life both easier and harder. Luke (a student with ADD/ADHD) also believes that having a nonvisible disability can elicit both positive and negative perceptions and experiences. He says that having a nonvisible disability makes it difficult for people to understand or grasp that he has a disability. However, Luke believes that the nonvisible nature of his disability is easier because he does not “get that pity talk, or always [have] someone trying to help [him],” which is often the case for those utilizing mobility aides. Luke explains, “No one can tell that I’m ADD or ADHD,” and “if you didn’t know I had a disability, you wouldn’t know.” Xavier (a student on the Autism spectrum) similarly shares that most of his friends do not know that he has a disability.

Other nonvisible disabilities, like psychiatric disabilities, are often met with stigma, disbelief, and/or stereotypes. Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) believes her nonvisible diagnoses are less understood due to pervasive stereotypes and unacceptance. She often perceives that others think

she is crazy and is frequently asked if she has multiple personalities. Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) has also experienced stigma and stereotyping in relation to her psychiatric disabilities. She says, “I feel, like with mental disabilities...some people still use the term crazy, and I don’t like that.” Cora expresses that there is difficulty in experiencing the symptoms of her nonvisible disability in environments where she has not disclosed.

Students with nonvisible disabilities have the option to disclose their disability or not due to the nature of nonvisible diagnoses. Xavier (a student on the Autism spectrum) does not disclose his disability freely even to his friends. The decision to disclose disability(ies) is one that is weighed carefully by individuals living with disabilities. He believes that disclosure requires knowing someone for a long time and knowing who they are. When he does decide to disclose, Xavier is upfront and honest, and he explains what things are hard for him to do while also asking for respect for his disability. Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) explains that she did not disclose her diagnoses to anyone before she went to disability support services. She says that when she chooses to disclose now “it makes [her] feel like [she’s] not as alone with it...[it’s] like a community.” For Cora, deciding whether to disclose to someone relates to necessity and the importance of that person in her life. Disclosure without the consent of the person living with disability(ies) can cause immense hurt. The nature of Cora’s disabilities has made her reluctant to disclose due to societal perceptions of mental illness, and it has changed the way she sees herself. Cora explains, “I was just worried about what other people would think, more than what I thought of myself.”

### **Physical Disabilities and Disclosure**

Elizabeth (a student with low vision and/or blindness and anxiety) shares how physical disabilities provoke different reactions from peers and society. She believes that having a physical disability evokes more compassion and understanding than for those with nonvisible disabilities, but she also believes people develop more preconceived notions of disabilities when they are visible. When it comes to disclosure, Elizabeth does not initially disclose her diagnoses to others. She only discloses if it is absolutely necessary, saying, “if there is a way that I can cover up, and there still be evidence that I’m just as capable, then I’m not going to say anything.” Elizabeth explains that while she does feel like people with disabilities should have equal rights and opportunities, she does fear discrimination when asserting herself.

Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) is in agreement with Elizabeth that there is difficulty in having a physical disability. She believes it is important for people with physical disabilities to be visible in public so that it contradicts a societal assumption that if “you're physically disabled, then you're mentally [disabled].” During social interactions, Maggie says that others often want her to initially address her physical disability. She says, “I feel very torn on that issue because I'm [a] person first.” Maggie worries that if she discloses her disability people will automatically develop negative judgements and/or feeling about her. The culmination of these feelings relate to the difficulty she has had gaining confidence in her self-advocacy skills

### **Impact of Disability**

The participants in the semi-structured interviews frequently described how their diagnosis(es) impacted them while in high school and currently as college students. It cannot be assumed that the postsecondary experiences of students with disabilities will be similar—even if

they share similar diagnosis(es) (Aquino, 2016). The type and extent of each impact varied widely among participants. Interviews highlight how different areas of students' lives directly impacts their confidence and ability to self-advocate.

### **Academic Impact**

A leading concern among participants were the difficulties they experience in academic settings in relation to their disability(ies). Interview analysis indicates that the impact of participants' disability(ies) in an academic context are often so difficult that it affects their confidence in their own ability to self-advocate. Several students with psychiatric disabilities voiced that symptoms of their disability(ies) become heightened in an academic environment. The culmination of symptoms for students with multiple diagnoses makes participating, attending class, and even remaining in class difficult. Lauren (a female student with anxiety and post-traumatic stress disorder) and Christine (a female student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) each struggle with being fully present in their classes due to the impact an academic environment has on their multiple disabilities. Veronica (a female student with anxiety, an unspecified mood disorder, and a reading disability) expresses that she sometimes becomes too anxious to ask question in class, even if the question is necessary to her comprehension. Laquisha (a female student with ADD/ADHD, anxiety, and an unspecified mood disorder) also struggles with managing multiple disabilities in the context of academics. She explains, "[I get] to the point where I'm sitting there in front of the test and I literally can't breathe," and while working on homework, she says "my anxiety levels [get] so high, that I have to go outside because I think the walls are closing in." Cora (a female student with an unspecified mood disorder, depression, and episodes of psychosis) similarly has trouble in managing the symptoms of her multiple psychiatric disabilities. During an episode of

psychosis, Cora shares that she could not focus because she kept hearing voices. The symptoms that accompanied her episode of psychosis inhibited her ability to eat and caused her to fear physically moving in her environment.

Riley (a female student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) and other students have found the college academic environment to be trying in relation to their multiple disabilities. She explains, “I have to put in twice as much effort as the other students and even when I put in twice as much effort, sometimes I fall behind...it makes learning difficult.” Riley says that her diagnoses have slowed her ability to learn, and because of this, she is constantly attempting to catch up in her classes. Veronica also struggles with coursework in relation to her disabilities. She explains, that it is hard because she “really has to put a lot more effort into English than other people do.” It is evident that students’ diagnosed disabilities affect their abilities to participate, study, and comprehend in the realm of collegiate academics. Students with multiple diagnoses expressed pronounced difficulty in managing varying symptoms while navigating classroom participation, course load requirements, and developing study habits with their particular disabilities in mind

### ***Perceptions of Disability in Academic Environments***

Students also shared the fears they have around disclosure, perceived stereotypes about disability, and others’ perceptions of their disability(ies) in an academic environment. Research regarding this specific population suggests that students tend to have feelings of embarrassment, guilt, shame, and fear of judgement in relation to their disabilities and disclosure (Denhart 2008). These feelings may deter students from seeking support and negate development of social and/or peer supports (Rothman et al., 2008; Stamp et al., 2014). In this particular environment, Veronica

fears the reactions and/or perceptions of people in positions of authority. She had difficulty with her academic accommodations being granted in a classroom, and rather than work with disability support services to remedy the issue, she decided to forgo her approved testing accommodations. Though her university's disability support services offered to help talk to both the professor and her about it, Veronica refused. She says, "He's going to look at me differently," and "instead of the person who does really well in lab, he's going to see me as that person who made [him] do something [he] didn't want to do." Other students, in this context, seemed to fear their peers' reactions and/or perceptions of their disability more so than of people in positions of authority. Ava (a student with ADD/ADHD and anxiety) fears social interactions in academic settings at times because of the perceptions she believes people have about her and her disabilities. Ava's fears of negative peer perceptions inhibit her participation in class. She does not engage in speaking up or answering a question out of fear that her classmates will perceive her as unintelligent. Lauren (student with anxiety and post-traumatic stress disorder) has had other students openly question her use of accommodations (e.g., taking test outside of class, using a calculator) in front of other peers. These interactions have led Lauren to fear other's reactions and/or commentary to her use of accommodations in class because they inevitably lead to a forced disclosure.

Students were also asked about their experiences on campus in relation to their disability. Some student shared their feelings about the general campus climate while others chose to recall particularly positive and negative experiences with professors in relation to their disability(ies). Research indicates that internalized and externalized stigma of peers, faculty, and staff may create harmful barriers for students attempting to self-advocate while navigating collegiate life (Albrecht, 2005; Belch, 2011). Maggie (a student with an unspecified chronic illness and/or

condition and a physical/mobility condition) shared how it feels having a physical disability on a campus that lacks representation. Maggie explains that for students with physical disabilities, there seems to be a lack of “good representation on campus,” due to “the limit[at]ions...barriers, and...the difficulties,” this population faces. A lack of visible representation on a college campus has forced Maggie to feel as if she is under a microscope at times. She shares, “I [have] definitely been in situations where people are ‘Oh, she got this opportunity 'cause she's in a wheelchair’ or kind of being like, ‘Oh, she's here because [the] diversity quota he needs to be bumped up.’” Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) believes the topic of disability is largely ignored on campus because it is perpetuated negatively in the media and makes people feel generally uncomfortable. Cora thinks that “people tiptoe around the issue” to avoid talking about how they actually feel about disabilities.

Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) suggests that some professors on campus largely misunderstand disability. The experiences she had in high school with teachers, in relation to accommodations and her disability, are completely different than what she experiences now on campus. She explains,

They don't even remember who you are in college...it's not really one-on-one. They don't really care to know your name, so how am I supposed to expect them to care about my disability if they don't even remember my name?

Riley, (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) has also had negative experiences regarding accommodations and professor support. Due to the symptomology of her disabilities, Riley describes herself as a “slow learner,” which makes fast-paced classes challenging. She described several situations regarding a professor that dismissed her questions

about course content, which made her feel burdensome in relation to the needs of her disabilities. Ultimately, the experiences made Riley not want to attend this class because she knew she would fall behind and lack the professor's help and/or support. Laquisha (a student with ADD/ADHD, anxiety, and an unspecified mood disorder) has experienced similar misunderstanding from professors on campus. She has had professors ask her to disclose her disability to them before granting accommodations. Yet, not all students recounted negative perceptions on campus, or with their professors, regarding their disability(ies). Two students, Jaden (a student with dyslexia) and Lauren (a student with anxiety and post-traumatic stress disorder) described positive experiences with professors in relation to their disabilities. Lauren explains that having support, while making that initial first step in asking for help, was a turning point for her. Overall, participants voiced that their disabilities affect nearly every aspect of their academic environment in college, which makes confidence in self-advocacy efforts that much more necessary and difficult.

### ***Academic Accommodations***

Research suggests that accommodations offered through offices of disability support services are effective in improving overall access to college, and related accommodations and/or supports are noted as factors associated with successful college completion (Summers et al., 2014). In light of this, several students remarked how accommodations through disability support services heavily influenced the equality, success, and independence they each feel in their academic careers and their confidence in the ability to self-advocate. Elizabeth (a female student with low vision and/or blindness and anxiety) utilizes assistive technology in place of printed textbooks. These accommodations provide her access and independence in an academic college environment. Laquisha (a student with ADD/ADHD, anxiety, and an unspecified mood disorder)



also believes her accommodations have increased her perceived levels of independence.

Laquisha utilizes technological accommodations that voice anything typed electronically. The use of this accommodation has not only boosted her self-confidence, but it has also given her the opportunity to work independently. Laquisha says, “I’ve really seen a major difference being registered with disability services in the fact that my grades have improved.”

Lauren (student with anxiety and post-traumatic stress disorder) similarly expresses that utilizing accommodations has been positive and life changing. She exclaims, “I feel like it’s going to make me successful in the future...this has opened up an entirely other dimension into my life.” Luke’s (a student with ADD/ADHD) grades have also improved while using disability support services. He utilized the study groups offered through his university’s disability support services to improve his reading comprehension, pre-reading strategies, reading engagement, studying, and recall. Through this weekly group, he also learned how to use notecards and how to study effectively. Luke remarks that he wishes he had used these services earlier in his college career and since utilizing services and academic accommodations, his GPA has more than tripled. Students’ collective voice suggests that their use of academic accommodations have been imperative in their collegiate academic careers. Most students suggested that their grades improved once they took an active role in their academic careers and self-advocated for needed and appropriate academic accommodations.

### **Social Impact**

Many students commented how their social lives are, or have been, impacted and inhibited by their disability(ies). Students who have a self-identified disability are often viewed as having limitations, and discrimination and/or stigmatization toward individuals with disabilities often coincides with this perception (Aquino, 2016). Veronica, Jaden, and Xavier

each mentioned bullying they received while in high school. Elizabeth and Maggie each expressed that social isolation had been, or currently is, a part of their social experiences due to their diagnosed disabilities. Furthermore, Veronica and Riley each specifically applied and enrolled at their institution out of a desire for anonymity due to prior negative experiences in high school related to their disabilities. The negative experiences of these students mostly occurred in secondary education; however, these experiences may function as factors in their current perceived confidence in self-advocacy.

### ***Current Peer Interactions***

While some students previously experienced bullying, social isolation, and wanting to start over in relation to their disabilities, the majority of peers shared experiences about their *current* difficulties during peer interactions. Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) expresses difficulty in managing peer relationships with her multiple disabilities. She feels that she receives judgement from her friends, and as an extension of her anxiety, she tends to overthink peer interactions. Veronica says that her anxiety and unspecified mood disorder interfere with her desires to spend time with friends and peers, which often leads to her withdrawing socially and become depressed. She says, “It’s just a constant cycle [of] depression [and] anxiety...they feed off of each other.” Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) similarly believes that her disabilities affect the way she interacts with other people. Christine says, “I’m not very good at interacting with people...I get anxious...and very irritable...[and frustrated].” She explains that it is hard for her to interact with people and be around people for long periods of time. Ava (a student with ADD/ADHD) also struggles with peer interactions in relation to her disability. Due to negative internal dialogues and fears of judgement, Ava shares that she usually

does not initiate new peer interactions. She says, “That’s why college so far has been a little tough, because I won’t put myself out there and make new friends.” Xavier (a student on the Autism spectrum) disclosed that he has always felt extremely nervous when meeting new people and believes his disability impacts him negatively when faced with new peer interactions. Cora (a female student with an unspecified mood disorder, depression, and episodes of psychosis) also believes that navigating social settings, in relation to her disabilities, can be trying. She shares that her disabilities have impacted her socially, particularly during phases of psychosis, because she hears voices and constantly feels that she is being discussed by others.

Ava (a student with ADD/ADHD and anxiety) experiences symptoms of her disabilities that affect living arrangements with a roommate. She constantly feels pressure to hide her mental breakdowns from her roommate. While there is difficulty in sharing a living space with a roommate when living with a disability or multiple disabilities, there is also a unique hardship in feeling disconnected from peers in relation to diagnosed disabilities. Ava explains that while there is a desire for social connection to discuss disability-related events and/or feelings, there is difficulty in finding someone to talk to who understands. She further explains that sharing the associated pains of disabilities with a peer invites the risk for unsolicited advice. Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) also experiences internal discord in the context of social settings in relation to her disabilities. She emotionally shares,

It makes it harder to feel normal around other people...Sometimes it makes me feel like they'd rather be with someone else instead of around me because of it and that just can be hard...[it] makes you wonder whether or not they'd actually want to hang out with you.

Some students, like Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition), have disabilities and/or conditions that impact their physical body in the context of socialization. She states that while there are many components to her disability, she believes that fatigue is the most prominent. Maggie explains that she often does not have the energy for social interactions after meeting the demands of her job and coursework. The fatigue component of her disability contributes to the ways she structures her day. Maggie's disability and mobility aides affect the way she converses with people—whether she is in a wheelchair, and there is a height difference, or whether she is utilizing a cane and must walk slower. Laquisha (a student with ADD/ADHD, anxiety, and an unspecified mood disorder) also experiences physical symptoms of her disabilities, which become centered in social interactions. When the symptoms of her disabilities elevate, she becomes nervous, fidgets frequently, and has trouble being still, which is bothersome to some people she interacts with. Elizabeth (a student with low vision and/or blindness and anxiety) says that social interactions are complex due to her dual disabilities. She uniquely grapples with the difficulty of navigating the nuances of peer interactions with her particular disabilities. Elizabeth explains, “Sometimes [when] people are joking, I don't know they're joking, because I can't see their facial expressions. So, I only have tone of voice to go on.” While other students may have the ability to utilize body language and facial expressions in social interactions, Elizabeth does not. Her inability to subscribe to societal norms of body language and facial expressions have made it difficult for others to understand her as well. The experiences described by students such as Veronica, Jaden, and Xavier, Elizabeth, Maggie, and others relating to the social impact of their disability is consistent with research indicating that students with disabilities often feel

stigmatized, isolated, and misunderstood (Denhart, 2008). All of these are considered to be barriers to self-advocacy (Rothman et al., 2008; Stamp et al., 2014).

### **Job and/or Career Impact**

Several students reflected on how their disabilities have affected past, current, and future employment. Ava (a student with ADD/ADHD and anxiety) previously experienced cognitive difficulties while working in a job due to her diagnoses. Ava reflectively describes that work environments can be tough because she does not “have the brain function that most people do.” Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) also has had trouble in work settings related to her disability. She has found that she cannot work in certain environments due to her disabilities. Cora says, “I couldn’t talk on the phone. I was so anxious...I couldn’t carry things without shaking...and I couldn’t answer the phone.” She recounts how she also “couldn’t take orders properly without stuttering” while in this particular job environment. Maggie (female student with an unspecified chronic illness and/or condition and a physical/mobility condition) worries that her disability will affect future employment. She is apprehensive about disclosing her disability to future employers due to negative perceptions surrounding her disability because she is likely to be judged. She says,

I do try to give people a heads up with my disability. If I'm going into a situation, I try to tell people, ‘Hey, I use a cane or I use a wheelchair.’ Just so that they can have a private reaction to that instead of me having to watch them react to it because it hurts me.

Other students have experienced discrimination and job loss in relation to symptoms of their disabilities. Laquisha (a student with ADD/ADHD, anxiety, and an unspecified mood disorder) is a non-traditional student who works full-time. She experiences discrimination in the workplace due to her disclosed disability. She recalled an experience where she forgot to take her

medicine in the morning before work, and after arriving at work, her coworkers said things like, “Did you take your medicine today? You’re all over the place today.” These types of interactions have caused Laquisha to feel incredibly self-conscious about her disabilities and her ability to self-advocate, and in this particular work environment, managing the physical and mental symptoms of her disabilities is difficult. Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) explains that due to un-treated symptoms related to her disabilities, she was fired from a job. She shares, “I’ve been fired before because I got really angry and I punched a hole in a wall,” and other times, “I’ve gotten really overwhelmed and started crying...and they’d send me home.” Students such as Laquisha and Christine may not be confident in their own self-advocacy if they are not knowledgeable about personal strengths and weaknesses in relation to their disability and work environment (Rothman et al., 2008). Furthermore, research suggests that feelings of embarrassment, guilt, shame, and fear of judgement impede self-advocacy efforts, which is vital in workplace settings (Denhart, 2008).

In contrast to some of the other students, Maggie and Elizabeth showed varying levels of self-awareness in relation to their current and past work environments. Maggie (a female student with an unspecified chronic illness and/or condition and a physical/mobility condition) has to carefully manage the complex symptoms of her disability while teaching in her job. As a graduate teaching assistant, she believes that she garners more respect if she stands in front of a class instead of using her wheelchair. She has fatigue related to her disability and has to constantly consider this in relation to her teaching. Elizabeth (a student with low vision and/or blindness and anxiety) has had to heavily self-advocate in a job in order to be trusted with a task to complete independently. In a particular incident, she felt like everyone assumed she could not

complete a task, and nearly did the work for her, but Elizabeth self-advocated and said, “I would really like to do that myself.” These students displayed various levels of confidence in their own self-advocacy. The knowledge they knew about their disability(ies) often impacted the actions they took on their own behalf (e.g., avoiding certain work environments, implementing structure, and speaking up).

### **Impact on Levels of Independence**

Several students expressed that their disabilities often affect levels of independence, which can negatively impact self-advocacy efforts. Elizabeth (a female student with low vision and/or blindness and anxiety) describes the concerns she faces from her parents when it comes to experiencing independence as a young woman living with blindness. She emotionally shares, “I know it's always going to be limited. I'm always going to need help with something.” Elizabeth feels the limits of independence in multiple areas of her life in relation to her disability. Friendships and romantic relationships are monitored by her parents, and her actual movements are tracked by her father through a cellphone application. Elizabeth feels like these actions negate any potential independence she may feel. Elizabeth explains that she cannot enjoy her life and pursue interests outside of parental oversight and tracking. Christine (a female student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) similarly experiences frustration with a lack of independence and over involvement of her parents in relation to her diagnoses. She shares, “My mother pretty much takes care of me. They don't really see me as an adult.” Because of this, Christine only sees herself as an adult part of the time.

Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) experiences a lack of

independence directly related to the newness of her diagnosed disabilities. She explains that while she does not feel independent now, she is not concerned because her diagnoses are new, and she still needs help. She shares,

Hopefully in the future, I will have been able to learn enough self-advocacy skills, and I will have been able to have dealt with it for a long enough time, to where I'm able to know how to deal with it on my own. I am grateful that [it] has helped quicken the process of me taking control...I'm slowly being able to figure out how to deal with my disability, not by myself per se, because I do have disability support services but I want to get to the point where I'm not always having to call them up, call my doctor, you know?

Though her diagnoses are relatively new, Riley believes that her levels of independence will eventually increase over time.

### **Societal Perceptions of Disability**

Students were asked to share how they felt society generally perceived disability(ies). Students personalized their responses by sharing how they believed society perceived their specific disability(ies). Lauren (a student with anxiety and post-traumatic stress disorder) believes that stigma still surrounds people's understanding of disability, which impacts the way those who live with disabilities are treated. She mentions that people treat individuals using wheelchairs like children and often talk down to them. Lauren believes that those living with nonvisible disabilities encounter stigma as well: "With the unseen disabilities, they get very nosy. They're like, well, what is wrong with you? I mean, you look normal." She shares that even though societal progress has been made, there is still stigma and othering attached to attending counseling for mental illness(es) and/or psychiatric disability(ies). Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) similarly believes



that society negatively perceives disabilities particularly physical disabilities. She believes that most people are ignorant when it comes to understanding disability. Maggie says that she can typically identify whether someone has ever interacted with an individual with a physical disability before within a few seconds based on how they interact with her. The interactions Maggie is part of are often filtered through the lens of her physical disability. She remarks that children and older individuals often stare, ask questions, or react poorly to her physical disability.

Ava (a female student with ADD/ADHD and anxiety) believes that society and peers her age still have negative perceptions of disability. She believes peers assume that individuals with disabilities cannot accomplish what individuals without disabilities can accomplish. Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) similarly shares the belief that society perceives disability negatively. She shares, “Sometimes it feels like it's just [treated as] some giant excuse for why you can't do certain things that you should be able to do as a normal person.” Riley, who has multiple diagnoses, explains that having a disability can affect the way others treat you due to societal stigma.

Sometimes it makes people treat you differently because all of the sudden, it's not you, it's your disability, especially because of what mine is...If they have to go out of their way to help you because of your disability, I've noticed it makes people frustrated. They don't want to have to deal with this, some of them think that you're making it up, and most of them don't understand it...there's a lot of negative connotations.

Some students personalized their responses and shared how they believed society perceived their own diagnosis(es). Laquisha (a student with ADD/ADHD, anxiety, and an

unspecified mood disorder) feels that her disabilities are often not taken seriously and are characterized as an excuse for laziness or lack of preparedness. She shares, “I just I don't think that most people believe it's a real thing.” Laquisha believes that society characterizes those with disabilities as lazy individuals who seek medicine, cheat, and do not want to work and/or put forth effort. Laquisha says that people lack empathy in terms of disability because most people do not understand, or try to understand, the experiences of those living with disability(ies). Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) explains that people often do not understand particular psychiatric disabilities or confuse one diagnosis for another: “Some people think psychosis is schizophrenia and it's not...I feel like people without [degrees] just put names on it.” Cora also shares that “crazy” is a pervasive label and/or stereotype for those with psychiatric diagnoses, and when psychiatric treatment involves admittance, Cora says that people label that as being “inside a crazy house.”

Xavier (a student on the Autism spectrum) similarly believes there are stereotypes associated with disability—particularly his own. He explains that it's difficult to disclose his disability because initially people assume that he's “just like one of those weird kids they want to stay away from,” but he says, “that's not me.” Luke (a student with ADD/ADHD) also contributes stereotypes of his diagnosis to misunderstanding of his disability in general. He says that his disability is commonly self-diagnosed due to stereotyped symptoms associated with ADD/ADHD and believes excessive misdiagnosing and self-diagnosing of ADD/ADHD have made his diagnosis more difficult for others to accept and take seriously. Luke often hears people say “Oh, that's not really a disability. You're just using it as an excuse.”

Some students like Xavier (a student on the Autism spectrum) suggest that there seems to be a societal lack of patience for individuals living with disabilities. He explains, “I do feel like

there are some people that just don't have the patience for people who just need time to do things." Xavier believes they "don't really have time to learn what [disabilities] are and are just ignorant about it." He pauses before continuing, and then says reflectively, "They see your disability before they see the real person, I think." Elizabeth (a student with low vision and/or blindness and anxiety) similarly shares the belief that there is a lack of patience and/or understanding for those living with disabilities. These perceived perceptions impact the way she physically moves in her environment. Elizabeth "power walks" on campus to avoid being told she is slow because she knows she's "slow in other areas of life...[and] walking is something I can control."

Other students like Jaden (a student with dyslexia) felt that their particular disabilities were perceived more positively in society. Jaden shares that most people understand what dyslexia is and are accepting. Ava (a student with ADD/ADHD and anxiety) also feels like society perceives her diagnoses more positively than others. She says, "I feel like they view anxiety and ADHD as...not as bad. [As if] they're just kind of...hyper and anxious all the time."

### **Supports and Coping Mechanisms**

Students shared supports and coping mechanisms that they are currently utilizing while in college with disabilities. Multiple students disclosed that they use more than one support and/or coping mechanism for their disability(ies). Interviews suggest that participants engage with multiple sectors of their ecological environments for support. Students self-advocate when they realize a need for support (e.g., peer, community, therapeutic), and act on that need by independently seeking access.

## **Therapeutic Supports**

Several students disclosed that they utilize, or have utilized therapeutic supports, to cope with their disability(ies). Lauren (a student with anxiety and post-traumatic stress disorder) has utilized off-campus counseling services for nearly twenty years, and she believes that it has been effective and helpful for her diagnoses. She says, “I can just talk things out, and she makes me think of different things that I can do and think of when I’m stressed or anxious.” Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) previously used therapy and psychiatrists to help with the treatment of her multiple diagnoses in high school. Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) expresses that she currently uses therapy off-campus and counseling on-campus to manage her disabilities. The combination of therapeutic supports has helped her find ways to control her anger, be around people, and stand up for herself. Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) also utilizes both counseling and therapy to cope and/or manage her diagnoses. She shares, “I feel like therapy works more than medication for me. I can talk more about my problems.” When utilizing therapy, Cora becomes more aware of her issues, problems, and/or concerns. Ava (a student with ADD/ADHD and anxiety) did not start utilizing on-campus counseling services until after she started having difficulty managing the symptoms of her disabilities. She was recently diagnosed with anxiety, and with heavy academic and social schedules, she decided to pursue counseling. Now that Ava has been seeing a counselor, she is coping differently with her disabilities, and says that seeing a counselor has increased her self-confidence and helped her find ways to communicate more assertively.

Some students with disabilities have conditions and/or diagnoses that require medicinal support. Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) explains how the emotions involved in taking necessary daily medication can become challenging. She says, “So, [I] take medicines...on a daily basis, and... I [am] still am torn on the idea of having to rely on that all the time...[it] still bothers me.” While Maggie says that taking her medicine daily helps her feel mentally and physically healthier, it’s difficult to be constantly reminded of her disability through the amount of medicine she takes each day. She says, “I would just see the bottles all the time and it just was mentally not good for me to see that all the time. And just seeing those just made me feel [like] I was sick.”

### **Familial Support**

Students were asked about the support their families did or did not provide in relation to their diagnoses. Some students, like Lauren (a student with anxiety and post-traumatic stress disorder), shared experiences that indicated a lack of nuclear family support. Lauren did not have the support of her parents growing up, and she still does not have that support now due to estrangement. Her parents hold beliefs about disability that negate necessitated acknowledgement and support and have suggested that diagnosed disabilities are equated with a lack of intelligence. Her husband, his family, and her siblings have provided support during her late diagnoses and transition back to college. Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) similarly did not experience nuclear familial support throughout her diagnoses journey. She shares that she really isn’t close to her family, and that she and her family grew apart while she was in middle school.

Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) has experienced both familial support and a lack of familial support with her divorced parents

while still in high school. Veronica says that her mother went to all of her IEP meetings at school, made sure she got what she needed each year in regard to accommodations, and frequently stood up for her. However, when Veronica began to experience a decline in her mental health, she began missing school, which eventually led to truancy charges. She says, “She didn’t pick me up, put me in the car and take me to school, like she should have.” After a psychiatric hospitalization, her father stepped in, and she recalls that “He kind of pushed me to go. He took me to school, made sure I went to school, and then forced me out of my room.” Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) also experienced both familial support and a lack of familial support as she received a new diagnosis as her parents were divorcing. Maggie describes that she has received the most familial support from her mother as she has aged with her diagnosis. She explains, “My mom is very supportive of me...she's [says] if you need something, you need to speak up. And it's not weakness, it's not excuses, it's your life and you need to try to take control of that.”

Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) received several diagnoses later in life, and due to the nature of those, she describes that her mother really advocated for her when she felt that she could not advocate for herself. She says, “I wasn't in a place to understand all of it, so my mom was in charge of most of it.” Her mother continues to provide support and help as she transitions into college as a freshman. Riley shares that her mother often talks her through problems and/or concerns and helps provide necessary information. Riley explains, “I feel like with all of the main struggles that I've had so far, she's been the one who's really helped keep me moving forward.” Xavier (a student on the Autism spectrum) has also received familial support primarily through his mother. He says that his mother has helped him in regard to

studying, writing, and academically navigating college. He says, “she was the one who was always with me when it came to school.” Luke (a student with ADD/ADHD) has similarly received familial support throughout his diagnosis and disability. He shares that his parents have encouraged him to seek help when needed, to self-advocate for what is needed, and to be assertive.

### **Peer and Personal Supports**

Other students felt like the support system found in their peers and personal relationships was most impactful. Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia) explains that her friends have been the strongest support system for her before, during, and after her diagnoses. She indicates that she has always relied on her friends and they have helped her by “being there and listening and giving advice.” Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) did not find peer support with people her age during the diagnostic process. She shares,

As my disease progressed, I think it was just...tough for them to understand. We really, all of us just kinda grew distant because I was trying to cope, and I think it was just hard for them because no one knew [yet] what was going on.

Maggie describes how it was primarily the adults in her life, during that time, who provided support and became integral parts of her support network. As a teenager and adult, Maggie has found support and understanding through online support groups with others who share similar diagnoses. She says, “The MS community is a very strong community and people support each other.” Maggie believes it is helpful to have similarly diagnosed people in your life because of the understanding they offer. Xavier (a student on the Autism spectrum) initially struggled coping with his diagnosis. He found personal support and learned how to cope through his high

school case manager instead of his peers. He says, “She treated me like a normal person...She treated me like I didn't even have what I have. It made me feel normal and...okay with having it.”

Not all students have had positive support from peers and personal relationships. Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) has experienced a lack of peer support throughout her diagnoses and ongoing treatment after events that occurred related to her diagnoses. She has lost friendships through the process. Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) similarly lost peer relationships and faced negative reactions, in relation to the symptomology of her disabilities. Reflecting back, Riley says, “It wasn't that they were seeing me... solely because of my disability, it was, they were seeing me having to change and grow in a very fast time span and they didn't know how to react to it.” She has since had to re-build her peer support group. Riley credits interacting with her new friends as a means of coping.

### **Self-Advocacy Training**

Several students remarked that learning self-advocacy skills has served as a support in relation to their disabilities. Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) received disability and advocacy education and mentoring throughout her educational experience before college; therefore, she was comfortable advocating for herself once she arrived. She says, “I understand my own disability. I've had a lot of people help me understand it...I'm not afraid to explain [it] to other people and ask for help.” As a current student, she has advocated for herself by visiting her university's disability support services as soon as she arrived on-campus and by accessing campus accommodations that have helped her



succeed academically. Maggie (a student with an unspecified chronic illness and/or condition and a physical/mobility condition) knew about self-advocacy before entering college, but she did not realize how self-advocacy applies to life after college. Part of self-advocacy is knowing what laws, policies, and regulations are in place to protect and benefit individuals with disabilities. She says, “Now that I’m going into the process of trying to get a job and start a career, it was useful for me to just start thinking about it.” After attending self-advocacy workshop on campus, she began to reflect more on what self-advocacy looks like in employment after college because it was immediately relevant for her. She says that self-advocacy and accepting her diagnosis have been a journey for her to figure out on her own over time. She says,

I wish I had been more vocal when I was younger, but...for a long time, up until probably grad school, I just didn't want [to complain] and make [it] an issue, because then... I felt it showed weakness on my part that I needed help. It's always been tough for me more getting through the barrier of asking for help is not weakness. It's just trying to get me the same opportunities as everybody else.

Riley (a student with an acquired/traumatic brain injury, ADD/ADHD, anxiety, a speech/communication condition, PTSD, and a reading disability) has had to learn how to self-advocate for what tools she needs for success since she arrived at college. Since her diagnoses were recent and traumatic, her mother mainly handled her affairs in high school. Riley explains that she has practiced self-advocacy by registering with her university’s office of disability support services, requesting accommodations, utilizing assistive technology, and asking for help from peers and professors. She goes on to share that even though she’s entered college in the middle of an academic year with a newly diagnosed disability, she is learning different ways to advocate for what she needs in her new college environment and credits her university’s

disability support services office for much of support and assistance.” Luke (a student with ADD/ADHD) also did not learn about self-advocacy in relation to his disability until reaching college. Since his involvement with disability support services and self-advocacy workshops, he has become confident in his self-advocacy skills, has become more successful academically, and feels confident in how he will self-advocate after college. He says, “How I’m able to advocate for myself and assert myself is going to help me in the long run...I am even more confident in my skills because I’m doing so much better.”

Elizabeth (a student with low vision and/or blindness and anxiety) has had to similarly learn how to self-advocate in a collegiate academic setting. She explains that the experiences she had in secondary education were very different from what is expected of her now as an independent college student. In high school, Elizabeth had braille materials that were automatically provided, books were free, and accommodations did not require a request. She explains that while she did learn independent living skills and some self-advocacy skills prior to entering college, she did not really understand self-advocacy until working with her university’s disability support services office. Initially, Elizabeth was overwhelmed by what was required to request accommodations through disability support services, but she learned how to advocate for what she needed and learned new skills that foster independence. Xavier (a student on the Autism spectrum) is still learning exactly what it means to self-advocate. He did not attend IEP meetings until high school, which affected his ability to advocate independently or accomplish his own set goals. Xavier explains that other people in his life, besides his case manager in high school, have since encouraged him to self-advocate by asking for help from someone if needed.

### **Salience of Social Identities**

Some students shared that they felt salience around an intersection of social identities, and it became clear that other aspects of participants' identities affect their confidence in their own ability to self-advocate. Students often have to advocate for themselves in a variety of different ways in relation to intersecting social identities. However, some participants did not feel like their disability was a salient part of their identity. Self-advocacy for these students may look different because disability is not tied to their identity(ies). Students are navigating a college campus environment with a whole array of identities, and in some settings, one aspect of their identity may emerge as being more salient compared to other settings. The culmination of these identities and experiences factor into their own perceptions of their confidence in their own self-advocacy.

Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) says that her disabilities are often mischaracterized as being a hysterical woman. She feels that people do not take her disabilities seriously due to her gender, and people instead contribute symptoms of her disabilities to menstrual cycles or being "crazy." Ava (a student with ADD/ADHD and anxiety) similarly describes how her disabilities are often not taken seriously and she is mistyped as being a crazy and/or hysterical woman. She has heard peers describe that some women with disabilities "overreact" or are "overdramatic," especially when it comes to anxiety. Being a woman with nonvisible disabilities makes both privy to more stereotypes.

Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability), believes that her multiracial status intersects with both her gender and disability. She explains that other racial or ethnic minorities perceive her as being wealthy and/or free of issues because she is part White, and because she is a woman, she is discriminated against and has difficulty

accessing what she needs. Veronica's status as a multiracial woman also opens her up to unwanted attention and objectification from men. Her physical appearance, due to her gender and multiracial identity, elicits unwanted comments and borderline harassment. When she arrived on campus and was not as dark-skinned as she normally is, people questioned her status as a minority. She fears embracing parts of racial and/or ethnic identity at the same time because she fears being judged. Because she has to consistently advocate for herself at these intersections, her perceived confidence in her own self-advocacy is already high. She says, "Since I deal with so many [identities], it [has] helped me stand up for myself...because I have to deal with all of them."

As someone with multiple disabilities, Veronica has also witnessed how her family of different races and/or ethnicities treats disability. Veronica believes that certain cultures (including her father's) do not acknowledge and/or accept certain types of disabilities and mental illness. Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) also believes that her race and/or ethnicity intersects with her disability. She goes on to explain,

I'm so careful of disclosing, because in the Black community, people don't see mental illnesses as being a thing. It's more like, oh God has it, or whatever...They think that mental illness is a White people thing...I've heard it in high school...there was a girl at one point with an eating disorder, [and] everyone was just like 'only White people do that.'

For both Veronica and Cora, there are assumptions about nonvisible, psychiatric disabilities, which makes it difficult for them as multiracial or biracial women. When a parent's culture does

not acknowledge that disability is real and peers reinforce a lack of cultural acceptance of mental illness, students can significantly struggle to feel confident in efforts to self-advocate.

Christine (a student with ADD/ADHD, anxiety, obesity, an unspecified mood disorder, and schizophrenia), who identifies as a masculine lesbian, believes her race and sexual orientation are both salient identities. Her racial and/or ethnic identity and sexual orientation conflict with each other due to her cultures' traditional religious beliefs and/or values. She says, "Sometimes Black people are really ignorant about the LGBTQ community because of their religion...I grew up in a Baptist church, which said being gay was wrong." Christine explains that a lot of her family is religious, which meant coming into her identity as a masculine lesbian was particularly difficult. Her mother actually spoke to her therapist about how she used to pray that Christine would not be gay. While her mother eventually came to accept her, she says that other family members have been staunchly homophobic and have forced her to speak to a preacher when in their presence. When it comes to dating, Christine experiences difficulty at the intersections of her social identities and disabilities. She says, "I think it's hard to find lesbians to date here, and never really works out... [because of] my disabilities." She remarks that her disabilities have had a negative impact on her dating life, and in order to cope she says she spends her energy and time focusing on school. Her social identities intersect and create difficulties as a young Black woman with disabilities. She believes existing at this intersection is hard because "Black woman are the most looked down upon." She says that most people do not understand how her intersecting identities affects her daily life—including those who she dates.

Jaden (a student with dyslexia) also finds salience in the intersections of his race and/or ethnicity and sexuality. However, he does not find that these two identities conflict with each other. When asked about his experience as a young Black man with a disability who considers

their sexual orientation a prominent part of their identity, he described it as a positive experience because of people “accepting [him] for who he is.” He does mention that the intersection of his race and/or ethnicity, sexual orientation, and disability disclosure initially led to different treatment from peers when disclosing.

Students that mentioned the importance of socioeconomic status tended to explain how it affected them most before enrollment in college. Veronica (a student with anxiety, an unspecified mood disorder, and a reading disability) believes that her family’s socioeconomic status intersected with their disabilities while growing up. She shares how her mother’s lack of income as a single mother led her to be kicked out of a private school and how her mother’s later increased income gave her the opportunity to attend another private school that prioritized the experiences of those with disabilities. Veronica was afforded the chance to attend a school with more resources and opportunities. She says,

I did get the good opportunity to go to a good school that understood accommodations. I got a better opportunity to get the accommodations I need and to understand my own disability better...they would have classes for parents and for teachers after school to [better] understand [particular] disabilities.

Luke (a student with ADD/ADHD) credits his family’s socioeconomic status as middle class in providing him more opportunities. His family’s socioeconomic status has played a role in the values him and his family hold, which includes persevering and working hard for success.

Xavier (a student on the Autism spectrum) believes his parent’s backgrounds as college graduates gave him opportunities they may not have had. Similar to other students, Jaden (a student with dyslexia) shared how his parents’ socioeconomic status afforded him the opportunity to attend a private school that better suited his needs as a student with disabilities.

He said that the new opportunities and new resources made a difference, and he stayed in private school until high school graduation. Ava (a student with ADD/ADHD and anxiety) also has access to more opportunities and resources due to her parents' socioeconomic status and careers. She says that her mom's career as a special education teacher afforded her more opportunities and resources as a child growing up with a disability. When Ava was tested for her disabilities, she says she understood most of the process, terminology, and resources available to her because of her access to opportunities.

However, other students like Cora (a student with an unspecified mood disorder, depression, and episodes of psychosis) experienced fewer opportunities due to their family's socioeconomic status. She describes how her parent's divorce and her mother's job loss affected the opportunities she was afforded growing up. Her parents were middle-class until her parent divorced, and then everything changed. Her socioeconomic status shifted once she began living with her mother after the divorce. While opportunities were available to her, those opportunities cost money that was not available at the time. Socioeconomic status particularly impacts the availability of potential opportunities and resources for those living with disabilities. The majority of these students credit their parent's higher socioeconomic status with increased opportunities and better school placements that directly met the needs of their disability(ies).

## CHAPTER VII

### DISCUSSION AND CONCLUSION

Self-advocacy has been a relevant topic in education and disability circles for decades (Sievert, Cuvo, & Davis, 1988; Test et al., 2005; Williams & Shoultz, 1982). Self-advocacy for students with disabilities in primary and secondary education has been researched and discussed more frequently in the literature than for college students living with disabilities—despite recent research indicating that self-advocacy for college students with disabilities is considered to be necessary and paramount to their academic success (Field, Sarver, & Shaw, 2003; Walker & Test, 2011). The lack of research at the college level, and the measurable success of studies implementing self-advocacy trainings and/or programs, each served as driving forces behind this project (Rumrill et al., 1999; White & Vo, 2006; Walker & Test, 2011; White et al., 2014). In light of current research, this study was guided by the following questions. Will the self-advocacy workshops offered through disability support services be effective in teaching self-advocacy skills to students currently utilizing services through the office? Does prior utilization of specific services impact existing self-advocacy skills? How do diagnosed disabilities shape students' lives? How do students' lived experiences reflect the salience of their varying identities?

This research was conducted through an office of disability support services at a regional university in the southeast United States. A self-advocacy workshop was developed in partnership with the office of disability support services and provided for students utilizing the office's services. Workshop outcomes inform how students were measuring their own confidence in their self-advocacy before the workshop, what services students received prior to entering college, and if the self-advocacy workshops were effective in increasing students'



confidence in their own self-advocacy. Students who participated in the workshop completed a pre-test and post-test measuring their confidence in their own self-advocacy skills. Students were also given the opportunity to voluntarily participate in semi-structured interviews to answer questions about their lived experiences as college students with disabilities. The data collected not only helps inform the office of disability support services about the effectiveness of a self-advocacy workshop series, but it also gives staff a more holistic view of students' lives and the barriers they face in self-advocating. Semi-structured interviews give college students with disabilities a voice and platform to share their individual standpoints and lived experiences. Analyses of the semi-structured interviews provide a socio-ecological context for each students' unique standpoint and barriers, and how intersecting identities often overlap and create experiences of marginalization for students with disabilities.

The quantitative portion of this research focused on the effectiveness of self-advocacy workshops and whether prior utilization of services affects students' existing confidence in their self-advocacy skills. Research questions and hypotheses were developed and informed by causal agency theory (Wehmeyer, 2004; Shogren & Ward, 2018) and the ecological model of self-determination (Wehmeyer, 2004; Wehmeyer, 2011). It is first hypothesized that participation in the self-advocacy workshops would increase confidence in self-advocacy from *Time 1* (pre-test) to *Time 2* (post-test). Secondly, it is hypothesized that students' utilization of prior services would increase confidence in self-advocacy at *Time 1* (pre-test). Lastly, it is hypothesized that students who scored higher at *Time 1* (pre-test) would show a smaller amount of change in post-test measures.

A paired samples t-test and an analysis of variance (ANOVA) in *Statistical Package for Social Sciences* (SPSS) were both conducted. The paired samples t-test was employed to

evaluate the impact of the intervention on students' confidence in their own self-advocacy through pre-test and post-test. T-test analyses revealed that there were statistically significant increases in the means for the overall self-advocacy scale from pre-test to post-test and that there was a large effect size (Cohen's  $d = 1.40$ ). These analyses indicate that students' confidence in their own self-advocacy increased after the intervention (e.g., workshop), and that the mean of the post-test (treated) participant sample is at the 91.9<sup>th</sup> percentile of the pre-test (untreated) participant sample. Participants grew the most ( $p < .001$ ) in confidence in speaking up for themselves; advocating for what they want and need while being sure they have access to those things; and requesting reasonable accommodations from future employers. Participants additionally grew ( $p < .01$ ) in their confidence in explaining the legal rights they have in receiving reasonable accommodations; initiating change instead of reacting to events that happen to them, persevering despite difficulty or delay in achieving success; and requesting reasonable accommodations from professors and/or staff members. Students left the workshop feeling significantly more confident in self-advocating in these ways for themselves. Some areas of confidence in self-advocacy that were measured, that were not statistically significant, actually started out with high means in the pre-test. This indicates that participants were already feeling confident in those particular areas of self-advocacy. Research echoes these findings, in that, students are leaving trainings with enhanced self-advocacy skills, disability-related knowledge, and accommodation requesting skills (Walker & Test, 2011; White & Vo, 2006; White et al., 2014).

The second hypothesis suggests that students who previously utilized school and community services in high school, before admission into postsecondary institutions, would score significantly higher on measures of confidence in self-advocacy. Four of the service

questions on the pre-test assessed if participants received services in high school related to their disability; if participants were active in the development and implementation of services in high school; if participants had opportunities to create personal goals in they received services in high school; and if participants were ever previously enrolled in any transitional programs or classes prior to entering college. The hypothesis measured levels of prior utilizations in high school (e.g., some students have more utilization of prior services than other students); however, there is still a lack of clarity of how involved students were in these processes, which may be why the result is not statistically significant. It appears that higher levels of services alone are not enough to determine if prior utilization of services increases confidence in self-advocacy. To more accurately gauge increased confidence in self-advocacy before entering postsecondary institutions, it would be pertinent to know more detail about students' involvement in services prior to entering college.

The qualitative portion of this research involves twelve students who attended the self-advocacy workshops and voluntarily participated in semi-structured interviews about their lives and experiences as college students with disabilities. In order to better understand students' confidence in their own self-advocacy and the reciprocal impact of the socio-ecological environments in which they live, qualitative data must be understood through the ecological systems theory and the ecological model of self-determination. Further, intersectionality and standpoint theory help fully capture the uniquely lived experiences of college students with disabilities in relation to their perceptions of confidence in their own self-advocacy. Data analysis revealed five prevalent themes among participants' interviews: *variation in disability* (nonvisible and physical disabilities and disclosure); *impact of disability* (academic, social, job and/or career, levels of independence); *societal perceptions of disability*; *supports and coping*

*mechanisms* (therapeutic support, familial support, peer and personal supports, and self-advocacy training); and *salience of social identities* (gender, race and/or ethnicity, socioeconomic status, sexual orientation, and religion).

Analysis of qualitative data suggests that participants experience a multitude of barriers toward gaining confidence in their own self-advocacy. Though each participant identifies as having a disability or multiple disabilities, it cannot be assumed that participants' postsecondary experiences are similar or equal. This was evident in how students discussed the perceptions of their disability and the treatment they received based upon whether their disability was nonvisible or more visible. Participants in this research repeatedly expressed how their disabilities affect different facets of their lives and identities. The majority of participants indicated that their diagnosed disabilities heavily impact the way they navigate a college academic environment. Participants voiced difficulty in managing course loads, studying, participating in class, interacting with professors and/or staff members, and handling others' perceptions of disability in an academic environment. This was particularly relevant for those with dual and/or multiple diagnosed disabilities. Participants also indicated that their social lives have been, and are currently, impacted and inhibited by their disability(ies) due to symptomology, bullying, social isolation, perceptions, and misunderstanding. They shared that their disabilities have affected past and current employment, and in regard to future employment opportunities, some feared offers could be dashed due to perceptions of disability(ies). Some participants also suggested that their own levels of independence are reduced due to particular disability diagnoses. The majority of participants also conveyed that society has an overarching negative perception of disability(ies), and many believed that their specific disabilities were especially negatively judged and/or regarded. They also disclosed that they utilize some form of

supports and/or coping mechanisms in the management of their disability(ies), and it became apparent that most participants utilized more than one support and/or coping mechanism—including self-advocacy training. Nearly half of the participants described feeling salience around an intersection of social identities; however, not all students felt that their disability(ies) were tied to their identity(ies).

Participants indicated that perceptions of identity, confidence in self-advocacy, and experiences of marginalization are shaped by multiple facets within their socio-ecological environments (e.g., individual, microsystem, mesosystem, exosystem, macrosystem, chronosystem). Aquino (2016) suggests that whether it is a “student’s specific type of disability, institutional environment, socio-academic inclusion, or overall self-identity,” students experience a variety of changes in postsecondary settings, which influences their “academic achievement and overall experience” (p. 18). In relation to the ecological model of self-determination (Wehmeyer et al., 2011), ecological systems theory (Bronfenbrenner, 1979, 1989), and participant responses, “reciprocal and dynamic person-environment transactions” exist between participants’ individual socio-ecological environments and their own individual self-advocacy efforts (Stokols, 1992, 1996). Students’ perceptions of confidence in their own self-advocacy are affected by contextual factors, which either increase or decrease levels of confidence in self-advocacy efforts. How participants interact with their socio-ecological environments, whether in confidence or lack of confidence in self-advocacy efforts, affects how systems respond and/or interact to them. Self-advocacy, then, as Wehmeyer et al. (2011) suggests with self-determination, can potentially be seen as a “product of both the person and the environment” (p. 21). This person-environment interaction model (Wehmeyer et al., 2011) identifies individuals as active participants within their own lives and experiences. However, other factors (e.g., culture,

gender, cognitive ability, and experiences of discrimination) tend to impede individual self-determination (and self-advocacy) efforts (Ryan & Griffiths, 2015, p. 35-36). Barriers, exclusion, and experiences of marginalization in the lives of students living at multiple intersections, which were seen among the participants in this research, unilaterally affect confidence in self-advocacy efforts.

When it comes to disability, there appears to be a tendency to “isolate the identity and oppression and not fully problematize or understand the complexities of an intersectional lived experience” (Peña et al., 2016, p. 90). In the context of higher education, this leads to a lack of understanding toward the complexities, needs, and barriers of diverse students with disabilities (Peña et al., 2016). While educators, practitioners, and staff may be informed through university channels on how to work with students with disabilities, they are often not aware of or consider how a student may not feel completely accepted in their racial and/or ethnic communities in relation to their disability(ies); how students learn how to navigate a “double coming out process” in terms of sexual orientation and disability(ies) disclosure; or students having difficulty accessing what they need due to stereotyping, objectification, and discrimination at the intersections of gender, race, ethnicity, and disability(ies) (Peña et al., 2016, p. 90).

In this research, participants navigated discrimination and negative stereotyping by others in regard to their disability(ies), and many are also experiencing this in addition to racism, sexism, homophobia, and classism at intersecting oppressions of their multidimensional lives. In addition to disclosure around disability, students also have to negotiate the myriad of ways in which society has treated them and their disability in relation to the intersections of other social identities they hold (Peña et al., 2016). The majority of participants voiced a range of responses, from wariness to fear, when discussing disclosure of disability(ies) to peers, employers, family,

and campus professors and staff. Though disclosure is necessary to receive support and accommodations from offices of disability support services on campus, many students lack confidence in their own self-advocacy to seek out and/or request help. As previously mentioned, confidence in self-advocacy operates in “reciprocal and dynamic person-environment transactions” within individuals’ socio-ecological environments. Students’ perceptions of their own confidence in self-advocacy are influenced by, and are simultaneously influencing, each system within their socio-ecological environment. This confidence may fluctuate, just as students’ “salience and awareness of identities” fluctuate and inform day-to-day experiences in their environments (Evans et al., 2017, p. 144).

### **LIMITATIONS**

There are several limitations regarding the current study. First, the overall research design is not experimental in nature and lacks a control group. The quantitative methodology instead features a quasi-experimental design that was used throughout development of the workshop format. This particular research design lacks randomization of participants and/or a control group, which creates consequences in terms of generalizability. The workshops used an active intervention (e.g., self-advocacy training) with similarly sized participant attendance in six groups using the same pre-test and post-test design. The workshops and phenomenologically semi-structured interviews each contribute to this research as one case study. While this study and all case studies are not generalizable to larger populations, case study research design is still considered to be useful to theory, model-building, and hypothesis testing in real-world environments. According to Yin (2013), case study research involves “conducting an empirical investigation of a contemporary phenomenon within its natural context using multiple sources of evidence” (Algozzine & Hancock, 2017). The collection of rich data in case studies provides a

more holistic, comprehensive, and in-depth understanding of cases through the allowance of more “question-driven” research (Ylikoski & Zahle, 2019). A large goal of this research includes a desire to understand the “uniqueness and context-dependence” of the case, which makes the case study design appropriate to the needs of this research (Ylikoski & Zahle, 2019).

A second limitation is the small participant sample size ( $n < 30$ ). Ideally, the quantitative sample would have included more participants. However, the sample size is considered to be well within its means, given that the quantitative data is only a partial contribution to this comprehensive case study. The quantitative sample size ( $n = 25$ ) is justifiable because it is a good sample with normality: non-normality was rejected by the Shapiro-Wilk  $W$  test ( $p = .11$ ). While the qualitative participant sample ( $n = 12$ ) includes nearly half of the quantitative sample participants ( $n = 25$ ), findings are not generalizable to the larger and more diverse student population (e.g., college students living with disabilities).

Lastly, the lack of information regarding the quality, quantity, and context of participants’ utilization of pre-existing services in high school is considered to be a limitation in this study. The literature indicates that a lack of opportunities to learn and practice self-advocacy in high school creates difficulty in transitioning to and managing higher education requirements. The pre-test survey inquired about students’ levels of involvement with in-school (e.g., IEP meetings) and community services (e.g., transitional programs and/or classes) during high-school. The pre-test only assessed broad service utilization among participants, which does not account for the use of specific services, the level of involvement in each service, or the amount of time each service was utilized. The lack of depth in the service measures questionnaire may present a less than accurate understanding of participants’ prior service utilization.



## CONCLUSION

Despite an increased presence of students with disabilities in postsecondary education, it is evident that students with disabilities face additional challenges in comparison to students without disabilities (Aquino, 2016). Historically, much of society has filtered individuals with disabilities through the lens of a medical model perspective, which labels individuals with disabilities as “ill, dysfunctional, and in need of medical treatment” (Smart & Smart, 2007). Disability is also stereotypically viewed as a “limiting, sympathy-inducing personal hardship” that causes “pity instead of empowerment” (Hahn, 1996; Aquino, 2016). In relation to ecological systems theory, these overarching societal narratives are established in individuals’ chronosystems (e.g., sociohistorical conditions) and currently exist within individuals’ macrosystems (e.g., cultural ideologies and attitudes). These macro-systems influence individuals’ exosystems (e.g., students’ indirect environments), mesosystems (e.g., connections), microsystems (e.g., students’ immediate environment), and their individual selves (e.g., knowledge, attitudes, skills).

During the analysis, these “reciprocal and dynamic person-environment transactions” became contextualized through participants’ narratives and responses (Stokols, 1992, 1996). Every participant mentioned how stereotypical perceptions centered around disability negatively impacted either their social interactions, academic endeavors, sense of identity, disclosure techniques, coping mechanisms, and/or efforts to self-advocate. This is supported by research suggesting that disability appears to endure as “one of the most significant and debilitating membership categories affected by discriminatory social perception” (Stanley, Buenavista, Masequesmay, & Uba, 2013; Aquino, 2016). While including disability within diversity and intersectionality models is necessary for the diminishment of the pervasive, stereotypical, and historical stigmatization this particular population faces, it is considered to be insufficient in

terms of critical analysis (Aquino, 2016). Critical disability theory, with the applied lens of intersectionality, challenges the medical model perspective by identifying how “social, political, and educational contexts serve as sites for (in) justice” (Peña, Stapleton, & Schaffer, 2016, p. 89). The utilization of these lenses encourages others to see individuals with disabilities as complex people that are “informed by multiple realities, social identities, and lived experiences” (Peña et al., 2016, p. 89). The hope of this research was to embody Peña et al.’s (2016) call, to further this conversation by providing evidence in support of self-advocacy training, and to show the full range of students living with disabilities.

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**APPENDICES**

**APPENDIX A1. Pre-test and Post-test*****Self-Advocacy Pretest***

Note: due to the nature of these questions, you are free to skip any questions that make you uncomfortable.

**Part I:**

**Please read each of the following behaviors. Indicate in the space provided how confident you are you could do them. Rate your degree of confidence by recording a number from 1 (least confident) to 5 (most confident).**

**Please read each of the following statements and indicate the number that indicates how true each is of you:**

- | 1               | 2   | 3 | 4 | 5              |
|-----------------|---|---|---|----------------|
| Least confident | Confident   |   |   | Most confident |
| 1.              | Speak up for myself.  |   |   |                |
| 2.              | Advocate for what I want and need in order to be sure that I have access to those things.                             |   |   |                |
| 3.              | Effectively communicate my interests, desires, needs, and rights.   |   |   |                |
| 4.              | Ask for reasonable accommodations that will help me be successful as a college student.                               |   |   |                |
| 5.              | Explain the legal rights I have in receiving reasonable accommodations as a college student.                          |   |   |                |
| 6.              | Express to others how my disability and/or condition impacts my life on a daily basis.                                |   |   |                |
| 7.              | Knowledge I have about my disability and/or condition.  |   |   |                |
| 8.              | Set realistic goals for myself that detail what I want to accomplish and when.  |   |   |                |
| 9.              | Initiate change instead of reacting to events that happen to me.  |   |   |                |
| 10.             | Persevere despite difficulty or delay in achieving success.   |   |   |                |
| 11.             | Request reasonable accommodations from professors and/or staff members.   |   |   |                |
| 12.             | Identify and discuss the amount and type of education or training I will need to reach my long-term employment goals. |   |   |                |

- 13. Request reasonable accommodations from future employers
- 14. Ask for help when I have difficulty accomplishing a task or completing an assignment.
- 15. Describe how the accommodation process works.

**Part II: Please read each of the following questions and indicate whether each statement applies by marking Yes or No.**

<b>1.</b>	Did you receive services in high school relating to your disability (e.g. rehabilitative services or Individualized Education Plans [IEP])?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	If you did receive services in high school, were you an active participant in the development, discussion, and implementation of those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	If you did receive services in high school, did you have the opportunity to actively create your own personal goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	Have you previously been enrolled in any transitional program and/or classes in secondary education prior to your enrollment in college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	Have you utilized any on-campus resources including <i>The Success Center</i> , <i>The Writing Center</i> , group learning sessions offered by Disability Support Services, and/or personal counseling offered by a licensed professional	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.</b>	Have you utilized any off-campus resources including services and counseling offered by the Alabama Department of Rehabilitation and/or personal counseling offered by a licensed professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part III: Please read each of the following questions and mark which options apply.**

**How old are you?**

**What is your race? Please mark one or more that apply.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Hispanic/Latino
- Other (please specify)

**How do you identify yourself?**

- Female
- Male
- Transwoman
- Transman
- Other (please specify)

**What is your current class standing?**

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Special Student

**Part IV: Do you have (or have had) any of the following? Check all that apply.**

- |  |  |
|--|--|
| Acquired/traumatic brain injury                          | Low vision or blind                              |
| ADD/ADHD   | Math disability                                  |
| Anxiety  | Physical/mobility condition that affects walking |
| Asperger’s Syndrome                                      | Obesity  |
| Autism spectrum  | Post-traumatic stress disorder (PTSD)            |
| Chronic illness or medical condition                     | Mood disorder (depression, bipolar, etc.)        |
| <input type="text"/>                                     | <input type="text"/>                             |
| Eating disorder  | Reading disability                               |
| Hard of hearing or deaf                                  | HIV/AIDS   |
| Speech/communication condition                           | Writing disability                               |
| Physical/mobility condition that does not affect walking | Other diagnoses (please specify)                 |
|  | <input type="text"/>                             |

***Self-Advocacy Posttest***

Note: due to the nature of these questions, you are free to skip any questions that make you uncomfortable.

**Part I:**

**Please read each of the following behaviors. Indicate in the space provided how confident you are you could do them.**

*Rate your degree of confidence by recording a number from 1 (least confident) to 5 (most confident).*

**Please read each of the following statements and indicate the number that indicates how true each is of you:**

- | 1                      | 2 | 3                | 4 | 5                     |
|------------------------|---|------------------|---|-----------------------|
| <b>Least confident</b> |   | <b>Confident</b> |   | <b>Most confident</b> |
| 1.                     |   |                  |   |                       |
| 2.                     |   |                  |   |                       |
| 3.                     |   |                  |   |                       |
| 4.                     |   |                  |   |                       |
| 5.                     |   |                  |   |                       |
| 6.                     |   |                  |   |                       |
| 7.                     |   |                  |   |                       |
| 8.                     |   |                  |   |                       |
| 9.                     |   |                  |   |                       |
| 10.                    |   |                  |   |                       |
| 11.                    |   |                  |   |                       |
| 12.                    |   |                  |   |                       |
| 13.                    |   |                  |   |                       |
| 14.                    |   |                  |   |                       |
| 15.                    |   |                  |   |                       |

**APPENDIX A2. Demographic Information and Semi-Structured Interview Questions****Demographic Information****How old are you?****What is your race? Please mark one or more that apply.**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Hispanic/Latino
- Other (please specify)

**How do you identify yourself?**

- Female
- Male
- Transwoman
- Transman
- Other (please specify)

**What is your current class standing?**

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Special Student



**Do you have (or have had) any of the following? Check all that apply.**

Acquired/traumatic brain injury	Low vision or blind
ADD/ADHD	Math disability
Anxiety	Physical/mobility condition that affects walking
Asperger's Syndrome	Obesity
Autism spectrum	Post-traumatic stress disorder (PTSD)
Chronic illness or medical condition	Mood disorder (depression, bipolar, etc.)
<input type="text"/>	<input type="text"/>
Eating disorder	Reading disability
Hard of hearing or deaf	HIV/AIDS
Speech/communication condition	Writing disability
Physical/mobility condition that does not affect walking	Other diagnoses (please specify)
	<input type="text"/>

**Semi-Structured Interview Questions**

1. How would you describe the impact that your disability and/or condition has on the way you interact with others in social, educational, and/or work settings?
2. Can you describe situations in which you have asked for help with issues related to your disability and/or condition?
3. How have you coped with having a diagnosis? Can you describe specific interactions with others in educational, work, or social situations that have had an impact on the way in which you cope with your disability and/or condition?
4. What is your perception about how people in society think and feel about disabilities?
5. How do you decide whether or not to disclose that you have a diagnosed disability and/or condition? When you do decide to disclose, how do you explain your disability and/or condition to others?
6. To what extent do you feel that society perceives your disabilities and/or conditions in a different light from other disabilities and/or conditions?
7. What do you think is the most important thing for adults to know and do to prepare students with disabilities and/or conditions to communicate their needs assertively in postsecondary educational environments?
8. To what extent has your disability and/or condition changed the way you perceive your strengths and weaknesses as a student, the way in which you interact with other students

who do not share a diagnosed disability and/or condition, and the level of success and independence you feel you can achieve as a student/future employee?

9. Can you describe specific things people (parents, teachers, students, administrators, other staff members etc.) have said or done that have either helped or hindered your efforts to communicate more assertively in educational, occupational, and/or social situations?
10. What medication/ non-medication interventions have helped you address/manage some of the symptoms associated with your disability and/or condition?
11. There are many facets to a person's identity that can include race, sexual orientation, ethnicity, gender, ability, and more. What do you consider to be the most prominent facet of your identity? Do any of the facets of your identity conflict with your diagnosed disability and/or condition?